FORT WORTH MUSEUM
SCIENCE AND HISTORY

EMPLOYEE BENEFITS PROGRAM

2022-2023

BENEFITS INCLUDE

MEDICAL
LIFE/AD&D
LONG-TERM DISABILITY
EAP
HRA

VOLUNTARY:
DENTAL/VISION
SHORT-TERM DISABILITY
HSA

Copay Medical - United Healthcare

Benefit	3000 Copay Plan	
Network	**Choice Plus**	**Choice**
Lifetime Maximum Benefit	Unlimited	
Coinsurance	80/20	
Deductible Individual / Family	$3,000 / $6,000	
Out of Pocket Maximum Individual / Family	$6,000 / $12,000	
Physician Office Visit Primary Care Specialist Virtual Visits Urgent Care Facility	 $30 Designated Network: $30 / Network: $60 $0 $75	
Preventive Care	Covered 100%	
Other Services Inpatient Outpatient Surgery Complex Imaging Emergency Room Facility	 Deductible + 20% Deductible + 20% Deductible + 20% $250 + 20%	
Outpatient Services	Deductible + 20%	
Prescription Drug Tier I Tier II Tier III Tier IV Mail Order (90 day supply)	 $10 $35 $85 $150 or $500 2.5 x Copay	
Out-of-Network Charges *Deductible* *Maximum Out-of-Pocket* *Coinsurance*	 $5,000/$10,000 $10,000/$20,000 50/50	 No Out of Network Benefits

HDHP Medical - United Healthcare

Benefit	6350 HDHP Plan	
Network	**Choice Plus**	**Choice**
Lifetime Maximum Benefit	Unlimited	
Coinsurance	100%	
Deductible Individual / Family	$6,350 / $12,700	
Out of Pocket Maximum Individual / Family	$6,350 / $12,700	
Physician Office Visit Primary Care Specialist Virtual Visits Urgent Care Facility	 100% after Deductible 100% after Deductible 100% after Deductible 100% after Deductible	
Preventive Care	Covered 100%	
Other Services Inpatient Outpatient Surgery Complex Imaging Emergency Room Facility	 100% after Deductible 100% after Deductible 100% after Deductible 100% after Deductible	
Outpatient Services	100% after Deductible	
Prescription Drug Tier I Tier II Tier III Tier IV Mail Order (90 day supply)	 100% after Deductible 100% after Deductible 100% after Deductible 100% after Deductible 100% after Deductible	
Out-of-Network Charges *Deductible* *Maximum Out-of-Pocket* *Coinsurance*	 $10,000/$20,000 $20,000/$40,000 70/30	 No Out of Network Benefits

Semi-Monthly Medical Rates

Tier I - Those earning $40,000 or less Annually

Medical Plan HDHP Plans	Choice Plus HSA $6,350	Choice HSA $6,350
Employee	$0.00	$0.00
Employee + Spouse	$313.80	$283.78
Employee + Children	$243.51	$217.22
Family	$545.49	$503.12

Medical Plan Copay Plans	Choice Plus Copay $3,000	Choice Copay $3,000
Employee	$58.10	$40.86
Employee + Spouse	$486.54	$445.33
Employee + Children	$394.70	$358.64
Family	$789.21	$731.07

Tier II - Those earning $40,001-$80,000 Annually

Medical Plan HDHP Plans	Choice Plus HSA $6,350	Choice HSA $6,350
Employee	$20.84	$8.28
Employee + Spouse	$348.80	$318.78
Employee + Children	$278.51	$252.22
Family	$580.49	$538.12

Medical Plan Copay Plans	Choice Plus Copay $3,000	Choice Copay $3,000
Employee	$93.10	$75.86
Employee + Spouse	$521.54	$480.33
Employee + Children	$429.70	$393.64
Family	$824.21	$766.07

Tier III - Those earning $80,001+ Annually

Medical Plan HDHP Plans	Choice Plus HSA $6,350	Choice HSA $6,350
Employee	$30.84	$18.28
Employee + Spouse	$358.80	$328.78
Employee + Children	$288.51	$262.22
Family	$590.49	$548.12

Medical Plan Copay Plans	Choice Plus Copay $3,000	Choice Copay $3,000
Employee	$103.10	$85.86
Employee + Spouse	$531.54	$490.33
Employee + Children	$439.70	$403.64
Family	$834.21	$776.07

Health Reimbursement Account

The Museum is providing an HRA Plan (Health Reimbursement Account) for those employees enrolled in the PPO Plan to pay for the first $500 of your deductible for a hospital admission. The first time you or one of your dependents are admitted to the hospital, after making the payment, turn in an itemized receipt and your paid receipt to Higginbotham, and you will be reimbursed $500 of your deductible. You must submit an HRA claim form along with the receipt.

Claims forms are located in the back of the Section 125 handbook.

You may also request a claim form by calling (866) 419-3516 or email flexclaims@higginbotham.net.

Health Savings Account

If you are enrolled in a High Deductible Health Plan, you will be eligible to open your own HSA at a financial institution of your choice.

A Health Savings Account (HSA) is an account you can use to accumulate tax -free funds to pay for qualified health care expenses, as defined by the IRS. Unspent balances remain in the account until they are spent. The account acts like a regular checking account with a debit card and accrues interest. All money in the account is owned by you and is fully vested as it is deposited. Funds can accumulate over time and the account is always yours to keep, even if you leave Fort Worth Museum of Science and History.

The 2022 maximum contribution amount for a Health Savings Account is $3,650 for an individual and $7,300 for family. Employees age 55 and older are allowed to make an additional annual "catch-up" contribution up to $1,000.

The tax advantages are:

- Your contributions are pre-tax
- Earnings through interest or investments are tax free
- Withdrawals for qualified medical expenses are tax free

Flexible Spending Accounts

Plan Year runs January 1st through December 31st.

Health Care Spending Account - allows you to set aside from your paycheck pre-tax dollars that can be used to pay for unreimbursed medical, prescription and eligible over-the-counter drugs, dental, vision and hearing expenses. The maximum amount you can set aside is $2,850. Contact Human Resources for information regarding the debit card.

Limited Expense Reimbursement Account - Flexible Spending Account that allows employees to shelter income from taxes and is limited to out-of-pocket vision and dental expenses such as deductibles, co-payments. Again, depending on your needs, you can set aside up to $2,850 for the 2022 Plan Year. ***(HSA participants only)***

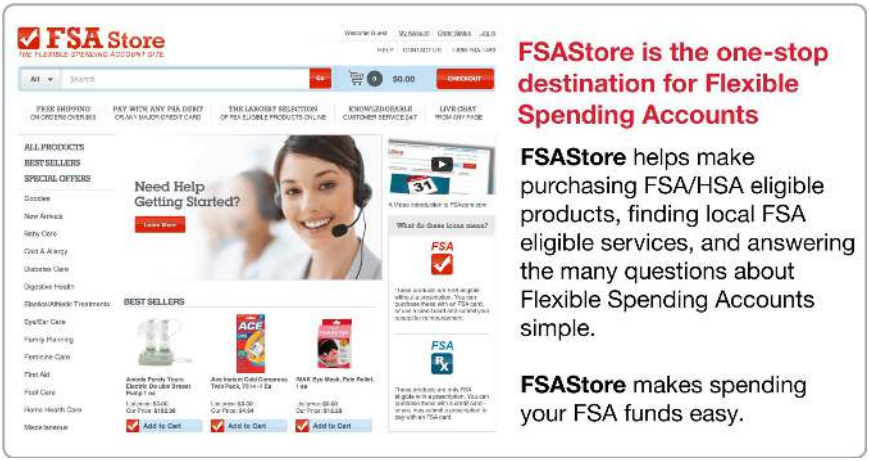
Dependent Care Spending Account - allows you to set aside from your paycheck pre-tax dollars that can be used to pay for dependent care expenses incurred in order for you to be able to work. The maximum amount you can set aside is $5,000 ($2,500 if you are married and you and your spouse file separate income tax returns).

Your FSA offers a “rollover” option which allows the participant to roll over up to $500 at the end of each plan year. This amount is added to your new plan year election amount on 1/1/2023 and you have all year to use this rollover money. You will be able to roll up to $570 each plan year.

Claims can be faxed to (866) 419-3516 or emailed to flexclaims@higginbotham.net.

You may view your account, file a claim or check status of claims by going to flexservices.higginbotham.net

If you have any questions regarding the Flexible Spending Account, please contact Higginbotham at (866) 419-3519.



Voluntary Dental DHMO (Sun Life)

Benefit	DHMO
Network	Heritage Series
ID Cards	**Cards are not issued,** but may be printed from www.assurantemployeebenefits.com.
Policy Year Maximum **Lifetime Orthodontia Maximum**	No maximum No maximum
Calendar Year Deductible	None
Office Visit	$20
Type I - Preventive Services **Type II - Basic Services** **Type III - Major Services** **Type IV - Orthodontia Services** (Adult and child)	$0 Scheduled copay Scheduled copay 25% Discount
Waiting Period	None

Voluntary Dental PPO (Sun Life)

Benefit	PPO
Network	Freedom Preferred
ID Cards	**Cards are not issued,** but may be printed from www.assurantemployeebenefits.com.
Policy Year Maximum **Lifetime Orthodontia Maximum**	$1,000 N/A
Calendar Year Deductible	$50 Per Person
Type I - Preventive Services **Type II - Basic Services** **Type III - Major Services** **Type IV - Orthodontia Services** (Adult and child)	Covered at 100% (Deductible does not apply) 80% after deductible 50% after deductible N/A
Waiting Period	Late Entrant Only Preventative - no wait Basic - 6 months Major - 12 months

Dental Semi-Monthly Rates (per pay period)	DHMO	PPO
Employee Only	$6.04	$20.91
Employee + Spouse	$9.77	$40.44
Employee + Child(ren)	$13.20	$47.19
Employee + Family	$15.47	$66.71

Enrollment in either plan enrolls you in the VSP Discount Vision Program
No waiting periods, no deductibles, no claim forms to fill out.
Eye Exams, Glasses - 20% discount
Contact Lenses - 15% discount
Laser VisionCare - discount

Basic Life/AD&D (Unum)

FORT WORTH MUSUEM OF SCIENCE AND HISTORY provides Basic Life/AD&D at no cost to you. Benefits are reduced at age 70.

Benefit	Coverage
Basic Life/AD&D Amount	2 x your salary
Maximum Benefit	$300,000

* Eligible 30 days after date of hire

Long Term Disability (Unum)

FORT WORTH MUSUEM OF SCIENCE AND HISTORY provides Long Term Disability (LTD) at no cost to you. LTD coverage provides income protection in case you become disabled due to illness or a non-occupational injury.

Plan Features	Coverage
Benefits Begin After	180 Days of continuous total or partial disability
Percent of Your Salary You Will Receive	60% Of your monthly earnings
Maximum Benefit	$10,000 Per month
Own Occupation	24 Months

* Eligible 30 days after date of hire
LTD benefits will not be paid for a disability in which you received medical treatment, care or consultation, or took prescribed drugs or medications for during the 3 months prior to your effective date unless you are covered under this policy for 12 consecutive months before the disability begins.

Voluntary Short Term Disability (Unum)

Plan Features	Coverage
Benefits Begin After	14 Days injury or sickness
Percent of Your Salary You Will Receive	60% Of your weekly earnings
Maximum Benefit	$1,000 Per week
Benefit Duration	24 Weeks

* Eligible First of Month Following 30 days of employment

Supplemental Life/AD&D (Unum)

For an added level of protection, you may purchase Supplemental Life/AD&D for you and your eligible dependents. Benefits are reduced at age 70. Employees may increase coverage up to the Guarantee Issue (GI) of $50,000 during enrollment without completing Evidence of Insurability. Any amount applied for over the GI would require Evidence of Insurability.

If you declined coverage when you were originally eligible, you will be considered a late entrant and will need to complete Evidence of Insurability for any amount elected.

In order to elect coverage for your dependent(s), you must purchase employee coverage.

See Human Resources for age-banded premiums.

Benefit	Coverage
Employee	May be purchased in $10,000 increments to a max of 5 x your salary or $500,000 (whichever is less)
Spouse	May be purchased in $5,000 increments to a max of $500,000 (spouse amount may not exceed 100% of employee amount)
Child(ren) (up to age 25)	May be purchased in $2,000 increments up to $10,000 (each child)**
Guarantee Issue (GI) Employee Spouse	Amounts chosen in excess of the guarantee issue amount will be subject to evidence of insurability (EOI) $50,000 $25,000

Please see Human Resources for rates on voluntary products.

Employee Assistance Program (Unum)

Keeping your work and personal life in balance can be tricky at times. Stressful situations can effect your health, well-being and ability to focus on what's important. That's when you can pick up the phone and speak confidentially to a Master's-level consultant who can help you with:

Child and Elder Care
Financial Questions
Personal or work Situations
Depression
Substance Abuse
Get advice on conflict resolution
Get a Referral to an Attorney
Unlimited website access to:

Read books, life articles and guides
View videos and online seminars
View podcasts
Subscribe to email newsletters
Find information on parenting, retirement, finances, education and more.

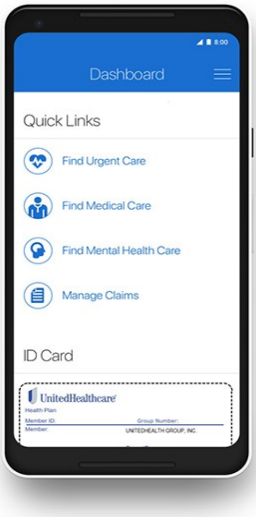
Notes:

BenefitsInHand Online Enrollment Instructions

1. Go to www.benefitsinhand.com (First time users follow steps 2-5. Returning users login and start at step 6.)
2. If this is your very first time to login, click on the New User Registration link *Once you register you will just use your username and password to login*
3. Enter in your personal information and Company Identifier of **fwmsh** and click Next
4. Create a Username (work email address recommended) and Password and then check the "I agree to terms and conditions" before you click Finish
5. If you used an email address as your username you will receive a validation email to that address. You may now login to the system
6. Click the *Start Enrollment* button to begin the enrollment process
7. Confirm or update your personal information and click *Save & Continue*
8. Edit dependents or add dependents that need to be covered on your benefits. Once all dependents are listed click *Save & Continue*
9. Follow the steps on the screen for each benefit to make your selection. Please notice there is an option to Decline Coverage. If you want to decline, click the *Don't want this benefit?* button and select the reason you are declining.
10. Once you have elected or declined all benefits you will see a summary of your selections. Click the *Click to Sign* button. **Your Enrollment is not complete until you click the Click to Sign button.**

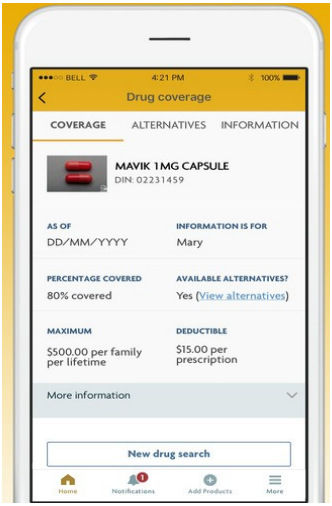
Have questions about your benefits or need help enrolling?
Call the Employee Response Center at 1-866-419-3518.
They are available to take your call Monday-Friday 8AM-5PM.

There's an APP for that!



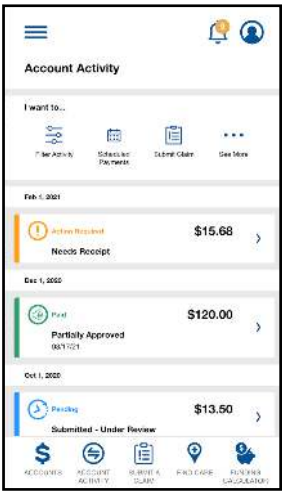
United Healthcare

- **Find a Doctor**
- **View ID cards**
- **Review deductibles, account balances and claims**



Sun Life Dental

- **View Benefits**
- **ID Card**
- **Find a Dentist**
- **Find a Vision Provider**



Flexible Spending Account

- **View accounts**
- **View Card Activity**
- **File a claim and upload receipt directly from your phone**
- **Manage Subscriptions**

Annual Enrollment & Qualifying Events

The choices you make during Annual Enrollment will be effective from October 1, 2022 through September 30, 2023. You CANNOT change elections until the next Annual Enrollment unless you experience a "**qualifying event**." You must make your changes within 30 days of the event.

Qualifying events include:

- Marriage, divorce, legal separation
- A change in your number of dependents, such as birth, death or adoption
- A change in employment status for you or your spouse that affects benefits eligibility
- The Annual Enrollment of your spouse
- A significant change in coverage or cost for you, your spouse or dependent child's benefit plans
- A change in your dependent child's eligibility for benefits
- FMLA Leave, COBRA event, Court Judgment or Decree

AVAILABILITY OF SUMMARY OF HEALTH INFORMATION

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a **Summary of Benefits and Coverage (SBC),** which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at: www.benefitsinhand.com. A paper copy is also available, free of charge, by calling the HR department at (817) 255-9304.

Notice Regarding Wellness Program

The employee wellness program is a voluntary program administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening, which could include a blood test for certain medical conditions such as diabetes, heart disease, etc. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program may qualify for an incentive. Although you are not required to complete a HRA or biometric screening, the wellness program may specify that only employees who do so will qualify for the incentive. Additional incentives may be available for employees who participate in certain health-related activities or achieve certain health outcomes.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources.

If you choose to participate in a HRA and/or biometric screening, information from your HRA and results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from the Museum, 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 aren't eligible for Medicaid or CHIP, you won't 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 **www.healthcare.gov.**

If you or your dependents are already enrolled in Medicaid or CHIP and you live in the state of Texas, 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, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS-NOW** or **www.insurekidsnow.gov** to find our how to apply. If you qualify, you can ask the State if it has a program that might help you pay for 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 aren't 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 **www.askebsa.dol.gov** or call **866-444-EBSA (3272).**

You should contact the State of Texas for further information on eligibility.
Website: http://www.gethipptexas.com/
Phone: 1-800-440-0493

Special Enrollment Rights

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage or Becoming Eligible for Medicaid or a State Children's Health Insurance Program (CHIP)
If you are declining coverage for yourself or your dependents because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must enroll within 31 days after your or your dependents' other coverage ends (or after the employer that sponsors that coverage stops contributing toward the other coverage).
If you or your dependents lose eligibility under a Medicaid plan or CHIP, or if you or your dependents become eligible for a subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents in this plan. You must provide notification within 60 days after you or your dependent is terminated from, or determined to be eligible for such assistance.

Marriage, Birth or Adoption
If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must enroll within 31 days after the marriage, birth or placement for adoption.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

Under the Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you and your eligible dependents are entitled to continue certain group health benefits under the Museum's plan after you have left employment with the Museum. If you wish to elect COBRA coverage, you have 60 days from the date you receive your election notice to make an election. You have 45 days after electing coverage to pay the initial premium.

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 Museum and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to enroll in a Medicare drug plan. If you are considering joining, you should 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.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or the dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede 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 through a Medicare Prescription Drug Plan or a Medicare Advantage Plan that offers prescription drug coverage. All Medicare prescription 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. The Museum has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare prescription drug plan, as long as you later enroll within specific time periods. You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare. If you decide to wait to enroll in a Medicare prescription drug plan, you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from **October 15th through December 7th** but as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).
You should compare your current coverage, including which drugs are covered at what cost, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. See the Plan's summary plan description for a summary of the Plan's prescription drug coverage. If you don't have a copy, you can get one by contacting your Human Resources representative.

If you choose to enroll in a Medicare prescription drug plan and cancel your current Museum prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage, you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

If you cancel or lose your current coverage and do not have prescription drug coverage for 63 days or longer prior to enrolling in the Medicare prescription drug coverage, your monthly premium will be at least 1% per month greater for every month that you did not have coverage for as long as you have Medicare prescription drug coverage. For example, if nineteen months lapse without coverage, your premium will always be at least 19% higher than it would have been without the lapse in coverage.

For more information about this notice or your current prescription drug coverage, contact your Human Resources Department.

Your Prescription Drug Coverage and Medicare Non-Creditable Coverage Disclosure

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 Museum and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The Museum has determined that the prescription drug coverage offered by Aetna is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is Important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the Aetna. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.

3. You can keep your current coverage from Aetna. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

When Can You Join a Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from
October 15 to December 7.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?
Since the coverage under Aetna**,** is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 nineteen 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 (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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 coverage may be affected. Further, if you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back. Please contact your Human Resources Department for more information about what happens to your coverage if you enroll in a Medicare Part D prescription drug plan.

For More Information About This Notice or Your Current Prescription Drug Coverage:
Contact the person listed below for further information. NOTE: You'll get 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 Museum 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 drug plans. For more information about Medicare prescription drug coverage:
Visit: **www.medicare.gov**.
Call: Your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number). For personalized help, call **1-800-633- 4227**. TTY users should call **1-877-486-2048.**

If you have limited income and resources, financial help for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security at w**ww.socialsecurity.gov** or call **1-800-772-1213** (**TTY 1-800-325-0778**).

HIPAA Privacy Notice

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information known as protected health information (PHI), includes virtually all individually identifiable health information held by a health plan - whether received in writing, in an electronic medium or as oral communication. This notice describes the privacy practices of the Employee Benefits Plan (referred to in this notice as the Plan), sponsored by the Museum, hereinafter referred to as the plan sponsor.

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. It is important to note that these rules apply to the Plan, not the plan sponsor as an employer.

You have the right to inspect and copy protected health information which is maintained by and for the Plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask the Human Resource Department to amend the information. For a full copy of the Notice of Privacy Practices describing how protected health information about you may be used and disclosed and how you can get access to the information, contact the Human Resources Department.

Women's Health and Cancer Rights

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully.
As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved

PART A: General Information

When key parts of the health care law take effect in 2014, there will be 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 new 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 new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

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

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

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

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources.

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.

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 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name Fort Worth Museum of Science and History		4. Employer ID Number (EIN) 75-0755335
5. Employer address 1600 Gendy Drive		6. Employer phone number (817) 255-9322
7. City Fort Worth	8. State TX	9. ZIP code 76107
10. Who can we contact about employee health coverage at this job? Nicole Price - Human Resources		
11. Phone number (if different from above)	12. Email address nprice@fwmsh.org	

Here is some basic information about health coverage offered by this employer:
As your employer, we offer a health plan to:
All employees. Eligible employees are: As defined in Summary Plan Documents.

With respect to dependents:
We do offer coverage. Eligible dependents are: As defined in Summary Plan Documents.

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** will guide you through the process. Listed above is the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

This brochure highlights the main features of the Fort Worth Museum of Science and History benefits program and does not include all plan rules and details. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this brochure and the legal plan documents, the plan documents are the final authority.

Important Contacts

Carrier	Telephone	Web Site
United Healthcare Medical	(866) 527-9597	www.myuhc.com
Sun Life Dental	(800) 733-7879	www.assurantemployeebenefits.com
VSP Vision	(800) 877-7195	www.vsp.com
UNUM Basic Life/AD&D LTD Voluntary Life/AD&D STD	(866) 679-3054	www.unum.com
UNUM EAP	(800) 854-1446	www.lifebalance.net
Online Enrollment	(866) 419-3518	www.benefitsinhand.com
Higginbotham Flexible Spending/Childcare HRA	(866) 419-3519	flexservices.higginbotham.net

Higginbotham Employee Help Line

Call the Employee Help Line at **(866) 419-3518** if you need assistance with your enrollment or if you have questions about your benefits.

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