

Benefits *from the heart*

YOUR 2024
BENEFIT PROGRAMS



BENEFITS FROM THE HEART



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

Enroll Within 30 Days

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

Other Benefit Programs

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

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

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

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

COMPASSION AND COLLABORATION –

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

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

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

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

Office of Talent Management

Enhancing your employment experience at Parkland

2024 Parkland Benefits-At-A-Glance

BENEFIT	HOW YOUR BENEFIT WORKS AT A GLANCE	PARTICIPATION AND HOW TO ENROLL	WHO PAYS
IMMEDIATELY UPON HIRE			
Mandatory Savings Plan (for employees hired after Dec. 12, 2023)	Full-time employees automatically contribute 6.2%. Parkland contributes to the MSP based on your years of service. Part-time employees automatically contribute 7.5% with no additional contribution from Parkland.	Parkland (for full-time employees) and you contribute to the MSP instead of to Social Security. Full-time and part-time employees are automatically enrolled. You name a beneficiary at MillimanBenefits.com .	You and Parkland (for full-time employees only)
Retirement Income Plan (for full-time employees hired on or before Dec. 12, 2023)	You automatically contribute 6.2%. Parkland provides your monthly vested benefit starting at retirement.	Full-time employees are automatically enrolled. You name a beneficiary at MillimanBenefits.com .	You and Parkland
Supplemental Savings Plan	Contribute up to 75% of pay on a combined before-tax, Roth after-tax or after-tax basis, subject to IRS limits. After one year of service, Parkland matches \$1 for \$1 up to 6% of pay for full-time and part-time-with-benefits employees.	All employees choose whether to participate. Full-time employees will be enrolled automatically at 2% before-tax. You may change your contribution amount, make investment elections and name a beneficiary via the Milliman Benefits Service Center or MillimanBenefits.com .	You and Parkland
Employee Assistance Program (EAP)	Confidential counseling to help when personal problems affect relationships at home and work	Available to all employees and their dependents. No enrollment is required.	Parkland
Medical – Parkland Employee Health Plan Preferred Provider Organization (PPO) or High Deductible Health Plan (HDHP)	Use providers from Parkland Health, Children’s Medical Center (Dallas and Plano), and the Cigna Open Access Plus networks as well as go to out-of-network providers. With the HDHP, you must pay a higher deductible before the PEHP begins paying benefits.	Full-time and part-time-with-benefits employees choose whether to participate. You may enroll yourself and eligible dependents online through MyParkland. If enrolling your spouse, complete the Working Spouse Health Coverage verification process.	You on a before-tax basis and Parkland
Pharmacy for Parkland Employee Health Plan (PEHP)	Based on prescriber, fill prescriptions at Parkland or Cigna retail pharmacies, or through Parkland Mail Order or Cigna pharmacy home delivery service.	Employees and their dependents who are covered by the Parkland Employee Health Plan (PPO or HDHP)	You and Parkland
Health Savings Account (HSA)	Save on health care with an HSA if you enroll in the HDHP and elect the HSA. Parkland and you can contribute each pay period up to IRS limits.	Full-time and part-time-with-benefits employees choose whether to participate. You enroll online through MyParkland.	You on a before-tax basis and Parkland
Critical Illness Insurance, Group Accident Insurance and Hospital Indemnity	Offer an extra layer of protection for you and your family when accidents or illnesses occur.	All employees and their dependents may choose whether to participate. You enroll through MyParkland.	You on an after-tax basis
Legal Protection Program	Offers resources to resolve legal matters such as completing a will or creating a power of attorney.	All employees may choose whether to participate. You enroll through MyParkland.	You on an after-tax basis
Pet Insurance Program	Offers financial protection when your pet is injured or becomes ill.	All employees may choose whether to participate. To enroll, call or visit the vendor’s website.	You on an after-tax basis
FIRST DAY OF THE MONTH FOLLOWING YOUR DATE OF HIRE (or on your date of hire if first day of the month)			
Dental	Dental Health Maintenance Organization (DHMO) or Dental Preferred Provider Organization (DPPO)	Full-time and part-time-with-benefits employees choose whether to participate. You may enroll yourself and eligible dependents online through MyParkland.	You on a before-tax basis
Vision	Provides vision benefits for routine eye care, including exams, frames and lenses, and contact lenses.	Full-time and part-time-with-benefits employees choose whether to participate. You may enroll yourself and eligible dependents online through MyParkland.	You on a before-tax basis
AFTER 30 DAYS OF EMPLOYMENT			
Supplemental Life Insurance	Choose up to 8 times annual salary (maximum supplemental life benefit of \$1 million) for you as well as coverage for your dependents.	Full-time and part-time-with-benefits employees choose whether to participate. You may enroll yourself and your eligible dependents online through MyParkland.	You on an after-tax basis
Accidental Death & Dismemberment (AD&D) Insurance	\$10,000 - \$500,000 coverage for employees only, or \$10,000 - \$500,000 coverage for employees and lower coverage amounts for dependents	Full-time and part-time-with-benefits employees choose whether to participate. You may enroll yourself and eligible dependents online through MyParkland.	You on an after-tax basis
AFTER 90 DAYS OF EMPLOYMENT			
Flexible Spending Accounts (FSAs)	Health Care FSA (if not enrolled in the HDHP) Dependent Care FSA	All employees may choose whether to participate. You may enroll online through MyParkland.	You on a before-tax basis and Parkland
Disability	After 42 consecutive days of disability, the Core Plan pays 50% of your biweekly earnings if you are disabled due to an illness or injury. You may buy up to a 60% benefit or buy down to a 14-day waiting period.	Full-time and part-time-with-benefits employees are automatically enrolled in the Core Plan. You may enroll online through MyParkland for the Buy-Up, Buy-Down and Combined Plans.	Parkland for Core Plan; you (on a before-tax basis) for Buy-Up, Buy-Down and Combined Plans
AFTER 180 DAYS OF EMPLOYMENT			
Basic Life Insurance	For full-time employees, 1½ times annual salary For part-time-with-benefits employees, ½ times annual salary. Minimum benefit is \$20,000; maximum basic life benefit is \$1 million.	Full-time and part-time-with-benefits employees are automatically enrolled. You name a beneficiary online through MyParkland.	Parkland
Adoption Assistance	Per adoption, full-time employees may receive up to \$10,000 and part-time-with-benefits employees may receive up to \$5,000 (both for up to 2 adoptions per lifetime) for reimbursement of eligible expenses.	Full-time and part-time-with-benefits employees may apply for this benefit on the OTM Service Portal.	Parkland

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LOOKING FOR INFORMATION ON A SPECIFIC BENEFIT IN THIS BROCHURE?

Click on each number above to connect to the page where the benefit is explained. To return to the Contents page when reviewing this brochure, click on the "Contents" box at the bottom of future pages in this brochure.

COVERAGE AND COST

YOUR ELIGIBLE DEPENDENTS

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

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

PAYING FOR COVERAGE

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

Rates for optional benefits such as medical, dental, vision, life and AD&D insurance, and supplemental voluntary insurance coverages (Critical Illness Insurance, Group Accident Insurance and Hospital Indemnity) are in this brochure, at ParklandBenefits.org and online at MyParkland, which is the employee self-service section of our PeopleSoft system. When paying on a before-tax basis, you save money as you pay for the benefit before federal income and Medicare taxes are deducted from your paycheck. Benefit coverages and deductions will begin based upon the effective date of your coverage in the plans as shown on page 3.

ENROLLING FOR COVERAGE

As A New Employee Enrolling for Benefits After Dec. 12, 2023. If you are eligible, you are automatically enrolled in the Mandatory Savings Plan, EAP, core disability and basic life insurance. The optional benefits you choose when you enroll are in effect for the rest of the calendar year.

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

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

- To enroll for pet insurance, log on to the Nationwide website.
- To enroll for all other optional benefits except for the Supplemental Savings Plan, log on to MyParkland.
- To enroll in the Supplemental Savings Plan, log on to MillimanBenefits.com or call the Milliman Benefits Service Center at 800-995-2608. You may update your enrollment in the Supplemental Savings Plan at any time.

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



TO COVER ELIGIBLE DEPENDENTS

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

REQUIRED DOCUMENTATION TO COVER ELIGIBLE DEPENDENTS

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

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

CHANGING YOUR COVERAGE

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

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

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

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

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



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

ENROLLING NEWBORNS AND OTHER CHILDREN

(Through adoption placement, adoption or guardianship)

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

IF YOU LEAVE PARKLAND

If your employment with Parkland ends, you will receive a letter as soon as administratively possible explaining how your benefits can continue in accordance with COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985). If you are a new hire, letters explaining your rights and those of your dependents to continue group health coverage if you leave Parkland will be mailed to your home. Additionally, read the notices on pages 42-46 related to free or low-cost health coverage for you and your children and to the Health Insurance Marketplace.

Allstate Health Solutions gives future Parkland retirees a resource to purchase benefits outside of Parkland. To get competitive quotes for health, dental and vision, supplemental insurance (critical illness and accident insurance), home and auto, and life insurance, visit parklandretire.allstatehealth.com. Questions? Call 855-909-0181 to speak with a designated Parkland retiree specialist.

MYPARKLAND ... HOW TO ENROLL

A Guide to Online Benefits Enrollment

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

3 EASY STEPS TO ENROLL ONLINE

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

LOG ON TO PEOPLESOFT

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

NAVIGATE TO MYPARKLAND

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

To Enroll:

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

PEOPLESOFT BENEFITS ENROLLMENT

Your Name will display here.

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

Event Description	Event Date	Event Status	Job Title
New Hire	08/20/2021	Open	Fellow / Plastic Surgery Hand

PEOPLESOFT BENEFITS ENROLLMENT (New Hire)

Click each Benefit Plan to enroll for coverage.

INDIVIDUAL DEPENDENT/BENEFICIARY INFORMATION

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

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

SPECIAL NOTE ABOUT NAMING YOUR BENEFICIARY

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

You will name your beneficiary for the retirement benefits program, including the Supplemental Savings Plan, Mandatory Savings Plan (for full-time employees hired after Dec. 12, 2023, and all part-time employees) and the Retirement Income Plan (for full-time employees hired on or before Dec. 12, 2023), at [MillimanBenefits.com](https://www.milliman.com/benefits).

SUBMIT ENROLLMENT

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

CLICK DONE

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

ABOUT MYPARKLAND ON PEOPLESOFT

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

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

From the Benefits section, you can:

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

MEDICAL BENEFITS

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

HOW ARE THE PPO AND HDHP ALIKE?

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

HOW ARE THE PPO AND HDHP DIFFERENT?

PPO

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

HDHP

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

COVERAGE TIERS IN THE PPO AND HDHP

Tier 1	To receive the highest level of benefits and pay the lowest copay, use Tier 1 providers, including Parkland Health, Children’s Medical Center (Dallas and Plano) and UTSW providers (when providing services at Parkland facilities). Tier 1 facilities include Parkland Hospital, the Employee Health Center (EHC), the Employee Women’s Wellness Center (EWWC), Community Oriented Primary Care (COPC) centers and Children’s Medical Center.
Tier 2	Go to a Tier 2 provider/facility in the Cigna Open Access Plus Network through Cigna to receive Tier 2 benefits. Cigna Open Access Plus Network includes services from UTSW providers at non-Parkland facilities, Cook Children’s Medical Center, Baylor Scott & White Health, Methodist Health System and THR/Texas Health Resources.
Tier 3	Use any provider/facility outside of the Tier 1 or Tier 2 networks, and receive out-of-network Tier 3 benefits.

The charts on pages 11-14 show how services are covered based on the tier of your provider. You may go to Tier 1 Parkland providers for some services, Tier 2 Cigna providers for other services, and out of network for providers who are not in Tier 1 or 2.

To learn more about the three tiers, go to ParklandBenefits.org. If you still have questions, call Cigna at 800-247-4433.



WHAT’S YOUR PCP’S TIER?

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

HEALTH INSURANCE MARKETPLACE COVERAGE

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

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

Biweekly Premiums for the PPO and the HDHP

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

YOUR 2024 BIWEEKLY PAYROLL DEDUCTIONS FOR MEDICAL (PPO)

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

YOUR 2024 BIWEEKLY PAYROLL DEDUCTIONS FOR MEDICAL (HDHP)

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

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

How the PPO Works

STEP 1: YOU PAY FOR CARE

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

STEP 2: SHARE COSTS WITH THE PPO

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

STEP 3: THE PPO PAYS THE REST

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

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

COVERED SERVICES IN THE PPO

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

SERVICE	TIER 1 Parkland Health Network and Children's Medical Center You Pay	TIER 2 Cigna Open Access Plus Network You Pay	TIER 3 Out of Network You Pay
Calendar-Year Deductible (Amount you must pay before the plan pays for some services. Amounts you pay toward the deductible count toward your out-of-pocket maximum.)	\$500/person (applies to coinsurance only) \$1,000/family (applies to coinsurance only)	\$1,500/person (applies to coinsurance only) \$4,500/family (applies to coinsurance only)	\$3,000/person \$18,000/family
Calendar-Year Out-of-Pocket¹ Maximum amount you will pay out of pocket for the calendar year.	After you pay: • \$2,500/person or • \$6,000/family plan pays 100% of covered expenses	After you pay: • \$6,000/person or • \$13,000/family plan pays 100% of covered expenses	After you pay: • \$15,000/person or • \$48,000/family plan pays 100% of covered expenses
Lifetime Maximum (per person)	Unlimited	Unlimited	Unlimited
Preventive Care² Routine health assessments and immunizations	\$0 copay ³	\$0 copay ³	50% coinsurance after deductible
Physician Services (office or virtual) • Primary care • Specialist care	\$20 copay/visit \$30 copay/visit	\$35 copay/visit \$50 copay/visit	50% coinsurance after deductible 50% coinsurance after deductible
Convenience Care Clinics (walk-in clinics located in retail stores, supermarkets and pharmacies that treat uncomplicated minor illnesses and provide preventive health care services)	Not applicable	\$35 copay/visit	50% coinsurance after deductible
Emergency Services • Hospital emergency room visit • Hospital admission from emergency room ⁴ • Urgent care • Ground ambulance services (for emergencies only)	\$350 copay/visit 10% coinsurance after deductible \$35 copay/visit Not applicable	\$350 copay/visit 30% coinsurance after deductible \$50 copay/visit \$0 copay	\$350 copay/visit 50% coinsurance after deductible 50% coinsurance after deductible \$0 copay
Inpatient Hospital • Per admission	10% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible
Mental Health and Substance Abuse Treatment • Outpatient • Inpatient	\$20 copay/visit 10% coinsurance after deductible	\$20 copay/visit 30% coinsurance after deductible	50% coinsurance after deductible 50% coinsurance after deductible
Maternity Care⁵ • Initial visit to confirm pregnancy • Subsequent physician services including delivery • Hospitalization (per admission)	\$20 or \$30 (based on provider) 10% coinsurance after deductible 10% coinsurance after deductible	\$35 or \$50 (based on provider) 30% coinsurance after deductible 30% coinsurance after deductible	50% coinsurance after deductible 50% coinsurance after deductible 50% coinsurance after deductible
Durable Medical Equipment	10% coinsurance after deductible	10% coinsurance after deductible	Not covered

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

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

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

⁴ If admitted to hospital from the emergency room.

⁵ Read about the enhanced maternity care benefit if you participate in Cigna's Healthy Pregnancy, Healthy Babies program, see a doctor in Tiers 1 or 2 for pre-natal care, and deliver a healthy baby at Parkland.

About the Deductible and Providers in the Parkland Health Network: The deductible does not apply to medical or pharmacy copays. See page 9 for more details on providers in each tier. To receive the highest level of benefits and pay the lowest copay, use Tier 1 providers, including Parkland Health, Children's Medical Center (Dallas and Plano) and UTSW providers (when providing services at Parkland facilities). Tier 1 facilities include Parkland Hospital, the Employee Health Center (EHC), the Employee Women's Wellness Center (EWWC), Community Oriented Primary Care (COPC) centers and Children's Medical Center.

COVERED SERVICES IN THE PPO (continued)

SERVICE	TIER 1 Parkland Health Network and Children's Medical Center You Pay	TIER 2 Cigna Open Access Plus Network You Pay	TIER 3 Out of Network You Pay
Skilled Nursing Care in Facility⁶ • Up to 60 days/year instead of acute hospital care	10% coinsurance after deductible	10% coinsurance after deductible	50% coinsurance after deductible
Home Health Care • Home nursing visits prescribed by a doctor	10% coinsurance after deductible	10% coinsurance after deductible	50% coinsurance after deductible
Hospice Care (If pre-authorized)	10% coinsurance after deductible	10% coinsurance after deductible	50% coinsurance after deductible
Rehabilitation Services⁶ • Outpatient (up to 60 days/year) • Inpatient (up to 60 days/year)	\$20 or \$30 copay/visit (based on provider) 10% coinsurance after deductible	\$35 or \$50 copay/visit (based on provider) 10% coinsurance after deductible	50% coinsurance after deductible 50% coinsurance after deductible
Family Planning Infertility treatment (\$20,000 lifetime medical maximum benefit; integrated with pharmacy)	10% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible
Hearing Aids (Up to \$2,000 every 36 months for each device)	\$0 copay	\$0 copay	Not covered
Allergy Testing and Evaluation Testing and physician visits	\$20 or \$30 copay/visit (based on provider)	\$35 or \$50 copay/visit (based on provider)	50% coinsurance after deductible

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

FOR A LIST OF COVERED SERVICES AND AN OVERVIEW OF THE TIERS

Refer to the 2024 PPO Summary of Benefits and Coverage and the 2024 PPO Benefit Summary, both posted in Legal Notices at [ParklandBenefits.org](https://www.parklandbenefits.org) under Other Forms and Documents. You may also go to [myCigna.com](https://mycigna.com) for more information on how services are covered. See page 9 for details on which providers are in Tiers 1, 2 and 3.

How the HDHP Works

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

When you enroll in the HDHP with HSA, Parkland will add money to your HSA: per year up to \$500 for employee-only or \$1,000 for employee and spouse, employee and children or family coverage. Parkland will make contributions to your HSA each pay period. No retroactive contributions will be made. For example, if you become eligible for the HDHP in May, Parkland will begin contributing to your HSA each pay period, starting in May, as long as you elect HDHP with HSA. You can also contribute pre-tax money of your own, up to IRS limits. Go to page 15 to learn more.

STEP 2: PAY TOWARD YOUR DEDUCTIBLE

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

STEP 3: SHARE COSTS WITH THE HDHP

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

STEP 4: THE HDHP PAYS THE REST

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

COVERED SERVICES IN THE HDHP

Here's a look at what you'll pay under the HDHP when you need care. **If a service is not provided by a Tier 1 provider or facility as explained on page 9, you will need to receive the service from a Tier 2 or Tier 3 provider.** Your benefit will be paid based on the tier of the provider that you use. The HDHP will not pay any benefits (except for eligible preventive services) until you have met the calendar-year deductible. Once you reach the calendar-year out-of-pocket maximum, the plan pays 100% of eligible charges for the remainder of the plan year. For a full list of covered services, refer to the Summary of Benefits and Coverage (SBC) and the Benefit Summary for the HDHP posted in the Legal Notices section at [ParklandBenefits.org](https://www.parklandbenefits.org) under Other Forms and Documents. To find a provider or get more information on covered services, contact Cigna at cigna.com (prior to enrolling), [myCigna.com](https://mycigna.com) (after enrolling) or 800-247-4433 24/7/365.

SERVICE	TIER 1 Parkland Health Network and Children's Medical Center You Pay	TIER 2 Cigna Open Access Plus Network You Pay	TIER 3 Out of Network You Pay
Calendar-Year Deductible (Amount you must pay before the plan pays for some services. Amounts you pay toward the deductible count toward your out-of-pocket maximum.)	\$3,500/person (applies to coinsurance only) \$7,000/family (applies to coinsurance only)	\$3,500/person (applies to coinsurance only) \$7,000/family (applies to coinsurance only)	\$4,000/person \$20,000/family
Calendar-Year Out-of-Pocket Maximum¹ (Maximum amount you will pay out of pocket for the calendar year. If you reach this limit, the plan will pay 100% of your covered expenses for the rest of the calendar year.)	\$7,000/person or \$14,000/family	\$7,000/person or \$14,000/family	\$10,000/person or \$20,000/family
Lifetime Maximum (per person)	Unlimited	Unlimited	Unlimited
Preventive Care² Routine health assessments and immunizations	\$0 copay ³	\$0 copay ³	50% coinsurance after deductible
Physician Services (office or virtual visits) <ul style="list-style-type: none">• Primary care• Specialist	\$20 copay after deductible 10% coinsurance after deductible	30% coinsurance after deductible 30% coinsurance after deductible	50% coinsurance after deductible 50% coinsurance after deductible

¹ Calendar-year out-of-pocket maximum includes amounts you pay toward the deductible. It does not include copays, amounts over plan limits and penalties.
² Routine health assessments include routine physicals, such as well-adult checkups, well-woman care and well-baby/well-child care.
³ These preventive services are covered at a \$0 copay if billed by a separate facility: routine adult/child lab and X-rays, annual mammogram (including 3D), PSA (prostate-specific antigen) and Pap smear.

COVERED SERVICES IN THE HDHP (continued)

SERVICE	TIER 1 Parkland Health Network and Children's Medical Center You Pay	TIER 2 Cigna Open Access Plus Network You Pay	TIER 3 Out of Network You Pay
Convenience Care Clinics (walk-in clinics located in retail stores, supermarkets and pharmacies that treat uncomplicated minor illnesses and provide preventive health care services)	Not applicable	30% coinsurance after deductible	50% coinsurance after deductible
Emergency Care <ul style="list-style-type: none"> Hospital emergency room visit Hospital admission from emergency room⁴ Urgent care Ground ambulance services (for emergencies only) 	10% coinsurance after deductible 10% coinsurance after deductible 10% coinsurance after deductible Not applicable	30% coinsurance after deductible 30% coinsurance after deductible 30% coinsurance after deductible 30% coinsurance after deductible	30% after Tier 2 deductible 50% coinsurance after deductible 50% coinsurance after deductible 30% after Tier 2 deductible
Inpatient Hospital Per admission	10% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible
Mental Health and Substance Abuse Treatment <ul style="list-style-type: none"> Outpatient Inpatient 	10% coinsurance after deductible 10% coinsurance after deductible	30% coinsurance after deductible 30% coinsurance after deductible	50% coinsurance after deductible 50% coinsurance after deductible
Maternity Care⁵ <ul style="list-style-type: none"> Initial visit to confirm pregnancy Subsequent physician services including delivery Hospitalization (per admission) 	10% coinsurance after deductible 10% coinsurance after deductible 10% coinsurance after deductible	30% coinsurance after deductible 30% coinsurance after deductible 30% coinsurance after deductible	50% coinsurance after deductible 50% coinsurance after deductible 50% coinsurance after deductible
Durable Medical Equipment Services	10% coinsurance after deductible	10% coinsurance after deductible	Not covered
Skilled Nursing Care in Facility⁶ Up to 60 days/year instead of acute hospital care	10% coinsurance after deductible	10% coinsurance after deductible	50% coinsurance after deductible
Home Health Care Home nursing visits prescribed by a doctor	10% coinsurance after deductible	10% coinsurance after deductible	50% coinsurance after deductible
Hospice Care If pre-authorized	10% coinsurance after deductible	10% coinsurance after deductible	50% coinsurance after deductible
Rehabilitation Services⁶ <ul style="list-style-type: none"> Outpatient (up to 60 days/year) Inpatient (up to 60 days/year) 	10% coinsurance after deductible 10% coinsurance after deductible	30% coinsurance after deductible 10% coinsurance after deductible	50% coinsurance after deductible 50% coinsurance after deductible
Family Planning Infertility treatment (\$20,000 lifetime medical maximum benefit; integrated with pharmacy)	10% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible
Hearing Aids Up to \$2,000 every 36 months for each device	\$0 copay after deductible	\$0 copay after deductible	Not covered
Allergy Testing and Evaluation Testing and physician visits	10% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible

⁴ If admitted to hospital from the emergency room.

⁵ Read about the enhanced maternity care benefit if you participate in Cigna's Healthy Pregnancy, Healthy Babies program, see a doctor in Tiers 1 or 2 for pre-natal care, and deliver a healthy baby at Parkland. You must first satisfy your deductible before the HDHP will begin paying benefits under this program.

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

FOR A LIST OF COVERED SERVICES AND AN OVERVIEW OF THE TIERS

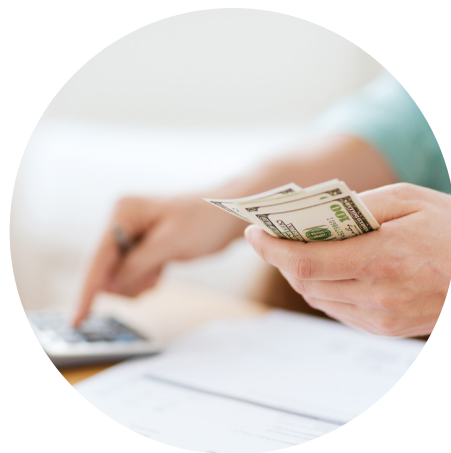
Refer to the 2024 HDHP Summary of Benefits and Coverage and the 2024 HDHP Benefit Summary, both posted in Legal Notices at [ParklandBenefits.org](https://www.parklandbenefits.org) under Other Forms and Documents. You may also go to [myCigna.com](https://mycigna.com) for more information on how services are covered.

See page 9 for details on which providers are in Tiers 1, 2 and 3. To receive the highest level of benefits and pay the lowest copay, use Tier 1 providers, including Parkland Health, Children's Medical Center (Dallas and Plano) and UTSW providers (when providing services at Parkland facilities). Tier 1 facilities include Parkland Hospital, the Employee Health Center (EHC), the Employee Women's Wellness Center (EWWC), Community Oriented Primary Care (COPC) centers and Children's Medical Center.

HEALTH SAVINGS ACCOUNT (HSA)

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

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



HOW THE HSA WORKS

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

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

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

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

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

IRS ANNUAL LIMITS FOR HSA CONTRIBUTIONS

The IRS limit includes both what you contribute and what Parkland contributes. You can change your contributions at any time during the year. Your contributions are taken out of your pay before taxes. Here's what you can contribute for 2024.

- Employee-only coverage:
 $\$4,150 \text{ (IRS limit)} - \$500 \text{ (Parkland contribution)} = \$3,650 \text{ maximum employee contribution}$
- Any level of family coverage:
 $\$8,300 \text{ (IRS limit)} - \$1,000 \text{ (Parkland contribution)} = \$7,300 \text{ maximum employee contribution}$

If you'll be age 55 or older in 2024, you can contribute an additional \$1,000 in HSA catch-up contributions.

Use the **calculators** to help you determine how much to contribute.

Cigna Tools To Keep You Informed

Through Cigna, Parkland Employee Health Plan members have access to many convenient tools. At ParklandBenefits.org and cigna.com (myCigna.com after you enroll), you will find online information about PEHP benefits for you and your dependents. This section details programs that can help keep you informed.

- **Chronic Condition Health Coaching, Including Diabetic Incentive.** Living with a chronic condition isn't easy. Cigna can help. They may contact you to participate in this program if you have one of the conditions listed under ParklandBenefits.org > Well-Being > Care Management Programs > Chronic Health Conditioning, including asthma, diabetes, heart disease, lower back pain and chronic obstructive pulmonary disease (COPD). Available at no cost, this voluntary program offers coaching and ongoing support for chronic conditions.

If you or your spouse has diabetes, you may qualify to receive certain diabetic-related medications and supplies at no cost. You will need to complete three sessions every year with a chronic condition health coach to receive the diabetic incentive. To sign up with a chronic health coach, log in to myCigna.com (click Log In, hover over the wellness tab and click on "Health Coaching" from the drop-down menu) or call Cigna at 800-247-4433.

- **Find Answers Fast.** Help is available 24 hours a day, 7 days a week at myCigna.com, where you can:
 - View, print and send ID cards.
 - Find in-network doctors, hospitals and medical services.
 - Compare quality of care information and see patient reviews.
 - Manage and track claims.
 - See cost estimates for medical procedures,
 - Use the click-to-chat feature to connect with a live Cigna rep.
- **Need Advice?** Call Cigna at **800-247-4433** and ask for the 24-hour Health Information Line. You can talk to a nurse advocate 24/7. You can also chat with a nurse advocate Monday-Friday, 8 a.m.–7 p.m. Central time, excluding holidays, via myCigna.com or the my Cigna® app.

UTILIZATION REVIEW

To help you determine if the services you receive are a covered benefit, Cigna performs precertification and provides pre-authorization on certain services.

Precertification of Benefits. Ask your physician to request a precertification of benefits to confirm eligibility, covered services, benefits and any limits. To start the process, your physician should contact Cigna at 800-247-4433 in advance of the procedure, treatment or services. Note: A precertification that a procedure or services may be covered under the Parkland Employee Health Plan (PEHP) does not guarantee that the PEHP will pay the claim.

Prior Authorization. Before having certain treatments, procedures or surgeries or taking certain medications, your physician must request prior authorization. If prior authorization is not obtained, your claim could be denied.

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

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

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

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



HEALTHY PREGNANCY, HEALTHY BABIES

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

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

After registering in the program, you must continue to participate each trimester of your pregnancy. If you enroll in the HDHP, you must meet the calendar-year deductible prior to delivery before you can take advantage of the savings. Go to ParklandBenefits.org under Well-Being > Care Management Programs > Healthy Pregnancy, Healthy Babies for more information.

MDLIVE: ANYTIME, ANYWHERE CARE

You and your covered dependents can see a physician in the MDLive network for a virtual visit if you're enrolled in the PEHP.

- **PPO participants** will pay a \$25 copay for each MDLive virtual visit.
- **HDHP participants** will pay a \$25 copay after meeting the deductible for each virtual visit.

24/7 via phone, video or mobile app, talk to a U.S. board-certified doctor who can answer your questions, make a diagnosis and even prescribe basic medications (subject to availability by state). You can get treatment for non-emergency urgent care, behavioral health and dermatology.

The PEHP also covers virtual visits when you see a physician who is not in the MDLive network. See "Physician Services" in the charts on pages 11 and 13 for information on how the PEHP covers virtual visits to a physician not in the MDLive network.

LIFESTYLE MANAGEMENT PROGRAMS

Weight Loss Program. Interested in getting in shape? Eligible PEHP participants can take advantage of the weight loss program. If you complete weight management coaching, you'll be eligible to receive a \$100 pre-paid reward card.

Tobacco Cessation: Interested in quitting smoking or tobacco use? Eligible PEHP participants can get the help they need to finally quit tobacco. Create a personal quit plan with a realistic quit date. And, get the support you need to kick the habit for good. You'll even get free over-the-counter nicotine replacement therapy (patch or gum).

Stress Management. Get help lowering your stress levels and raising your happiness levels. Learn what causes you stress in your life and develop a personal stress management plan. And, get the support you need to help you cope with stressful situations – both on and off the job.

Learn about your Lifestyle Management Programs at ParklandBenefits.org under Well-Being > Care Management Programs > Lifestyle Management Programs.




SET UP YOUR MDLIVE ACCOUNT TODAY

Set up your account for MDLive at myCigna.com or call 888-726-3171.

TAKE CARE OF YOUR HEARING HEALTH

The PEHP offers members a hearing aid benefit that can help you save money and receive support for your hearing loss. Take the first step. Contact Cigna's partner – Amplifon – at 888-669-2175 (TTY: 711) Monday through Friday from 7 a.m. to 8 p.m. or amplifonusa.com/cigna.


ParklandBenefits.org is a winner! [Learn More →](#)


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Benefits from the heart


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Care Management Programs


As a Parkland Employee Health Plan (PEHP) member, you and your covered dependents can take advantage of these care management programs to improve your health.





**Precertification**
Confirm if your care will be covered before you have a procedure or treatment.

**Chronic Condition Health Coaching**
Get one-on-one support to help manage a chronic medical condition.

**Health Information Line**
Call 24/7 for health care advice.

**Complex Case Management**
Find help for things like the Neonatal Intensive Care Unit (NICU), transplants, behavioral health or a high-risk pregnancy.

**Healthy Pregnancy, Healthy Babies**
Learn how to have a healthy pregnancy.

**Lifestyle Management Programs**
Get help to lose weight, quit tobacco or lower your stress levels.

Learn more about the Care Management Programs that Parkland and Cigna offer at ParklandBenefits.org under Well-Being > Care Management Programs and Medical > Programs And Tools.

PHARMACY BENEFITS

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

Tier of Provider Writing Prescription	YOU MAY FILL YOUR PRESCRIPTIONS AT	
	Anderson, Moody or Certain COPC Pharmacies ¹ or Parkland Mail Order	Retail Pharmacies In Cigna Pharmacy Network or Cigna Mail-Order Service
Tier 1 provider at a Parkland facility	Yes	Yes
Tier 2 provider in the Cigna Pharmacy Network and Children's Medical Center providers	No	Yes
Tier 3 out-of-network provider	No	Yes

¹ You may fill regular prescriptions at the C.V. Roman (formerly RedBird) Health Center Pharmacy, 3560 W. Camp Wisdom in Dallas. However, you may not fill mail-order prescriptions at this location.

- **For prescriptions written by a Tier 1 provider at a Parkland facility** (including Parkland Health providers and UTSW providers with Parkland privileges who see you at a Parkland facility), pharmacies include Anderson, Moody Outpatient Clinic, certain Community Oriented Primary Care (COPC) pharmacies or a retail pharmacy in the Cigna Pharmacy Network.
- **Prescriptions written by a Children's Medical Center provider** must be filled at a retail pharmacy in the Cigna Pharmacy Network. Cigna network pharmacies include most major pharmacies, such as Walgreens and CVS. Pharmacies at Kroger and Sam's Club are not Cigna network pharmacies.
- **You must obtain all specialty medications** through Parkland's pharmacies or the Cigna Pharmacy Specialty Network. Specialty drugs are generally injectable, infused, oral or inhaled drugs that require close supervision and monitoring.

The charts on pages 18 and 19 show what you'll pay for medications in the PEHP based on three categories: generic, preferred brand and non-preferred brand. The formulary, explained on page 19, shows how the PEHP classifies medications. For 2024, Parkland switched to a new formulary so your medications may be classified (and paid) differently in 2024 than they were in 2023.

SHORT-TERM PRESCRIPTIONS: RETAIL PHARMACIES

Here's a look at what you'll pay for retail drugs (up to a 30-day supply).

PPO	SPECIFIED PARKLAND ON-SITE PHARMACIES ¹	CIGNA PHARMACY NETWORK ²	OUT-OF-NETWORK
Generic	\$10 copay	\$20 copay	100% (not covered)
Preferred Brand	\$20 copay	\$45 copay	100% (not covered)
Non-Preferred Brand	\$40 copay	\$75 copay	100% (not covered)
HDHP	SPECIFIED PARKLAND ON-SITE PHARMACIES ¹	CIGNA PHARMACY NETWORK ²	OUT-OF-NETWORK
Deductible	Combined with medical deductible: \$3,500 individual/\$7,000 family	Combined with medical deductible: \$3,500 individual/\$7,000 family	Not applicable
Generic	\$10 copay after deductible	\$10 copay after deductible	100% (not covered)
Preferred Brand	\$20 copay after deductible	\$45 copay after deductible	100% (not covered)
Non-Preferred Brand	\$40 copay after deductible	\$75 copay after deductible	100% (not covered)

¹ Requires a prescription written by a Tier 1 Parkland provider at a Parkland facility. Prescriptions written by a Children's Medical Center provider may not be filled at Parkland pharmacies and must be filled at a Cigna Pharmacy Network to be covered.

² For prescriptions written by a Tier 2 provider, you may obtain a 90-day supply from a Cigna network pharmacy.

CIGNA PHARMACY NETWORK 800-247-4433

Cigna Pharmacy Network administers pharmacy benefits for the PEHP.

CIGNA PHARMACY HOME DELIVERY SERVICE

For prescriptions written by a:

- Tier 1 provider in the Parkland Health Network, including a Children's Medical Center provider
- Tier 2 provider in the Cigna Open Access Plus Network
- Tier 3 out-of-network provider

PARKLAND MAIL-ORDER SERVICE 214-590-1400

- For prescriptions written by a Tier 1 Parkland provider at a Parkland facility
- Have your provider electronically send your prescriptions to the Parkland Pharmacy of your choice.
- For refill requests, use the online refill page on **Parkland Intranet under Pharmacy Employee online refills, Mychart**, or call in on the IVR line with the information on your prescription bottle.

FIND A PARKLAND PHARMACY

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

LONG-TERM PRESCRIPTIONS: MAIL ORDER, HOME DELIVERY OR RETAIL PHARMACY

Maintenance drugs are drugs you take for long-term or chronic conditions, such as blood pressure medication. You can receive up to a 90-day supply of your medicine.

Parkland Mail-Order: Have your provider electronically send your prescriptions to the Parkland Pharmacy of your choice. See instructions below.

Cigna Pharmacy Network: You have two ways to get your prescription.

- Take advantage of home delivery. Your medications will be delivered directly to you.
- Pick up your prescriptions at a **nearby Cigna network pharmacy**. (At certain pharmacies like CVS, you can get only a 30-day supply.)

The first time you fill a prescription, ask your provider for two prescriptions — one that you can fill immediately and one that you can fill through the mail-order service.

MAIL ORDER/HOME DELIVERY BENEFITS AT A GLANCE

Here’s a look at what you’ll pay for up to a 90-day mail-order supply. For Cigna Pharmacy Network, you can also pick up your prescription at a **nearby Cigna network pharmacy** and you’ll pay the same cost as home delivery. (At certain pharmacies like CVS, you can get only a 30-day supply.)

PPO	PARKLAND MAIL ORDER¹	CIGNA PHARMACY HOME DELIVERY
Generic	\$25 copay	\$60 copay
Preferred Brand	\$50 copay	\$135 copay
Non-Preferred Brand	\$100 copay	\$225 copay
HDHP	PARKLAND MAIL ORDER¹	CIGNA PHARMACY HOME DELIVERY
Deductible	Combined with medical deductible: \$3,500 individual/\$7,000 family	Combined with medical deductible: \$3,500 individual/\$7,000 family
Generic	\$25 copay after deductible	\$30 copay after deductible
Preferred Brand	\$50 copay after deductible	\$135 copay after deductible
Non-Preferred Brand	\$100 copay after deductible	\$225 copay after deductible

¹ Requires a prescription written by a Tier 1 Parkland provider at a Parkland facility. The Parkland mail-order service is intended for 90-day supply prescriptions only. To obtain a 30-day supply of medication, you will need to go to a Parkland or retail pharmacy. For 90-day supply prescriptions written by other providers, use Cigna Pharmacy Home Delivery service. Prescriptions written by a Children’s Medical Center provider must be filled through Cigna Pharmacy Home Delivery.

SPECIALTY DRUGS

You must obtain all specialty drugs through Parkland’s pharmacies or the Cigna Pharmacy Network. Specialty drugs are generally injectable, infused, oral or inhaled drugs that require close supervision and monitoring. The PEHP formulary (the **Cigna National Preferred Prescription Drug List**) includes hormone therapy drugs for a diagnosis of gender dysphoria.

Your physician must submit a prior authorization for approval from the PEHP before the medication will be covered.

Here’s a look at what you’ll pay for a 30-day or 90-day supply of specialty drugs.

PPO: Specialty Drugs	Parkland Pharmacy	Non-Parkland Pharmacy (Cigna Pharmacy Network)
30-day supply	20% coinsurance (\$100 maximum)	25% coinsurance (\$150 maximum)
Up to a 90-day supply	20% coinsurance (\$250 maximum)	Home delivery only: 25% coinsurance (\$150 maximum)
Out of Network	100% (not covered)	100% (not covered)
HDHP: Specialty Drugs	Parkland Pharmacy	Non-Parkland Pharmacy (Cigna Pharmacy Network)
Deductible	Combined with medical deductible: \$3,500 individual/\$7,000 family	Combined with medical deductible: \$3,500 individual/\$7,000 family
30-day supply	20% coinsurance (\$100 maximum) after deductible	25% coinsurance (\$150 maximum) after deductible
Up to a 90-day supply	20% coinsurance (\$250 maximum) after deductible	Home delivery only: 25% coinsurance (\$150 maximum) after deductible
Out of Network	100% (not covered)	100% (not covered)



WHAT IS A FORMULARY?

A formulary is a list of medications designated for coverage through your PEHP benefits. The list includes medications proven to be safe, effective and affordable for certain diseases and conditions. For more information on generic and brand-name drugs and how they will be covered under our new formulary in 2024, go to ParklandBenefits.org > Benefits > Pharmacy > Compare Your Pharmacy Options.

MEDICARE AND PRESCRIPTION DRUG COVERAGE

If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a federal law provides prescription drug coverage through Medicare Part D. For details, see the Medicare Coverage Notice for the PEHP beginning on page 48 of this brochure.

MEDICAL/PHARMACY ID CARD – ALL IN ONE!

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

DENTAL BENEFITS

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

YOUR 2024 BIWEEKLY PAYROLL DEDUCTIONS FOR DENTAL

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

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

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

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

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

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

HOW THE DPPO PAYS BENEFITS

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

* Includes routine cleanings and X-rays.



TO COMPARE THE PLANS

See page 21 for a comparison chart to help you decide which dental plan will work best for you.

WHICH CIGNA DENTAL COVERAGE IS RIGHT FOR YOU?

You can learn more about the features and advantages of Cigna coverage by calling 800-247-4433. Assistance is available 24/7/365.

Call today for:

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

WHICH PLAN IS BEST FOR YOU

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

	DHMO	DPPO
Choice of dentist	Choose a DHMO network general dentist for each family member. See a DHMO network specialty dentist with a referral from your general dentist.	Maximize your benefits through discounts on covered and non-covered services by using a DPPO network dentist. Use any dentist, including specialists. If your dentist is not from the DPPO network, benefits will be based on reasonable and customary (R&C) charges. You will pay 100% of the amounts greater than R&C charges.
Orthodontia (braces)	For adults and children	For children only (under age 26)
Waiting periods	None	None
Annual deductibles	No deductibles	\$50 per person (maximum of \$150 per family) for basic and major services
What you pay	For covered services, a specific copay amount from the copayment schedule	A deductible and a percent of charges (up to a maximum covered expenses). See How the DPPO Pays Benefits on page 20.
Benefit maximums	No annual or lifetime maximums	<p>\$2,000 annual maximum for basic and major services (preventive care X-rays and cleanings are covered at 100% and do not count toward the annual maximum.)</p> <p>\$2,000 lifetime maximum for orthodontia (for dependent children under age 26)</p>
Claims and payment procedures	For DHMO providers <ul style="list-style-type: none"> You file no claims You pay a copay from the benefits schedule when services are performed. The schedule is on the Parkland Intranet. 	For DPPO network providers <ul style="list-style-type: none"> Your dentist files claims You pay discounted rates For non-network providers <ul style="list-style-type: none"> Unless required by your provider, no need to pay up front. Receive services from out-of-network providers and pay the provider after your dentist submits expenses to Cigna.

ADDITIONAL DENTAL SERVICES

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



FOR MORE INFORMATION

Dental information is on the Parkland Intranet. You may access a dental provider directory on Cigna's website. For information, contact Cigna at 800-247-4433. Assistance is available 24/7/365.

FIND A NETWORK DENTIST

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

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

VISION CARE BENEFITS

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

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

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

VISION BENEFITS PAID BASED ON PROVIDER

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

* When you use an out-of-network provider, you must first get an authorization number from the provider. You will pay all costs upfront and then submit your itemized receipt and authorization number for reimbursement.

** Once in a 12-month period, you may receive benefits for eyeglasses/frames or contact lenses, but not both in the same year.

*** You will get a 20% discount on all amounts over the plan allowance.

**** Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable or multi-focal lenses.

LASIK SURGERY DISCOUNTS

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

YOUR 2024 BIWEEKLY PAYROLL DEDUCTIONS FOR VISION

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

FIND A PROVIDER

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

LIFE INSURANCE

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

BASIC LIFE INSURANCE

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

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

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

SUPPLEMENTAL LIFE INSURANCE

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

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

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

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

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

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

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

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

2024 SUPPLEMENTAL LIFE INSURANCE BIWEEKLY RATES

SUPPLEMENTAL TERM LIFE		
Age Range	Biweekly Rate / \$1,000 for You Your Spouse	
Ages less than 25	\$0.013	\$0.023
Ages 25-29	\$0.016	\$0.028
Ages 30-34	\$0.021	\$0.037
Ages 35-39	\$0.023	\$0.042
Ages 40-44	\$0.026	\$0.046
Ages 45-49	\$0.042	\$0.069
Ages 50-54	\$0.062	\$0.106
Ages 55-59	\$0.114	\$0.198
Ages 60-64	\$0.176	\$0.305
Ages 65-69	\$0.339	\$0.586
Ages 70+	\$0.551	\$0.951

FOR YOUR CHILD(REN) UP TO AGE 26	
Coverage Amount	Biweekly Rate / \$1,000
\$5,000	\$0.16
\$10,000	\$0.32
\$15,000	\$0.48
\$20,000	\$0.65

IF YOU LEAVE PARKLAND

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



NAMING A BENEFICIARY

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

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

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

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

- Employee only
- Employee plus family coverage

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

FAMILY MEMBER	SPOUSE*	CHILD(REN)
Spouse only	60% of your coverage*	Not applicable
Child(ren) only (up to age 25)	Not applicable	20% of your coverage up to \$50,000
Spouse plus child(ren)	50% of your coverage*	15% of your coverage up to \$50,000

YOUR 2024 BIWEEKLY PAYROLL DEDUCTIONS FOR AD&D

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

WHAT THE AD&D PLAN PAYS

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

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

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

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



NAMING A BENEFICIARY

See page 23 for steps on naming a beneficiary to receive your AD&D benefit.

DISABILITY BENEFITS

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

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

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

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

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

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



HOW TO ENROLL

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

PAID TIME OFF

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

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

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

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

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

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

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

VOLUNTARY PAID TIME OFF DONATION PROGRAM

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

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

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

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



SELLING PAID TIME OFF

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

PARKLAND HOLIDAYS

Parkland observes the following holidays:

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

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

FLEXIBLE SPENDING ACCOUNTS

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

Health Care Spending Account. Reimburses you for eligible medical, dental, vision and hearing expenses not paid by another health care plan. To request reimbursement of an eligible health care expense, you will use the plan's FSA debit card at the time of purchase, or submit your receipt and claim form to the FSA administrator. See page 30 for details.

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

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

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

GENERAL INFORMATION ABOUT BOTH ACCOUNTS

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

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

FLEXIBLE SPENDING ACCOUNT	INCUR EXPENSE BY	REQUEST REIMBURSEMENT BY
2024 Health Care Spending Account	March 15, 2025	March 31, 2025
2024 Dependent Care Spending Account	March 15, 2025	March 31, 2025

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

TAX DEDUCTIONS VS. THE ACCOUNTS

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

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

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



USE IT OR LOSE IT

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

OVERVIEW OF HOW THE FLEXIBLE SPENDING ACCOUNTS WORK

PLAN FEATURE	HEALTH CARE SPENDING ACCOUNT	DEPENDENT CARE SPENDING ACCOUNT
Amount you can set aside each year	\$0 to \$3,200 per year	\$0 to \$4,000 per year
Special Incentive	Does not apply	Parkland will contribute 25% of your election each pay period (up to \$1,000 per year)
Examples of expenses that can be reimbursed*	<ul style="list-style-type: none"> • Copays, deductibles and coinsurance for medical, dental, pharmacy and vision plans • Certain over-the-counter medications used to treat an illness or injury such as aspirins, antacids, allergy and sinus medicines, pain relievers and cold medicines • Weight loss programs prescribed by your doctor to treat a specific medical condition • Stop smoking programs prescribed by your doctor to improve your health 	<p>While you and your spouse are working:</p> <ul style="list-style-type: none"> • Nursery school, day care centers, day camp and baby-sitting • Before-school or after-school care for children under age 13 • Back-up care for children under age 13 • Nurse or caregiver for an elderly relative who qualifies as a dependent
Example of expenses that cannot be reimbursed*	<ul style="list-style-type: none"> • Health insurance premiums paid with before-tax dollars • Cosmetic surgery and procedures, unless there is a related disease or injury • Certain over-the-counter medications (without a prescription) or those that benefit your health but do not actually treat an illness or injury such as vitamins, other nutritional aids or drugs to help you stop smoking • Weight loss program or health club dues to maintain your general health 	<ul style="list-style-type: none"> • Baby-sitting (if you or your spouse are not working) • Overnight camp, unless day care fees are broken out from camp fees
Maximum reimbursement	Up to the full amount of your annual contribution, less any amounts previously paid	Up to the amount of money available in your account at the time that you request reimbursement

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



THE TAX-FREE ADVANTAGE OF FLEXIBLE SPENDING ACCOUNTS

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

THE DEPENDENT CARE SUBSIDY: HOW IT WORKS

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

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

Of this total maximum contribution:

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

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

THE DEPENDENT CARE SUBSIDY BY THE NUMBERS

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

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

EXAMPLE: HOW A HEALTH CARE SPENDING ACCOUNT SAVES MONEY

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

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

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

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

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

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

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



BUDGETING FOR YOUR HEALTH CARE SPENDING ACCOUNT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



QUESTIONS?

For more information, contact Inspira Financial, the FSA administrator, at inspirafinancial.com or 800-284-4885. Through the website, you can view your account balances, upload claim forms and other documents such as receipts, and manage your FSA debit card.

PART-TIME-WITHOUT-BENEFITS EMPLOYEES

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

RETIREMENT BENEFITS PROGRAM

Parkland offers a retirement benefits program (administered by Milliman) to help you plan and save for the future. Full-time and part-time employees can save on a mandatory and voluntary basis. Your employment status and your hire date will determine your program details as summarized in the chart below.

Your Retirement Benefits at a Glance

Based on Employment Status and Hire Date

RETIREMENT PLAN	FULL-TIME EMPLOYEES	PART-TIME EMPLOYEES
EMPLOYEES HIRED ON OR BEFORE DEC. 12, 2023		
Mandatory Savings (in lieu of Social Security)	Retirement Income Plan	Mandatory Savings Plan
EMPLOYEES HIRED AFTER DEC. 12, 2023		
Mandatory Savings (in lieu of Social Security)	Mandatory Savings Plan	Mandatory Savings Plan
ALL PARKLAND EMPLOYEES		
Voluntary Savings	Supplemental Savings Plan	Supplemental Savings Plan

Learn more about how these plans work at ParklandBenefits.org. To access information specific to your account, go to MillimanBenefits.com. To get started, register your account.

REGISTER YOUR ACCOUNT AT MILLIMANBENEFITS.COM

Protecting your finances is one of the most important financial moves you can make. At MillimanBenefits.com, you have multifactor authentication and other features in place to protect your account from unauthorized withdrawals. Registering your account adds an extra layer of security. By registering, you verify your identity and add a current email address and phone number. That way, if changes are made to your account, Milliman sends you an immediate alert for your awareness. And once you register, you can view your account balance and investment performance at any time to check on the health of your retirement savings. To register your account, select "Register" and follow the prompts.

GET STARTED

Contact Milliman for help. Log in to MillimanBenefits.com to:

- **Enroll in the Supplemental Savings Plan (SSP).** You may join the SSP immediately upon hire. To enroll, log on to the website or call the Milliman Benefits Service Center. You may also use the mobile app, Milliman Mobile Benefits.
- **Change the amount** you are contributing to the SSP. Note that full-time employees hired on or after Jan. 1, 2022, are automatically enrolled at 2% before-tax. The auto enroll amount will start on the first pay date after 45 days of employment. You may change your auto enroll amount at any time.
- **Learn about investment options** in the SSP and make your investment elections.
- **Name your beneficiaries** in the Retirement Income Plan and the Supplemental Savings Plan (SSP). A beneficiary is the person who receives your retirement account balance in the event of your death. You can name your spouse, another family member or anyone you choose, including a trust or estate. Once logged in to your account, click the Profile Icon in the upper right corner of the website to name separate beneficiaries for the Retirement Income Plan and the SSP. The beneficiaries you name for the SSP will also be your beneficiaries for the MSP.



NEED HELP?

- **Access Milliman's financial wellness site.** You'll gain general financial wellness knowledge about topics such as budgeting, rolling over money from another employer, finding an investment advisor and much more.
- **Call 800-995-2608.** You may speak to a Milliman Benefits Service Center representative Monday through Friday from 7 a.m. to 7 p.m. Central time.
- **Meet one on one with the Milliman@Parkland representative,** available on Mondays, Tuesdays and Wednesdays. To make your appointment, go to milliman3.fullslate.com.



Retirement Income Plan

Mandatory for Full-Time Employees Hired on or Before Dec. 12, 2023*

Full-time employees hired on or before Dec. 12, 2023, contribute to the Retirement Income Plan — also referred to as the Pension Plan — instead of participating in Social Security. If you stop working at Parkland after Dec. 12, 2023, and return or change to part-time status, you will no longer be eligible to participate in the Pension Plan. You will contribute to the Mandatory Savings Plan instead.

- **If you started working full-time at Parkland on or before Dec. 12, 2023**, you were automatically enrolled in the Pension Plan on your hire date. Participation in the Pension Plan was closed to full-time employees who started working at Parkland on or after Dec. 13, 2023.
- **Your contribution amount to the Pension Plan is 6.2% per paycheck**, the same percentage contributed by employees who participate in Social Security at other nongovernmental employers.
- **You are 100% vested in your benefit** after 5 years of service.
- **The benefit formula** is typically based on your years of service and average monthly earnings during the highest five out of the last 10 calendar years you work at Parkland as a full-time
- **The Pension Plan pays a monthly vested benefit at retirement.** You may receive a reduced retirement benefit as early as age 55. You may receive a full retirement benefit at age 65. To see how much you will receive at various ages, model your benefit at [MillimanBenefits.com](https://www.millimanbenefits.com).
- **If you move from full-time to part-time status with less than 5 years of full-time vested service in the Pension Plan**, we will move your Pension Plan contributions to your Mandatory Savings Plan account after your status change.
- **If you leave Parkland with less than 5 years of service**, the contributions that you made will be returned to you upon your termination.
- **Up to 180 days prior to your retirement**, log on to [MillimanBenefits.com](https://www.millimanbenefits.com) or call **800-995-2608** to set up distribution of your monthly benefit from the Retirement Income Plan.

*Parkland Health opted out of Social Security in 1982. Parkland and its employees contribute to other mandatory savings programs in lieu of Social Security. Your program eligibility depends on your employment status and your hire date as explained in this brochure.



Mandatory Savings Plan

Required for Full-Time Employees Hired After Dec. 12, 2023, and All Part-Time Employees*

Parkland employees hired after Dec. 12, 2023, are required to contribute a percentage of pay to the Mandatory Savings Plan (MSP) instead of contributing to Social Security. The amount you contribute is determined based on your employment status.



FULL-TIME EMPLOYEES

- **Full-time employees automatically contribute 6.2%** of base pay to the MSP, which is the same amount nongovernmental employees pay for Social Security.
- **Parkland will make contributions to the MSP for full-time employees**, starting at 2% per year for each of the first five years of employment (see chart below). If you change to part-time status, Parkland will no longer make a contribution to the MSP for you.
- **As a full-time employee, you are 100% vested in Parkland’s contributions to the MSP after 5 years of service**, including House Staff. Note that vesting for Parkland’s contributions to the Mandatory Savings Plan is different from vesting for Parkland’s contributions to the Supplemental Savings Plan (SSP), the voluntary savings plan described on page 34. You are 0% vested if you have less than 5 years of vesting service in the MSP. You are 100% vested after 5 or more years of vesting service in the MSP.

CONTRIBUTIONS PARKLAND MAKES TO MSP FOR FULL-TIME EMPLOYEES

LENGTH OF FULL-TIME EMPLOYMENT UNDER THE MSP (COMPLETED YEARS OF SERVICE)	PARKLAND MSP CONTRIBUTIONS AS A PERCENTAGE OF YOUR PAY
Less than 5 years	2%
More than 5 years but less than 10 years	4%
10 or more years	6.2%

PART-TIME EMPLOYEES

- **Part-time employees automatically contribute 7.5%** of base pay to the MSP with no additional MSP contribution from Parkland. For part-time-with-benefits employees, Parkland will match up to 6% of your contributions to the SSP on amounts saved above the mandatory 7.5% contribution.

IMPORTANT THINGS TO KNOW ABOUT THE MSP

- **You are always 100% vested in the contributions that you make.** If you leave Parkland with less than 5 years of service, the contributions that you made (adjusted with any investment earnings) will be returned to you.
- **You will direct the investment of your MSP contributions.** The investment elections you make for your SSP account will apply to your MSP contributions (as well as Parkland’s contributions if you are a full-time employee).
- **The beneficiaries that you name for your SSP account** will also apply to your MSP contributions. If you are not contributing to the SSP, you will need to name a beneficiary for your MSP contributions.
- **When you leave Parkland, you may roll over any vested portion of your MSP contributions** to an Individual Retirement Account (IRA) or another qualified retirement plan that accepts rollovers. As a terminated employee, you may receive your distribution immediately and do not need to wait until your retirement date.

*Parkland Health opted out of Social Security in 1982. Parkland and its employees contribute to other mandatory savings programs in lieu of Social Security. Your program eligibility depends on your employment status and your hire date as explained in this brochure.

Supplemental Savings Plan

Voluntary for All Employees

ATTENTION ALL FULL-TIME EMPLOYEES: Parkland automatically enrolls you in the Supplemental Savings Plan at 2% of pay before-tax. The auto enroll amount starts on the first pay date after 45 days of employment unless you change the amount at [MillimanBenefits.com](https://www.millimanbenefits.com) or through the Milliman Benefits Service Center at **800-995-2608**. You may choose to contribute additional amounts to the SSP, subject to annual IRS limits, as explained in the FAQs on page 35.

All employees may save from **1% to 75% of pay** in the Supplemental Savings Plan (SSP) through payroll deductions. Pay does not include bonuses, overtime pay, severance pay and differential. You may save on a combined before-tax, Roth after-tax or after-tax basis. You can elect to increase or decrease the amount you save in the SSP at any time. Parkland helps you save, too, through matching contributions for full-time and part-time-with-benefits employees.

- **Before-tax contributions** lower your current taxable income. Pay no taxes on this money or the earnings until you withdraw your before-tax account.
- **Roth after-tax contributions** are deducted from your paycheck after federal income taxes are withheld. Your earnings grow tax deferred. You will not have to pay taxes on these earnings if your withdrawal is a qualified distribution (after you reach age 59½ and after your first Roth after-tax contribution has been in the SSP for five years).
- **After-tax contributions** are deducted from your paycheck after federal income taxes are withheld. Earnings are taxable when you withdraw money from this account.
- **Catch-up contributions** are additional before-tax and Roth after-tax savings opportunities if you are age 50 or older by the end of a calendar year.

Before-tax and Roth after-tax contributions are subject to annual dollar limits set by the Internal Revenue Service (IRS). For 2024 IRS limits, see the FAQs below. For tips on how to maximize your savings in the SSP, see the Retirement section on the [FAQs page](#).

PARKLAND HELPS YOU SAVE THROUGH MATCHING CONTRIBUTIONS

For full-time and part-time-with-benefits employees, Parkland matches your contributions (before-tax, Roth after-tax or after-tax contributions) **\$1 for \$1, up to 6% of pay**, after one year of service. You own (meaning you are 100% vested in) your contributions (before-tax, Roth after-tax, after-tax, rollover and Mandatory Savings Plan contributions made by you, if applicable) immediately. You become vested in the Parkland matching contributions to the Supplemental Savings Plan as shown in the chart. Parkland does not match contributions made by part-time employees to the Mandatory Savings Plan.

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



ROLLOVER CONTRIBUTIONS

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

SSP & MSP NOTICES

The two notices on pages 50 and 51 of this brochure explain important features in the SSP and MSP.

- **Eligible Automatic Contribution Arrangement (EACA) Notice** explains how the automatic enrollment feature works for full-time employees in the SSP. If you do not change your contribution rate from 2%, consider using the automatic increase feature at [MillimanBenefits.com](https://www.millimanbenefits.com) to increase your contribution rate in future years.
- **Qualified Default Investment Alternative (QDIA) Notice** explains how your SSP and MSP contributions will be invested if you do not tell us how to invest your savings.

Frequently Asked Questions (FAQs)

I can save more in Parkland's Supplemental Savings Plan (SSP) than I could in the plan of my former employer. Why is that?

The SSP is made up of both 403(b) and 457(b) contributions. Therefore, you have the ability to save double what you can in nongovernmental plans. The IRS sets limits on saving on a combined before-tax and Roth after-tax basis in 403(b) and 457(b) plans each year. You can save up to the following amounts.

403(b) contributions

- **2024:** \$23,000 (\$30,500 if you will be age 50 or older in 2024)

457(b) contributions

- **2024:** \$23,000 (\$30,500 if you will be age 50 or older in 2024)

Total SSP contributions

- **2024:** \$46,000 (\$61,000 if you will be age 50 or older in 2024)

The above limits are not specific to the SSP and include any contributions that you may have made to other employer's plans during the year.

See the FAQs (first question under retirement) to learn more about maximizing your contributions.

May I take any money out of the Supplemental Savings Plan while I am working?

Yes. You have two ways to take money out of the Supplemental Savings Plan while you are working – loans and in-service withdrawals.

Loans. You may request a loan from your before-tax 403(b), Roth after-tax and rollover accounts. The SSP will access your Roth after-tax accounts last. You may not take a loan from your before-tax 457(b), after tax and part-time mandatory contributions made before 2024. You may not borrow from the Mandatory Savings Plan. You may have one outstanding loan at a time. You may borrow a minimum of \$1,000 and up to the lesser of one-half of your total vested account balance (excluding part-time mandatory contributions made before 2024) or \$50,000, reduced by your highest outstanding loan balance during the last 12 months.

In-Service Withdrawals. You may (1) withdraw from your after-tax or rollover accounts at any time, (2) request a full or partial withdrawal of your account balance after age 59½ if you are 100% vested in the Parkland match, (3) apply for a financial hardship withdrawal from all or part of your before-tax 403(b) and Roth after-tax 403(b) contributions and the vested portion of Parkland's matching contributions, and (4) apply for an unforeseeable emergency withdrawal from your before-tax 457(b) and Roth after-tax 457(b) contributions if you or your dependents incur a severe financial hardship as defined in the Summary Plan Description in Legal Notices.

You may not take money out of the Mandatory Savings Plan while you are working for Parkland Health. Learn more at [ParklandBenefits.org](https://parklandbenefits.org) > Well-Being > Retirement Program.

When You Stop Working at Parkland

Thinking about retirement? Take a look at the **Retirement Offboarding Overview** at [ParklandBenefits.org](https://parklandbenefits.org) that outlines the key steps you'll need to take to ensure a smooth transition to retirement.

When you stop working at Parkland, you may leave your money in the Supplemental Savings Plan and Mandatory Savings Plan (if applicable) or request a lump-sum payment of your account. You may also be eligible for partial or installment payments. Starting at age 73, you must begin taking required minimum distributions from your account. You may also roll over your balances in the SSP and MSP (if applicable) to an IRA or another qualified retirement plan that accepts rollovers. For details, go to [MillimanBenefits.com](https://millimanbenefits.com) or see the applicable Summary Plan Description in the **Legal Notices** section.

For employees with a benefit in the Retirement Income Plan, see the Retirement Income Plan section on page 32.



GET ASSISTANCE BUYING BENEFITS WHEN YOU LEAVE

Allstate Health Solutions (formerly VelaPoint Insurance)

is a program that gives future Parkland retirees a resource to purchase benefits outside of Parkland. Visit parklandretire.allstatehealth.com to get competitive quotes for health, dental and vision, supplemental insurance (critical illness and accident insurance), home and auto, and life insurance. Questions? Call **855-909-0181** to speak with a designated Parkland retiree specialist.

STAY CONNECTED; JOIN THE PARKLAND RETIREE ORGANIZATION (PRO)

When you leave Parkland, you can continue to stay connected to your retired Parkland friends by joining the **Parkland Retiree Organization (PRO)**. You'll be able to stay informed about retiree benefits and learn how you can volunteer and support the hospital. Learn more about [how to join PRO](#).

2024 VOLUNTARY BENEFITS

MetLife Coverages Add Extra Layer of Protection

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

CRITICAL ILLNESS INSURANCE

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

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



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

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

2024 BIWEEKLY PAYROLL DEDUCTIONS FOR CRITICAL ILLNESS INSURANCE				
Age	For You		For You & Your Spouse*	
	\$10,000	\$20,000	\$10,000/\$10,000	\$20,000/\$20,000
Under 26	\$2.00	\$4.00	\$4.00	\$8.00
26-30	\$2.60	\$5.20	\$5.00	\$10.00
31-35	\$3.00	\$6.00	\$5.80	\$11.60
36-40	\$4.00	\$8.00	\$7.80	\$15.60
41-45	\$5.00	\$10.00	\$9.80	\$19.60
46-50	\$5.80	\$11.60	\$11.60	\$23.20
51-55	\$8.60	\$17.20	\$17.70	\$35.40
56-60	\$8.40	\$16.80	\$17.60	\$35.20
61-65	\$16.80	\$33.60	\$35.40	\$70.80
66-70	\$29.20	\$58.40	\$62.80	\$125.60
71-75	\$29.70	\$59.40	\$62.40	\$124.80
76+	\$29.70	\$59.40	\$61.80	\$123.60

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



COVERAGE FACTS FOR ALL METLIFE COVERAGES

- Coverage is available for you, your spouse and children.
- Coverage is guaranteed-issue, meaning MetLife will ask no health questions to extend coverage.
- You may continue your coverage in the event you change jobs.
- You will pay premiums through convenient payroll deduction as shown in the charts on pages 36 and 37.

For details on voluntary benefits, go to ParklandBenefits.org > Benefits > Critical Illness and Accident. You may review brochures for each benefit in the above location or the Plan Summaries under ParklandBenefits.org > Resources > Legal Notices > Other Forms and Documents.

GROUP ACCIDENT INSURANCE

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

HOSPITAL INDEMNITY

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

Here's a quick look at how this plan works

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

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

2024 BIWEEKLY PAYROLL DEDUCTIONS FOR ...	ACCIDENT INSURANCE		HOSPITAL INDEMNITY	
	Low*	High*	Low*	High*
Coverage Category				
Employee Only	\$2.83	\$5.64	\$4.59	\$8.93
Employee Plus Children	\$5.77	\$11.49	\$7.40	\$14.42
Employee Plus Spouse	\$4.65	\$9.28	\$9.19	\$17.97
Employee Plus Family	\$7.59	\$15.14	\$12.00	\$23.47

*Low and High refer to the benefit level you will receive for covered benefits. For example, the accident insurance covers expenses such as ambulance rides, emergency room visits, surgery and anesthesia, prescriptions, major diagnostic testing and burns. The hospital indemnity plan provides benefits for hospital confinements, hospital admissions hospital intensive care. See the MetLife Accident Insurance and Hospital Indemnity Insurance Plan Summaries posted on ParklandBenefits.org under Resources > Legal Notices > Other Forms and Documents for information on the Low and High benefits that each plan pays.

PART-TIME-WITHOUT-BENEFITS EMPLOYEES

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

ADDITIONAL BENEFIT PROGRAMS

Auto & Home Insurance

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

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

Legal Protection Program

Unresolved legal matters can cause stress, hardship or financial challenges in your life. The Parkland legal program can help. For \$7.73 per pay period, you may participate. This cost is significantly lower than the national average. To learn more about the legal program, research legal topics and more, contact ARAG Legal Center, the administrator of our legal program, at 800-247-4184. You may also access **ARAGLegalCenter.com** using Access Code 17502ph.

Pet Insurance Program

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

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



EVERYONE LOVES A DISCOUNT

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

Employee Assistance Program (EAP)

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

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

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

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

The EAP is there to help ... 24 hours a day, 7 days a week. All it takes is a phone call from you. If you want to seek assistance from an EAP counselor, contact:

- **Cigna EAP** at 800-247-4433 (TTY/TTD users call 711) or visit [myCigna.com](https://mycigna.com) (ID for initial registration: parkland). You and each eligible family member will have access to 3 visits per year (per problem).
- **ComPsych Guidance Resources** at 844-216-8399 or visit guidanceresources.com (Web ID: PARKLAND). You and each eligible family member will have access to 5 visits per year (per problem).

Tuition Reimbursement

Starting on your first day of service, full-time and part-time with benefits employees may receive reimbursement of tuition for a grade of C or higher according to this schedule:

- Up to \$5,250 per calendar year for a **doctoral** degree (PhD).*
- Up to \$5,250 per calendar year for a **master's** degree.*
- Up to \$5,250 per calendar year for a **bachelor's** degree.*
- Up to \$5,250 per calendar year for a **associate's** degree.*

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

Submit a first-time course approval application in the EdAssist portal via Pathways (not to your immediate supervisor/manager) no later than the course start date of the first quarter, semester or academic term. Applications will not be accepted after the course start date. First-time doctoral degree (PhD) applicants must receive approval from a review committee prior to submitting an application in the portal.

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

ADOPTION ASSISTANCE BENEFIT

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



IMPORTANT NOTICES

2024 Privacy Reminder Notice

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

Parkland Employee Health Plan
Office of Talent Management, Benefits Department
Moody Outpatient Center
5151 Maple Ave., 5th Floor
Dallas, TX 75235

These and other notices
can be viewed and printed
from ParklandBenefits.org >
Resources > Legal Notices.

NOTIFICACIÓN DEL AVISO DE PRÁCTICAS DE PRIVACIDAD

Por ley, estamos obligados a mantener su información médica de manera condencial. La notificación Prácticas de Privacidad del Plan de Salud para Empleados de Parkland explica cómo utilizamos su información de salud. También le informa cuándo podemos compartir esa información a otras personas. Le habla sobre los derechos que usted tiene a su información médica y cómo puede usar esos derechos.

Si desea una copia de la notificación de Prácticas de Privacidad del Plan de Salud para Empleados de Parkland, por favor llame al 469-419-3000 (ext. 7-3000). También puede escribirnos a:

Parkland Employee Health Plan
Office of Talent Management, Benefits Department
Moody Outpatient Center
5151 Maple Ave., 5th Floor
Dallas, TX 75235

Women's Health and Cancer Rights Act of 1998

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

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

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

Newborns' and Mothers' Health Protection Act

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

Pregnant Workers Fairness Act (PWFA)

The Pregnant Workers Fairness Act (PWFA) is a federal law that, starting June 27, 2023, requires covered employers to provide "reasonable accommodations" to a qualified worker's known limitations related to pregnancy, childbirth or related medical conditions, unless the accommodation will cause the employer an "undue hardship." An undue hardship is defined as causing significant difficulty or expense.

"Reasonable accommodations" are changes to the work environment or the way things are usually done at work.

WHAT ARE SOME POSSIBLE ACCOMMODATIONS FOR PREGNANT WORKERS?

- Being able to sit or drink water
- Receiving closer parking
- Having flexible hours
- Receiving appropriately sized uniforms and safety apparel
- Receiving additional break time to use the bathroom, eat and rest
- Taking leave or time off to recover from childbirth
- Being excused from strenuous activities and/or exposure to chemicals not safe for pregnancy

WHAT OTHER FEDERAL EMPLOYMENT LAWS MAY APPLY TO PREGNANT WORKERS?

Other laws that apply to workers affected by pregnancy, childbirth or related medical conditions include:

- **Title VII** that prohibits employment discrimination based on sex, pregnancy or other protected categories (enforced by the U.S. Equal Employment Opportunity Commission (EEOC))
- **The ADA** that prohibits employment discrimination based on disability (enforced by the EEOC)
- **The Family and Medical Leave Act** that provides unpaid leave for certain workers for pregnancy and to bond with a new child (enforced by the U.S. Department of Labor)
- **The PUMP Act** that provides nursing mothers a time and private place to pump at work (enforced by the U.S. Department of Labor)

Learn more at www.EEOC.gov/Pregnancy-Discrimination.

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your state for further information on eligibility.

ALABAMA — Medicaid

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

ALASKA — Medicaid

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

ARKANSAS — Medicaid

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

CALIFORNIA — Medicaid

Health Insurance Premium Payment (HIPP) Program
Website: dhcs.ca.gov/hipp
Phone: 1-916-445-8322
Fax: 1-916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO — Medicaid and CHIP

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

FLORIDA — Medicaid

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

GEORGIA — Medicaid

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

INDIANA — Medicaid

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

IOWA — Medicaid and CHIP (Hawki)

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

KANSAS — Medicaid

Website: kancare.ks.gov
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY — Medicaid and CHIP

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

LOUISIANA — Medicaid

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

MAINE — Medicaid

Enrollment Website: mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
Private Health Insurance Premium
Website: maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine Relay 711

MASSACHUSETTS — Medicaid and CHIP

Website: mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 1-617-886-8102
Email: masspreassistance@accenture.com

For Texas residents, go to [texas.gov/services/financial/health-insurance-premium-payment-hipp-program](https://www.texas.gov/services/financial/health-insurance-premium-payment-hipp-program) or call 1-800-440-0493 to see if you are eligible for assistance from Medicaid in paying your employee health plan premiums.

MINNESOTA — Medicaid

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

MISSOURI — Medicaid

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

MONTANA — Medicaid

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

NEBRASKA — Medicaid

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

NEVADA — Medicaid

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

NEW HAMPSHIRE — Medicaid

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

NEW JERSEY — Medicaid and CHIP

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

NEW YORK — Medicaid

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

NORTH CAROLINA — Medicaid

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

NORTH DAKOTA — Medicaid

Website: hhs.nd.gov/healthcare
 Phone: 1-844-854-4825

OKLAHOMA — Medicaid and CHIP

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

OREGON — Medicaid

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

PENNSYLVANIA — Medicaid and CHIP

Medicaid Website: dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx
 Phone: 1-800-692-7462
 CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
 Phone: 1-800-986-KIDS (5437)

RHODE ISLAND — Medicaid and CHIP

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

SOUTH CAROLINA — Medicaid

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

SOUTH DAKOTA — Medicaid

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

TEXAS — Medicaid

Website: texas.gov/services/financial/health-insurance-premium-payment-hipp-program
 Phone: 1-800-440-0493

UTAH — Medicaid and CHIP

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

VERMONT — Medicaid

Website: dvha.vermont.gov/members/medicaid/hipp-program
 Phone: 1-800-250-8427

VIRGINIA — Medicaid and CHIP

Medicaid Website: coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
 CHIP Website: coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
 Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON — Medicaid

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

WEST VIRGINIA — Medicaid and CHIP

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

WISCONSIN — Medicaid and CHIP

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

WYOMING — Medicaid

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

To see if any more states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, you can contact either:

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

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

Paperwork Reduction Act Statement

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

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137 (expires 1/31/2026).

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: GENERAL INFORMATION

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

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Open Enrollment for health insurance coverage through the Marketplace begins Nov. 1, 2023, and ends Dec. 15, 2023, for coverage starting as early as Jan. 1, 2024. Outside of this open enrollment period, you can only enroll in or change Marketplace coverage if you qualify for a Special Enrollment Period as a result of certain life events.

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) in 2024 is more than 8.39% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

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

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60% of such costs.



HOW CAN I GET MORE INFORMATION?

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

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

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application. This information is effective as of Nov. 1, 2023, and is subject to change.

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

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

- As your employer, we offer a health plan to:
 - ☐ All employees.
 - ☒ Some employees. Eligible employees are:
 - Full time employees
 - Part-time-with-benefits employees
 - With respect to dependents:
 - ☒ We do offer coverage. Eligible dependents are:
 - Your lawful spouse as recognized by Texas Law
 - Any child of yours who is: 1) less than 26 yrs old, 2) legally adopted, 3) children for whom you are the legal guardian, and 4) grandchildren for whom you have legal custody
 - ☐ We do not offer coverage.
- ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

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

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

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

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

☐ **Yes** (Continue)

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

☐ **No** (STOP and return this form to employee)

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

☐ **Yes** (Go to question 15)

☐ **No** (STOP)

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

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

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

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

16. What change will the employer make for the new plan year effective Jan. 1, 2024?

☐ Employer won't offer health coverage

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

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

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

*An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60% of such costs

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected by federal law from surprise billing or balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

WHAT IS "BALANCE BILLING" (SOMETIMES CALLED "SURPRISE BILLING")?

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

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

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise bills could cost thousands of dollars depending on the procedure or service.

YOU ARE PROTECTED FROM BALANCE BILLING FOR:

Emergency Services

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

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

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

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

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

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

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

If you believe you've been wrongly billed, contact Cigna at 1-800-247-4433.

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

Medicare Notice

CREDITABLE COVERAGE NOTICE FROM THE PARKLAND EMPLOYEE HEALTH PLAN ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

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

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

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

When can you join a Medicare drug plan?	You can join a Medicare drug plan when you first become eligible for Medicare and each year from Oct. 15 through Dec. 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.
What happens to your current coverage if you decide to join a Medicare drug plan?	If you decide to join a Medicare drug plan, your current Parkland Employee Health Plan coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Parkland Employee Health Plan coverage, be aware that you and your dependents may not be able to get this coverage back.
When will you pay a higher premium (penalty) to join a Medicare drug plan?	<p>You should also know that if you drop or lose your current coverage with the Parkland Employee Health Plan and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.</p> <p>If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.</p>

Medicare Notice (continued)

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

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

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

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

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

For more information about Medicare prescription drug coverage:

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

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

Date	Sept. 30, 2023
Name of Entity/Sender	Parkland Benefits Department/ Parkland Employee Health Plan
Contact/Position/Office	Felicia Miller, Executive Vice President & Chief Talent Officer
Address	5200 Harry Hines Boulevard Office of Talent Management, Benefits Department Dallas, TX 75235
Phone Number	469-419-3000 (ext. 7-3000)
Email Address	Felicia.Miller@phhs.org



REMEMBER

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

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

2024 Eligible Automatic Contribution Arrangement Notice Supplemental Savings Plan

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

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

ELIGIBLE AUTOMATIC CONTRIBUTION ARRANGEMENT

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

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

LIMITED RIGHT TO WITHDRAW AUTOMATIC DEFERRALS

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

RIGHT TO DIRECT INVESTMENT/DEFAULT INVESTMENT ALTERNATIVE

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

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

FOR FURTHER INFORMATION

Log on through the Internet at **MillimanBenefits.com** or call **800-995-2608**.

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

2024 Qualified Default Investment Alternative Notice Supplemental Savings Plan and Mandatory Savings Plan

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

RIGHT TO DIRECT INVESTMENT

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

DEFAULT INVESTMENT

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

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

INVESTMENT OBJECTIVE

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

RISK AND RETURN CHARACTERISTICS

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

FEES AND EXPENSES

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

RIGHT TO ALTERNATIVE INVESTMENT

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

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

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

2024 PARKLAND BENEFIT RESOURCES

To learn about our benefits, go to **ParklandBenefits.org** or use this list of 2024 Parkland Benefit Resources to help you contact the vendors when you need them. You may also contact Shared Services at **469-419-3000** (ext. 7-3000). You can also find this list at **ParklandBenefits.org > Resources > Benefit Contacts**.

DENTAL

Cigna Dental HMO & Cigna Dental PPO

1-800-247-4433
Live customer service 24/7/365
Cigna.com

Jet Dental (on-site services)

1-801-430-9262 | hello@jetdental.com

DEPENDENT VERIFICATION

Amwins - 866-691-6551

DISCOUNTS

Beneplace (Employee Discounts)

800-683-2886 | phhs.savings.beneplace.com/home

Home and Auto Insurance Discounts

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

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Cigna EAP

1-800-247-4433 | cigna.com 24/7/365

ComPsych GuidanceResources®

844-216-8399 | GuidanceResources.com
ID: PARKLAND | App: GuidanceResources® Now

EMPLOYMENT VERIFICATION

Group One

groupone.ivrnetworks.com/groupone

Questions? Email grouponehelpdesk@gp1.com or ddavila@gp1.com. You can also call 972-719-4208 or 469-648-5052.

FLEXIBLE SPENDING ACCOUNTS

Inspira Financial (formerly PayFlex)

800-284-4885 | inspirafinancial.com
User ID: Parkland employee number
Password: Your ZIP code

LEAVE OF ABSENCE MANAGEMENT

Sedgwick - 844-263-3117

LEGAL PROGRAM

ARAG® Legal Center

800-247-4184 | AragLegalCenter.com
Access Code: 17502ph

LIFE INSURANCE (BASIC AND SUPPLEMENTAL)

Securian Financial

866-293-6047 | LifeBenefits.com

MEDICAL & PHARMACY

Parkland Employee Health Plan

(For full-time and part-time employees with benefits)

Cigna (includes nurse advocate line)

1-800-247-4433 | cigna.com 24/7/365
Chat online at MyCigna.com or the myCigna® App,
M-F, 8 a.m. to 7 p.m. CT

Cigna Pharmacy and Cigna Mail-Order Service*

1-800-247-4433 | cigna.com 24/7/365
Chat online at MyCigna.com or the myCigna® App,
M-F, 8 a.m. to 7 p.m. CT

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

Employee Health Center

4th Floor, Moody Outpatient Center
5151 Maple Ave., 214-590-2800
8 a.m. – 5 p.m. Monday through Friday

Employee Women's Wellness Center

2nd Floor of WISH Tower
469-419-1010 (ext. 7-1010)
8 a.m. – 4 p.m. Monday through Friday

PARKLAND PHARMACIES**

Anderson Clinic/Discharge Pharmacy

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

Moody Outpatient Clinic Pharmacy

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

Parkland Mail-Order Phone Line

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

Your COPC Pharmacy

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

Bluitt-Flowers COPC, 214-266-4310

303 Overton Rd, Dallas

DeHaro-Saldivar COPC, 214-266-0646

1400 N. Westmoreland Rd. Dallas

Garland COPC, 214-266-0662

802 Hopkins St., Garland

Hatcher Station Pharmacy COPC, 214-266-1072

4600 Scylene Rd., Dallas

Your COPC Pharmacy (continued)

C.V. Roman Health Center Pharmacy
(formerly RedBird)
3560 W. Camp Wisdom in Dallas, 214-266-5000
(mail order not available)

Southeast COPC, 214-266-1760

9202 Elam Rd., Dallas

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

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

MY PARKLAND

PeopleSoft (for online enrollment)

From your Parkland computer: Intranet.pmh.org

From your home computer:

hr.parklandhealth.org/pshr/signon.html

User ID: Parkland employee number

Password: PeopleSoft password

PET INSURANCE PROGRAM

Nationwide

877-PETS-VPI (1.877.738.7874)
PetInsurance.com/affiliates/parklandhospital_pr

RETIREMENT

Milliman Account Access:

800-995-2608 | www.MillimanBenefits.com

Dedicated Milliman@Parkland Representative:

milliman3.fullslate.com

SUPPLEMENTAL INSURANCE COVERAGES

(CRITICAL ILLNESS, ACCIDENT AND HOSPITAL INDEMNITY)

MetLife - 800-GET-MET-8 (1-800-438-6388)

TUITION REIMBURSEMENT

EdAssist - 844-358-1623

Log on through Parkland Pathways

VISION

Superior Vision by MetLife

833-393-5433 | metlife.com/vision

FOR 24/7 HELP

OTM Service Portal
parkland.service-now.com

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

ParklandBenefits.org
Resources > Benefit Contacts

Enroll Within 30 Days of Your Hire Date

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

01/2024