



# **TRIO ELECTRIC**

## **EXECUTIVES & MANAGERS: BENEFIT GUIDE**

Plan Year: April 1, 2023 - March 31, 2024

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## Welcome

The employee benefits at TRIO Electric were designed to give you the flexibility to tailor your benefit coverage to meet you and your family's needs. This enrollment guide was created to help you understand your benefit options so you can make the choices that meet your needs. Please review your options, their costs, and make sure to ask questions to help you make your benefit choices.

TRIO's plan year is **April 1, 2023 – March 31, 2024**. Per IRS guidelines you are not eligible to make changes to the benefits you elect outside of the open enrollment period unless you have a qualifying life event (ex. marriage, divorce, birth, gain/loss of coverage). **If you have a qualifying life event during the year, please notify TRIO Talent Management within 30 days in order to make a change!**

## What's New for 2023?

- TRIO Executives & Management will have access to two health plans, the Buy Up PPO and PPO plan utilizing the Aetna ASA network.
- TRIO health plan members will have access to **two** different Care Navigation programs that provide best-in-class healthcare at no out of pocket cost to you!
- **New ancillary and supplemental benefits will be offered through TRIO Electric for 2023. Please visit with a Benefit Counselor to learn more and enroll!**

## Eligibility

All full-time employees working 30 or more hours a week are eligible for TRIO Electric benefits. Your dependents are also eligible for coverage; your eligible dependents include:

- Your legal spouse
- You or your spouse's children
- Any children for whom you are a legal guardian up to age 26, unless otherwise stated

**New Hire Waiting Period:** 1<sup>st</sup> of the month following 60 days of employment.

## How to Enroll in Your Benefits

This year, all benefit-eligible employees must attend an individual benefits appointment over the phone with a professional benefit counselor. Your meeting with the counselor is your opportunity to:

- Ask questions
- Get more information
- Receive help in selecting the benefits that best fit your needs
- Complete the enrollment process
- Spouses are welcome to participate in the phone enrollment

**How to Enroll? Scan the QR code to schedule an appointment or call 832-764-7966 to speak to a Benefit Counselor!**



## Medical

TRIO Electric offers medical coverage through **Boon Chapman** using the **Aetna ASA Network** for both medical plans. Deductibles and out-of-pockets are based on a calendar year. The table below provides a general summary of your medical benefits; please refer to your Summary Plan Description (SPD) for additional details and out-of-network benefits

Network: Aetna ASA Network

To find an in-network provider, please visit [www.aetna.com/asa](http://www.aetna.com/asa)

Medical Plan Features		
PLAN SUMMARY	BUY UP PPO PLAN	BASE PPO PLAN
Benefit	In-Network Benefits	
Provider & Facility Network	Aetna ASA Network	
Deductible - Individual / Family	\$750 / \$1,500	\$5,000 / \$10,000
Coinsurance	Plan pays 80% after Deductible	Plan pays 80% after Deductible
Maximum Out-of-Pocket - Individual / Family	\$4,000 / \$8,000	\$6,350 / \$12,700
Memorial Hermann Clinic		
In-Office / Virtual Visit	FREE, Covered at 100%	FREE, Covered at 100%
Labs / Testing / Care Coordination	FREE, Covered at 100%	FREE, Covered at 100%
Office Visit Coverage		
Preventive Care Services	FREE, Covered at 100%	FREE, Covered at 100%
Primary Care Office Visit	\$30 Copay	\$30 Copay
Specialist Office Visit	\$30 Copay	\$30 Copay
Urgent Care	\$75 Copay	\$75 Copay
Diagnostic Testing		
Laboratory & Radiology Services	Deductible then 20%	Deductible then 20%
KIS Imaging (MRI, CT, PET Scan)	FREE, Covered at 100%	FREE, Covered at 100%
Outpatient Imaging (MRI, CT, PET Scan)	Deductible then 20%	Deductible then 20%
Hospital / Facilities		
Emergency Room	Deductible then 20%	Deductible then 20%
Care Coordination: KISx or PrimeDX Inpatient/Outpatient Surgeries and Hospitalizations	FREE, Covered at 100%	FREE, Covered at 100%
Inpatient/Outpatient Hospital	Deductible then 20%	Deductible then 20%
Prescription Drugs (30 day supply)	Pharmacy Benefit Manager: EXPRESS SCRIPTS	
Generic Drugs	\$10 Copay	\$10 Copay
Brand Drugs	\$50 Copay	\$50 Copay
Non-Preferred Brands Drugs	\$100 Copay	\$100 Copay
Specialty Drugs	20% up to \$250	20% up to \$250

**Prescription Drug Formulary:** National Preferred Formulary

**RXBenefits Member Services:** 1-800-334-8134

To access a list of covered drugs, visit: [express-scripts.com](http://express-scripts.com)

\*Members electing to purchase Brand Name Drugs when "Brand Medically Necessary" is not indicated and Generic equivalent is available, will be required to pay the differences between the cost of the Generic and Brand Name Drug, plus the applicable Copayment Amount.

Please note: Out-of-network benefits have separate deductible and coinsurance. Please see your Plan Summary for details.

# CARE NAVIGATION



## WHAT IS CARE NAVIGATION?

- All Medical plan participants have access to TWO Care Navigation programs that provide **best-in-class healthcare at little to no out of pocket cost to you!**
- **What services are included?** Some of the more common services include:
  - Orthopedic
  - General Surgery
  - Colonoscopies
  - MRIs, CT & PET Scans
- **How does it work?** The first step is to engage with a Nurse when a need first arises to determine the options available to you. The Nurse will provide you with participating facilities and physicians in your area, assist with scheduling testing, appointments, coordinate surgery schedule and facilitate post operative care (ex. PT).
- **What will my cost be?** If you use one of these programs, you will receive your services at **little to no cost to you! In addition, you eliminate the risk of a Balance Bill!**

### Example Scenario:

John Smith needs a total knee replacement. He has the option of going to any surgeon and facility in his areas. However, if John contacts a Care Navigation partners: KISx or PrimeDX to coordinate his surgery he will receive best in-class care and reduce his out of pocket costs significantly. John is enrolled in the "RBP Plan" with TRIO. The chart to the right explains the difference in benefits if John uses the Care Navigation program, or if he selects a different provider.

## Programs available to you:

TRIO members have two programs for Care Navigation! Members can contact **KISx** or **PrimeDX** directly and speak to a nurse about your healthcare needs.

The nurse will assist you with:

- Locating a facility and provider in your area for care
- Schedule your appointment(s) both pre and post procedure
- Coordinate your care and payment for the service!

### KISX SURGERY & IMAGING



Contact KISx  
877-GET-KISX  
KISx@bdsadmin.com

### PRIMEDX CARE NAVIGATION



Contact PRIMEDX  
833-864-4316

Cost for Total Knee Replacement		
Average Cost = \$57,000		
	Care Navigation Program	Other Provider
Total Knee Replacement Hospital Bill	\$25,000	\$65,000
Plan Payment	\$25,000	\$25,000
Employee Cost of Claims	\$0	\$6,350
Potential Balance Bill	\$0	\$33,650
Total Knee Replacement Cost	\$25,000	\$65,000



# ACCESS YOUR PHYSICIAN, ANYTIME, ANYWHERE

MEMORIAL HERMANN<sup>®</sup>  
**OnSite Clinic**

IN ASSOCIATION  
WITH Hamilton Health Box

## Memorial Hermann OnSite Clinic provides FREE Healthcare

Did you know that as a member of the TRIO health plan you have access to free healthcare through Memorial Hermann OnSite Clinic? Memorial Hermann OnSite Clinic operates a full primary care clinic available to all TRIO health plan members for a \$0 copay!

### Who is eligible?

All health plan participants, including spouse and children can access care free of charge.

### Services offered?

- Access 24/7 including nights, weekend and holidays
- Physical, annual screenings and lab work
- Treatment when you are feeling sick or are injured
- Management of chronic conditions (ex. diabetes, high blood pressure, cholesterol, smoking cessation)

### How does it work?

- Call or text Memorial Hermann OnSite Clinic 24/7 at 281-399-4250
- Schedule or visit the on-site clinic M-F, 7 am to 4 pm

**Important!** Although MHOC is on-site at TRIO headquarters, and will be coming to the worksites, they are separate from TRIO and fully confidential!



## NEW for 2023! Annual Physical Requirement

TRIO Electric Health plan participants are encouraged to complete your annual wellness physical each year. Employees must have completed their annual physical by 30 days following your effective date, or your health insurance premiums will increase by \$50 per month or \$11.53 per week. Participating spouses will be eligible for a \$50 gift card if they complete their physical in the same timeframe.

### How to complete your Annual Physical requirement?

1. Complete your physical with Memorial Hermann Onsite Clinic, no additional steps required and it's FREE!
2. Participants who complete their physical at their Primary Care doctor will need to complete a Physical Attestation Form and submit to TRIO Electric by 30 days following your effective date.

## Medical Plan Administrator



TRIO Electric Health plans are administered by Boon Chapman. If you have questions regarding your health plan coverage, eligibility or claims please log into the Member Portal at [www.boonchapman.com](http://www.boonchapman.com) or contact Boon Chapman customer service at: 800-252-9653

## Health Plan Network

TRIO Electric Base and Buy Up PPO plan utilize the Aetna ASA Network. To locate an in-network provider or hospital in your area please visit: [www.aetna.com/asa](http://www.aetna.com/asa)

## Prescription Drug Benefits



Prescription drug coverage is offered through Express Scripts and administered by RX Benefits.

**Prescription Drug Formulary:** *National Preferred Formulary*  
**To access a list of covered drugs, visit:** [express-scripts.com](http://express-scripts.com)

**RXBenefits Member Services:** 1-800-334-8134

## Dental

TRIO Electric will be offering two dental plans through Mutual of Omaha. Both dental plans are PPO plans which allow you to seek treatment from an in-network or out-of-network provider. You will receive the highest level of benefit by going to an in-network provider.

To find an in-network provider, please visit [www.mutualofomaha.com/dental](http://www.mutualofomaha.com/dental)

Dental Plan Features		
	Low Plan	High Plan
<b>Deductibles and Maximums</b>		
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Benefit Maximum <i>per member</i>		
Annual	<b>\$750 per member</b>	<b>\$1,250 per member</b>
<b>Covered Services*</b>		
<b>Preventive</b> <i>Exam</i> <i>Cleanings</i>	FREE, Covered at 100% FREE, Covered at 100%	FREE, Covered at 100% FREE, Covered at 100%
<b>Basic Services</b> <i>Fillings</i>	80%	80%
<b>Major Services</b> <i>Crowns</i> <i>Extractions</i>	50% 50%	50% 50%
<b>Orthodontia</b> (Child Only up to age 19)	\$500 Lifetime Maximum	\$1,000 Lifetime Maximum
Out-of-Network Reimbursement		
Percentile	<b>MAC Fee Schedule</b>	<b>90th Percentile</b>

\***Dental ID Cards:** all participants will receive a new Dental ID Card in the mail from Mutual of Omaha. ID cards can also be downloaded from the portal at [www.mutualofomaha.com/dental](http://www.mutualofomaha.com/dental).

## Vision

We are proud to offer you vision insurance through Mutual of Omaha within the **EyeMed network**. Although you have the option to see any provider you wish, you will receive the best benefits when you choose an in-network provider.

To find an in-network provider, please visit [www.mutualofomaha.com/vision](http://www.mutualofomaha.com/vision)

**Vision ID Card:** available on the EyeMed mobile app or by visiting the Mutual of Omaha member portal.

Vision Plan Features	
Covered Services*	PPO Plan - In-Network Benefits*
Vision Examination - <i>Every 12 months</i>	\$10 Copay
Eyeglass Frames - <i>Every 12 months</i>	\$130 Allowance + 20% off
Single Vision Lenses - <i>Every 12 months</i>	\$10 Copay
Contact Lenses - <i>Every 12 months</i>	\$130 Allowance + 15% off (in lieu of frames + lenses)

\*\*Please reference the Schedule of Benefits online for a detailed summary and cost of services.

## Disability Insurance

**Short Term Disability (STD) Insurance** is available for purchase through Mutual of Omaha. This policy provides employees with a portion of your income for up to 13 weeks if you become disabled due to a non-occupational injury or illness.

**Long Term Disability (LTD) Insurance** is available for purchase through Mutual of Omaha. This policy can help you protect your income should you become disabled and are unable to work for more than 90 days. Long Term Disability is a benefit offered to TRIO employees. If carrier participation requirements are not met you will be notified accordingly.

Benefit Amount	Maximum Benefit	Benefits Begin After	Benefits Last
<b>Short Term Disability</b>			
60% of weekly pay	Up to \$1,500 per week	14 days	Up to 13 weeks
<b>Long Term Disability</b>			
60% of monthly pay	Up to \$5,000 per month	90 days	Up to 2 years

**Important Note:** If you are electing STD for the first time, the pre-existing condition clause does apply with a 3-month look back period and a 6-month exclusion. LTD pre-existing clause applies with a 3-month look back and a 12-month exclusion. Pre-Ex clause only applies to new enrollees!

### VOLUNTARY SHORT-TERM DISABILITY PREMIUM CALCULATION

Use the rates in the Age/Premium Factor Table to calculate your premium for voluntary short-term disability coverage in the worksheet below, using the example as a guide.

WEEKLY PREMIUM CALCULATION		EXAMPLE (42-year-old employee earning \$40,000 a year)
List your weekly earnings (Maximum is \$2,500)	\$ _____	\$ <u>769.23</u>
Multiply by the premium factor	_____	<u>0.0040154</u>
Your Estimated Weekly Premium**	\$ _____	\$ <u>3.09</u>

\*\*This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

AGE	PREMIUM FACTOR
< 25	0.0037385
25 - 29	0.0033231
30 - 34	0.0044308
35 - 39	0.0033231
40 - 44	0.0040154
45 - 49	0.0048462
50 - 54	0.0063692
55 - 59	0.0090000
60 - 64	0.0110769
65 - 69	0.0114923
70+	0.0124615

### VOLUNTARY LONG-TERM DISABILITY PREMIUM CALCULATION

Use the rates in the Age/Premium Factor Table to calculate your premium for voluntary long-term disability coverage in the worksheet below, using the example as a guide.

WEEKLY PREMIUM CALCULATION		EXAMPLE (42-year-old employee earning \$40,000 a year)
List your monthly earnings (Maximum is \$8,333.33)	\$ _____	\$ <u>3,333.33</u>
Multiply by the premium factor	_____	<u>0.0016569</u>
Your Estimated Weekly Premium**	\$ _____	\$ <u>5.52</u>

\*\*This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

AGE	PREMIUM FACTOR
< 35	0.0007062
35 - 39	0.0011585
40 - 44	0.0016569
45 - 49	0.0022385
50 - 54	0.0040362
55 - 59	0.0043800
60 - 64	0.0042808
65+	0.0021762



# LIFE INSURANCE

Basic Life Insurance provided by TRIO Electric

## EMPLOYER PAID LIFE INSURANCE

Basic Life and Accidental Death & Dismemberment Insurance is provided through Mutual of Omaha to all full-time TRIO Electric employees.

**Eligible employees are covered in the amount of \$25,000.**

There are benefit age reductions starting at age 65. Please make sure to update your beneficiary information in the enrollment system.

Employees must complete their annual enrollment to receive the Life Insurance provided by TRIO Electric.



## EMPLOYEE ASSISTANCE PROGRAM

**Life's not always easy. Sometimes a personal or professional issue can affect your work, health and general well-being.**

**When facing life's challenges, you often turn to family or friends for support, but sometimes that's not enough. Sometimes you need an experienced professional to talk with to know you're not alone.**

All full-time employees and eligible dependents have access to an Employee Assistance Program through Mutual of Omaha at **no cost!**

### EAP Benefits

- Access to EAP Professionals 24 / 7
- Network of Licensed and/or certified mental health professionals
- 3 Face-to-Face sessions per year
- Legal and financial resources
  - Online will preparation
  - Legal library and online forms
  - Financial Tools & Resources

### What to Expect

When you call, you will speak directly to an EAP professional to receive support and guidance. You can trust them to handle your concerns in a confidential manner. They will provide solutions by assessing your situation and referring to the appropriate resources necessary.



### EAP Consultation

Professional, confidential consultation 24 /7  
w: [mutualofomaha.com/eap](https://mutualofomaha.com/eap)  
p: 1-800-316-2796

# LIFE INSURANCE

Voluntary Term Life & Accidental Death Insurance



**Voluntary Life & Accidental Death & Dismemberment Insurance** is available through Mutual of Omaha for employees and their family members. When you enroll yourself and/or your dependent(s) in this benefit, you pay the full cost through payroll deductions.

**2023 Open Enrollment: Mutual of Omaha is offering up to Guarantee Issue for ALL Employees and Spouse with no medical questions or evidence of insurability!**

PLAN FEATURES	VOLUNTARY LIFE & AD&D
<b>EMPLOYEE LIFE &amp; AD&amp;D</b>	
<b>Benefit Increment</b>	\$10,000
<b>Maximum Election</b>	up to \$500,000 (limited to 5 x earnings)
<b>Guarantee Issue</b> <i>(NEW HIRES ONLY)</i>	<b>up to \$150,000</b> (limited to 5 x earnings)
<b>SPOUSE LIFE &amp; AD&amp;D</b>	
<b>Benefit Increment</b>	\$5,000
<b>Maximum Election</b>	up to \$50,000 (not to exceed 100% employee election)
<b>Guarantee Issue</b> <i>(NEW HIRES ONLY)</i>	<b>Up to \$25,000</b>
<b>CHILD LIFE &amp; AD&amp;D (covers all children up to age 26)</b>	
<b>Benefit Increment</b>	\$1,000
<b>Maximum Election</b>	\$10,000
<b>Age / Benefit Reductions</b>	
	35% at age 65 / 50% at age 70
<b>Accidental Death &amp; Dismemberment</b>	Included, amount of coverage is equal to life benefit

**Important Considerations:**

- You must elect coverage for yourself to be able to enroll your dependent family members.
- For employee and spouse coverage, if you do not enroll when you are first eligible or if you elect more than the Guarantee Issue, you will need to submit evidence of insurability (EOI) or proof of good health for approval before your full amount will take effect. Spouse rates are based on Employee's age.
- Premiums are based on age and the amount of coverage you elect. Insurance premiums increase annually when there is a change in age bracket. Premiums for children are a flat rate. Please speak to a counselor to determine your cost of coverage.
- Your coverage amount reduces by 35% at age 65 and 50% or original amount at age 70.
- Please note that you must be active at work on the effective date of your policy. If you are not the policy will not become effective until you return to work.

**\*For additional details and cost of coverage please visit with a Benefit Counselor or review in Employee Navigator.**

# ACCIDENT INSURANCE

Supplemental Voluntary Benefits



## ACCIDENT INSURANCE

Accident coverage is available through Mutual of Omaha and helps provide you with benefits in the event you or a loved one are in an accident. Most major medical insurance plans only pay a portion of bills related to accidents. The accident plan can help offset these expenses not covered by your medical plan.

### How does it work?

- Protection for accidental **on and off-the-job** injuries
- Cash benefits paid directly to you to help pay for deductibles, treatment, living expenses, loss of income and more
- Guarantee Issue, meaning no medical questions to answer
- Pays in addition to other insurance coverage
- Coverage is available for dependents
- Please review the plan summary for a listing of covered benefits

### Cost of Coverage?

The cost of Accident coverage is based on the plan you are selecting and coverage tier.

*\*For additional details and cost of coverage please visit with a Benefit Counselor or review in Employee Navigator.*

LOW PLAN	
PLAN INFORMATION	INFORMATION / AMOUNT(S)
Coverage Type	24-hour (On and off-job)
Express Benefit	\$50
Annual Benefit Maximum	Not Included
Portability	Included
BENEFITS	
<b>Initial Care &amp; Emergency</b> <sup>1</sup> – Most treatment / service required within 72 hours of accident; Once per accident per insured person	
Emergency Room	\$100
Urgent Care Center	\$75
Initial Physician Office Visit	\$50
Ambulance	Up to \$500
<b>Specified Injuries</b> <sup>1,2</sup>	
Fractures (Surgical / Non-surgical)	Up to \$3,000/Up to \$1,500
Dislocations (Surgical / Non-surgical)	Up to \$3,000/Up to \$1,500
Lacerations	Up to \$400
Burns	Up to \$5,000
Dental	Up to \$150
<b>Hospital, Surgical &amp; Diagnostic</b> <sup>1,3</sup>	
Admission	\$750
Daily Confinement (Up to 365 days per	\$100 per day
ICU Confinement (Up to 15 days per	\$300 per day
Rehab. Facility Confinement (Up to 30	\$50 per day
Surgical	Up to \$1,000
Diagnostic	Up to \$100
<b>Follow-Up Care</b> <sup>1</sup> – Treatment / service required within 365 days of accident; Medical device is once per accident per insured person	
Physician Follow-Up Office Visit	\$50 Up to 6 per accident
Therapy Services	\$25; Up to 6 per accident
Medical Device	\$50
Prosthetic Device(s)	\$500; Up to 2 per accident
<b>Additional Benefits</b> <sup>1</sup> – Benefits are payable within 365 days of accident	
Transportation (Up to 3 trips per	\$150 per trip
Lodging (Up to 30 nights per accident)	\$100 per night
Childcare (Up to 30 days per accident)	\$20 per day
<b>Catastrophic Benefits</b> <sup>1,4</sup> – Benefits are payable within 365 days of accident; Once per accident per insured person	
Principal Sum (PS)	You: \$25,000 Spouse: \$10,000 Child(ren): \$5,000
Common Carrier Accidental Death	300% of PS
Transportation of Remains	Up to \$5,000
Dismemberment & Paralysis	Up to 100% of PS
Reasonable Modifications	Up to 10% of PS
Coma	50% of PS
Voluntary Accident Base Rates	
The amounts shown below are <b>WEEKLY</b> amounts (52 payments / deductions per year). You may elect insurance for you only, or for your family. Premiums will be automatically deducted from your paychecks as authorized by you during the enrollment process. Premiums must be paid by you to the policyholder.	
COVERAGE TIER	PREMIUM AMOUNT
Employee/Member	\$1.38 (\$0.20 per day)
Employee/Member + Spouse	\$2.38 (\$0.34 per day)
Employee/Member + Child(ren)	\$3.03 (\$0.43 per day)
Employee/Member + Family	\$3.78 (\$0.54 per day)
Note: The amount(s) above may vary due to rounding and are subject to change based on the final terms of the policy.	

MEDIUM PLAN	
PLAN INFORMATION	INFORMATION / AMOUNT(S)
Coverage Type	24-hour (On and off-job)
Express Benefit	\$75
Annual Benefit Maximum	Not Included
Portability	Included
BENEFITS	
<b>Initial Care &amp; Emergency</b> <sup>1</sup> – Most treatment / service required within 72 hours of accident; Once per accident per insured person	
Emergency Room	\$150
Urgent Care Center	\$100
Initial Physician Office Visit	\$75
Ambulance	Up to \$1,000
<b>Specified Injuries</b> <sup>1,2</sup>	
Fractures (Surgical / Non-surgical)	Up to \$5,000/Up to \$2,500
Dislocations (Surgical / Non-surgical)	Up to \$6,000/Up to \$3,000
Lacerations	Up to \$600
Burns	Up to \$10,000
Dental	Up to \$200
<b>Hospital, Surgical &amp; Diagnostic</b> <sup>1,3</sup>	
Admission	\$1,000
Daily Confinement (Up to 365 days per	\$200 per day
ICU Confinement (Up to 15 days per	\$400 per day
Rehab. Facility Confinement (Up to 30	\$100 per day
Surgical	Up to \$1,500
Diagnostic	Up to \$200
<b>Follow-Up Care</b> <sup>1</sup> – Treatment / service required within 365 days of accident; Medical device is once per accident per insured person	
Physician Follow-Up Office Visit	\$75; Up to 6 per accident
Therapy Services	\$25; Up to 6 per accident
Medical Device	\$100
Prosthetic Device(s)	\$750; Up to 2 per accident
<b>Additional Benefits</b> <sup>1</sup> – Benefits are payable within 365 days of accident	
Transportation (Up to 3 trips per	\$300 per trip
Lodging (Up to 30 nights per accident)	\$125 per night
Childcare (Up to 30 days per accident)	\$20 per day
<b>Catastrophic Benefits</b> <sup>1,4</sup> – Benefits are payable within 365 days of accident; Once per accident per insured person	
Principal Sum (PS)	You: \$50,000 Spouse: \$25,000 Child(ren): \$10,000
Common Carrier Accidental Death	300% of PS
Transportation of Remains	Up to \$5,000
Dismemberment & Paralysis	Up to 100% of PS
Reasonable Modifications	Up to 10% of PS
Coma	25% of PS
Voluntary Accident Premium Rates	
The amounts shown below are <b>WEEKLY</b> amounts (52 payments / deductions per year). You may elect insurance for you only, or for your family. Premiums will be automatically deducted from your paychecks as authorized by you during the enrollment process. Premiums must be paid by you to the policyholder.	
COVERAGE TIER	PREMIUM AMOUNT
Employee/Member	\$2.81 (\$0.40 per day)
Employee/Member + Spouse	\$4.65 (\$0.66 per day)
Employee/Member + Child(ren)	\$5.83 (\$0.83 per day)
Employee/Member + Family	\$7.35 (\$1.05 per day)
Note: The amount(s) above may vary due to rounding and are subject to change based on the final terms of the policy.	

1Additional limitations apply as described in the certificate.

2Fractures and dislocations require treatment within 90 days of accident, burns and lacerations within 72 hours of an accident, and dental care within 30 days. If an insured person sustains both a fracture and dislocation as the result of the same accident, the maximum amount payable is up to 200% of the amount payable for the injury with the highest applicable benefit amount.

3Daily confinement must begin with 90 days of accident and ICU confinement within 30 days. Surgical treatment timeframes vary. If applicable, diagnostic services must be received within 90 days of accident. Except for confinement benefits, most benefits are payable once per accident per insured person. If any surgery occurs concurrently with an open reduction for a fracture or dislocation of the same bone or joint as a result of the same accident, only the highest applicable benefit is payable.

4The principal sum for you and your spouse reduces by 50% when you reach the age of 70.



# CRITICAL ILLNESS

Supplemental Voluntary Benefits



## CRITICAL ILLNESS INSURANCE

Critical Illness coverage is available through Mutual of Omaha and provides you with benefits in the event you or a covered family member suffer a serious medical condition such as cancer, heart attack or stroke. A lump sum benefit is paid directly to you upon diagnosis to help with costs of treatment, lost income and more.

### How does it work?

- Employee and Spouse are eligible for benefit of \$10,000 or \$20,000.
- In order for your spouse and/or children to be eligible, you must elect coverage for yourself.
- Dependent children (under age 26) receive 50% of employee election at no additional cost!
- To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility).
- Lump sum paid directly to you upon diagnosis of a covered condition.
- **Plan includes an annual Wellness Benefit of \$50 per insured per year**

### Cost of Coverage?

The cost of coverage is based on your individual age and coverage amount. Please visit with a Benefit Counselor to review your cost of coverage.

### Conditions Covered under Critical Illness Plan\*

- Cancer
- Heart Attack
- Stroke
- Major Organ Transplant
- End Stage Renal Failure
- Coronary Artery Bypass Surgery
- Acute Respiratory Distress Syndrome
- ALS, Advanced Alzheimer's, Advanced Parkinson's, Childhood Disorders and more!

*\*Please review plan summary for full listing of covered conditions and limitations*

*\*For additional details and cost of coverage please visit with a Benefit Counselor or review in Employee Navigator.*

# › Voluntary Critical Illness Insurance

BENEFIT CATEGORY <sup>1</sup>	CONDITION	% OF CI PRINCIPAL SUM	
<b>Heart/Circulatory/Motor Function</b>	Heart Attack, Heart Transplant, Stroke, ALS (Lou Gehrig's), Advanced Alzheimer's, Advanced Parkinson's	100%	
	Heart Valve Surgery, Coronary Artery Bypass, Aortic Surgery	25%	
<b>Organ</b>	Major Organ Transplant/Placement on UNOS List, End-Stage Renal Failure	100%	
	Acute Respiratory Distress Syndrome (ARDS)	25%	
<b>Childhood/Developmental</b> <small>*benefits only available to children</small>	Cerebral Palsy, Structural Congenital Defects, Genetic Disorders, Congenital Metabolic Disorders, Type 1 Diabetes	100%	
<b>Cancer</b>	Cancer (Invasive)	100%	
	Bone Marrow Transplant	50%	
	Carcinoma in Situ, Benign Brain Tumor	25%	
COVERAGE GUIDELINES <sup>2</sup>			
	MINIMUM	MAXIMUM	GUARANTEE ISSUE <sup>3</sup>
<b>For You</b> Elect in \$5,000 increments	\$5,000	\$20,000	\$20,000
<b>Spouse</b> Elect in \$5,000 increments	\$5,000	100% of employee's CI Principal Sum, up to \$20,000	\$20,000
<b>Child(ren)</b> <small>*benefit for each child</small>	50% of employee's CI Principal Sum, up to \$10,000		\$10,000
ADDITIONAL BENEFITS			
<b>Policy Benefit Maximum</b>	The maximum payout amount is 400% of the CI Principal Sum amount for each insured person. If the policy benefit maximum is reached for an insured person, the coverage will terminate. Dependents will remain insured if you continue to satisfy the eligibility requirements of the policy.		
<b>Health Screening Benefit</b>	Pays a flat, annual benefit of \$50 for a health screening test.		
<b>Additional Occurrence Benefit</b>	Once benefits have been paid for a Critical Illness, no additional benefits are payable for that same Critical Illness for each insured person. Benefits are still payable for any other Critical Illness in the same benefit category, for each insured person.		
<b>Reoccurrence Benefit</b>	The reoccurrence benefit is equal to 100% of the Critical Illness principal sum.		
<b>Portability</b>	When insurance ends, you have the right to continue group Critical Illness insurance for yourself and your dependents.		
CONDITIONS & LIMITATIONS			
<b>Age Reductions</b>	When you turn age 70, the original amount of insurance will reduce to 50% for both you and your spouse.		
<b>Benefit Waiting Period</b>	There is no benefit waiting period.		

<sup>1</sup>Payment of a partial benefit reduces the remaining amount payable in a category.

<sup>2</sup>The amount of insurance for your spouse and child(ren) will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000.

<sup>3</sup>Subject to any reductions, Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability. Amounts over the Guarantee Issue and/or not meeting minimum participation levels will require a health application/evidence of insurability.

# HOSPITAL INSURANCE

Supplemental Voluntary Benefits



## HOSPITAL INSURANCE

Hospital Indemnity coverage is available through Mutual of Omaha and provides you with benefits to offset expenses associated with a hospital confinement, whether that is due to an illness or injury. Life is unpredictable and hospital confinements may mean costly out-of-pocket expenses. The Hospital plan pays a cash benefit to help with costs associated with hospitalization, time off work, living expenses and more.

### How does it work?

- Benefits paid directly to you
- Guarantee Issue, meaning no medical questions
- Coverage available for your dependents
- **Plan includes an annual Wellness Benefit of \$50 per insured per year**

*\*For additional details and cost of coverage please visit with a Benefit Counselor or review in Employee Navigator.*

**Hospital Admission & Confinement** - Admission benefits are payable up to a combined total of 2 days per policy year and are not payable on the same day; Confinement benefits are payable up to a combined total of 30 days per policy year unless otherwise noted and are not payable on the same day as Hospital/ICU admission benefits.

LOW PLAN		HIGH PLAN	
BENEFITS	AMOUNTS	BENEFITS	AMOUNTS
<b>Hospital Admission</b>	\$1,000 per admission	<b>Hospital Admission</b>	\$1,500 per admission
<b>Daily Hospital Confinement</b>	\$200 per day	<b>Daily Hospital Confinement</b>	\$300 per day
<b>ICU Admission</b>	\$2,000 per admission	<b>ICU Admission</b>	\$3,000 per admission
<b>Daily ICU Confinement</b>	\$400 per day	<b>Daily ICU Confinement</b>	\$600 per day
<b>Daily Newborn Nursery Care Confinement</b> (Up to 2 days per policy year)	\$50 per day	<b>Daily Newborn Nursery Care Confinement</b> (Up to 2 days per policy year)	\$75 per day
<b>Additional Benefits</b>		<b>Additional Benefits</b>	
<b>Health Screening Benefit</b> (1 time per insured per calendar year; up to 6 per family per calendar year)	\$50	<b>Health Screening Benefit</b> (1 time per insured per calendar year; up to 6 per family per calendar year)	\$50
<b>Express Benefits</b> (1 benefit per hospital admission)	\$200	<b>Express Benefits</b> (1 benefit per hospital admission)	\$300

**VOLUNTARY HOSPITAL INDEMNITY PREMIUM RATES**

The amounts shown below are **WEEKLY** amounts (52 payments/deductions per year). You may elect insurance for you only, or for your family. Premiums will be automatically deducted from your paychecks as authorized by you during the enrollment process.

Voluntary Hospital Indemnity Low Plan Rates		Voluntary Hospital Indemnity High Plan Rates	
The amounts shown below are <b>WEEKLY</b> amounts (52 payments / deductions per year). You may elect insurance for you only, or for your family. Premiums will be automatically deducted from your paychecks as authorized by you during the enrollment process. Premiums must be paid by you to the policyholder.		The amounts shown below are <b>WEEKLY</b> amounts (52 payments / deductions per year). You may elect insurance for you only, or for your family. Premiums will be automatically deducted from your paychecks as authorized by you during the enrollment process. Premiums must be paid by you to the policyholder.	
COVERAGE TIER	PREMIUM AMOUNT	COVERAGE TIER	PREMIUM AMOUNT
<b>Employee/Member</b>	\$2.97 (\$0.42 per day)	<b>Employee/Member</b>	\$4.23 (\$0.60 per day)
<b>Employee/Member + Spouse</b>	\$11.37 (\$1.62 per day)	<b>Employee/Member + Spouse</b>	\$16.82 (\$2.40 per day)
<b>Employee/Member + Child(ren)</b>	\$6.28 (\$0.90 per day)	<b>Employee/Member + Child(ren)</b>	\$8.65 (\$1.23 per day)
<b>Employee/Member + Family</b>	\$15.46 (\$2.20 per day)	<b>Employee/Member + Family</b>	\$21.22 (\$3.02 per day)
Note: The amount(s) above may vary due to rounding and are subject to change based on the final terms of the policy.		Note: The amount(s) above may vary due to rounding and are subject to change based on the final terms of the policy.	



## Genomic Life

**Genomic Life** is an innovative, high-touch support program designed to provide an individual and their family with the genetic testing, dedicated resources, and technology needed to effectively navigate cancer and other diseases while improving chances of survival. Through Genomic Life you have access to proactive genetic tests that will unlock insights into your inherited risks for cancer and other diseases.

### Features of Genomic Life include:

- **Genetic Health Screen:** DNA Test that analyzes genes to identify predisposition to hereditary cancers, cardiovascular diseases and other conditions.
- **Pharmacogenomics (PGx):** Helps uncover how an individual metabolizes and responds to medications.
- **Carrier Screening:** Identifies risk of having a child affected by a recessive genetic disease.
- **Personalized Diagnosis & Treatment for Cancer patients**



### How to get started:

- Once you enroll in the plan, you will receive a Welcome Email with access to your account and ability to order your genetic testing.

### Next Steps:

- Complete the onboarding process at [member.genomiclife.com/platform](https://member.genomiclife.com/platform)
- Order your genetic tests
- Provide your samples
- View your results
- Meet with a licensed genetic counselor!
- **Questions?** contact 844-MYGENOME

*\*For additional details and cost of coverage please visit with a Benefit Counselor or review in Employee Navigator.*



# The Cost of Your Benefits

The benefits that TRIO Electric offers are a valuable part of your overall compensation package. The tables below show the employee weekly cost for your 2023 benefits. **Your cost of coverage is a customized rates for Critical Illness, Short Term Disability, Long Term Disability, and Life Insurance. These rates are reflected online when you enroll.**

Medical		
	Buy Up Plan	Base PPO Plan
Per Week		
Employee only	\$47.40	\$38.48
Employee & spouse	\$150.14	\$138.64
Employee & child(ren)	\$124.39	\$119.72
Family	\$224.70	\$195.35

Dental		
	High Plan	Low Plan
Per Week		
Employee only	\$5.95	\$3.39
Employee & spouse	\$11.77	\$6.57
Employee & child(ren)	\$14.31	\$7.11
Family	\$20.42	\$10.93

Vision	
	PPO
Per Week	
Employee only	\$1.70
Employee & spouse	\$2.86
Employee & child(ren)	\$2.92
Family	\$4.62

Accident		
	High Plan	Low Plan
Per Week		
Employee only	\$2.81	\$1.38
Employee & spouse	\$4.65	\$2.38
Employee & child(ren)	\$5.83	\$3.03
Family	\$7.35	\$3.78

Hospital Indemnity		
	High Plan	Low Plan
Per Week		
Employee only	\$4.23	\$2.97
Employee & spouse	\$16.82	\$11.37
Employee & child(ren)	\$8.65	\$6.28
Family	\$21.22	\$15.46

## Benefit Contact Information

Benefit	Plan Provider/Contact	Phone Number	Website
Medical Plan Administrator	Boon Chapman	800-252-9653	www.boonchapman.com
Network: Buy Up & Base PPO	Aetna ASA		www.aetna.com/asa
Pharmacy	RX Benefits	800-334-8134	www.express-scripts.com
TRIO Clinic	Memorial Hermann Onsite Clinic	281-399-4250	
Care Navigation	KISx Program	877-GET-KISX	KISx@bdsadmin.com
Care Navigation	PrimeDX	833-864-4316	
Dental	Mutual of Omaha		www.mutualofomaha.com/dental
Vision	Mutual of Omaha		www.mutualofomaha.com/vision
Hospital Indemnity	Mutual of Omaha	800-877-5176	www.mutualofomaha.com
Accident & Critical Illness	Mutual of Omaha	800-877-5176	www.mutualofomaha.com
Genomic Life	Genomic Life	844-MYGENOME	www.genomiclife.com
Short & Long Term Disability	Mutual of Omaha	800-877-5176	www.mutualofomaha.com
Life and AD&D / Disability	Mutual of Omaha	800-877-5176	www.mutualofomaha.com
Employee Assistance Program (EAP)	Mutual of Omaha	800-316-2796	www.mutualofomaha.com/eap

## Hotchkiss Team Contact Information

Contact	Title	Phone Number	Email
Natalie Cooper	Account Executive	817-484-4716	ncooper@hiallc.com
Allison Goodwin	Benefits Advocate	817-484-4723	benefitadvocate@hiallc.com

Don't miss out on your chance to enroll in your benefits for this plan year! Scan the QR code to schedule an appointment or call 832-764-7966 to visit with a Benefit Counselor.



*This brochure provides a highlight of the plans offered by your employer and in no way serves as the Summary Plan Description or plan document for the plans. If any discrepancies exist between this brochure and the plan documents or TRIO Electric Policy, the plan documents or policies shall govern. All Summary Plan Descriptions are available through Human Resources. We reserve the right to modify any of these plans at anytime.*