

PRESENTED BY:



**COVERICA**  
INSURANCE & RISK MANAGEMENT

# 2026

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# Benefits Enrollment Guide



# Introduction



Welcome to Heil of Texas!

We're dedicated to providing you with an exceptional employee benefits program designed to support your well-being, security, and work-life balance. Our goal is to offer a program that not only delivers quality and value but also meets the diverse needs of our team.

Within this booklet, you'll find a handy summary of your benefits, serving as a helpful reference point. For more specific details about your plans, please consult your Summary of Benefits and Coverage (SBC), Summary Plan Description (SPD), and/or Plan Document. While we've made every effort to accurately outline your benefits, discrepancies or errors can occur. In such cases, the information outlined in the actual plan documents will take precedence.

Rest assured, all information shared is confidential in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If you have any questions or need further clarification about your benefits, don't hesitate to reach out to our Human Resources team. We're here to help!



[www.coverica.com](http://www.coverica.com)

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The following descriptions of available benefit election options are provided for informational purposes only. Actual payment of benefits may vary for each claim within a specific benefit option and is subject to the sole discretion of the relevant insurance provider. Specific details regarding each benefit option are outlined in the terms and conditions of the applicable policy or certificate of coverage, which govern all matters related to each particular benefit option described in this summary.

Please note that the information provided in this summary does not amend, modify, expand, enhance, improve, or otherwise alter any term, condition, or element of the policies or certificates of coverage that govern the benefit options described herein.



# Eligibility



## Eligible Employee

All full-time employees are eligible for benefits **the first of the month following 60 days.**

Employees must work a minimum of **30** hours a week to be considered full-time.

## Eligible Dependent

You also have the option to enroll your eligible dependents who include:

- Your legal spouse or domestic partner\*
- Your children up to age 26

\* If you're adding a domestic partner, please note that benefits will be deducted on a post-tax basis. Additionally, any employer spousal contribution will be considered taxable income for you, unless your partner meets the definition of a tax dependent under Section 152 of the IRS code.

# Enrollment



## New Employee

You become eligible for benefits starting the first of the month following 60 days after your hire date. It's important to enroll yourself and your dependents within 30 days to ensure coverage.

## Open Enrollment

If you didn't enroll during your initial eligibility period or if you waived coverage for yourself and/or your dependents previously, don't worry. You'll have the chance to make changes or enroll during our open enrollment period, which occurs once a year. Please reach out to your HR department to get the dates for this important opportunity.

## Changes During the Year

Changes to your benefit elections can generally only be made if you experience a qualified life event. These events include, but are not limited to:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse, child, or qualified dependent
- Change in your residence that causes a change in the plans available to you
- Loss of dependent status (at age 26)
- Involuntary loss of coverage due to change in employment status

If you experience a qualifying life event and wish to change your benefit elections, it's important to contact HR within 30 days. In some cases, you may need to provide written documentation to support your eligibility for these changes.

# Medical Insurance



**BlueCross  
BlueShield**



We provide you with a range of comprehensive medical plan options to suit your individual needs. Having choices is important because what works best for one person may not be the ideal fit for another. As you consider which plan is right for you and your dependents, it's helpful to evaluate your healthcare usage, including doctor visits, prescriptions, and potential surgeries, against the coverage each plan offers.

For example, if your healthcare needs are minimal and you rarely visit the doctor or require prescriptions, opting for a higher deductible plan to save on monthly premiums might be advantageous. Conversely, if you have frequent doctor visits and rely on medications, a plan with copays may be more cost-effective in the long run. Take your time to assess your healthcare requirements and compare them with the benefits of each plan to make an informed decision.

	<b>RSH6MAT</b>
<b>Network</b>	Best Choice Blue Edge
<b>Deductible (individual / family)</b>	\$3,500 / \$7,000
<b>Out-of-Pocket Maximum (individual / family)</b>	\$10,000 / \$20,000
<b>Imaging (CT / PET / MRI)</b>	20% Coinsurance
<b>Preventive Services</b>	No Charge
<b>Primary / Specialist Visit</b>	20% Coinsurance
<b>Diagnostic Test (x-ray, blood work)</b>	20% Coinsurance
<b>Urgent Care</b>	20% Coinsurance
<b>Emergency Services</b>	20% Coinsurance
<b>Prescription Drugs:</b>	<b>Network</b>
<b>Generic Drugs</b>	20% Coinsurance
<b>Preferred Brand Drugs</b>	20% Coinsurance
<b>Non-preferred Drugs</b>	20% Coinsurance
<b>Specialty Drugs</b>	20% Coinsurance

# Value Added Resources



With the Blue Care® Connection Program, getting connected to your health benefits is now easier than ever. Blue Care® Connection offers you the information and help you need to manage everything from basic health issues to chronic health conditions and it's available to you through your BlueCross and BlueShield of Texas healthcare plan at **no additional cost to you**. Please call 1-800-462-3275 for more information.

## The Blue Care® Connection program includes:

**Blue Access® for Members:** log on to [www.bcbstx.com](http://www.bcbstx.com) for personalized information about your healthcare coverage such as date and amount of claims payments, prescription drug list and help finding a physician, hospital or pharmacy.

**Blue Care Advisor:** a Registered Nurse who assists selected members in navigating the health care system, coordinates member's healthcare and benefits, educates and empowers members to make informed choices, promotes wellness by encouraging self-management according to preventive care guidelines. Please call 1-800-462-3275, option 1 for more information.

**24/7 NurseLine:** call any time of the day or night to ask your healthcare questions and get guidance on a wide variety of healthcare issues. Please call 1-800-462-3275, option 2 for more information.

**Disease Management:** members diagnosed with chronic health conditions such as asthma, diabetes, congestive heart failure, chronic obstructive pulmonary disease, low back pain, cancer, metabolic syndrome and coronary artery disease receive resources and tools to help manage their conditions. Please call 1-800-462-3275, option 1 for more information.

**Special Beginnings®:** pregnant members can enroll to receive a prenatal risk assessment, educational information and case management services to help reduce the incidence of low birth weight infants and premature delivery. Please call 1-800-462-3275, option 1 for more information.

**Life Health Risk Assessment:** the Personal Health Manager tool available on the Blue Access® for Members website allows members to assess their current state of health, and determine actions that can be taken to improve their health. The Personal Health Manager also provides access to email questions directly to a Registered Nurse, Dietician, or Trainer.

**Wellness programs:** targeted wellness initiatives that can help prevent diseases or identify them early when they are more treatable.

# Healthcare Tips

Taking these steps can help you navigate your healthcare expenses more effectively and potentially save you money in the long run.

## Physicians

- Always verify with both the insurance website and the physician's office that they are contracted and in-network with your insurance plan network. This helps in minimizing your out-of-pocket expenses.

## Pharmacy

- Before filling any prescription, ensure that your pharmacy is in-network with your insurance.
- Ask your physician about generic alternatives to prescribed medications to potentially reduce costs.
- Check your insurance website for the estimated cost of your prescription before heading to the pharmacy.
- Explore platforms like GoodRx for potential discounts on your medications. Visit the drug manufacturer's website to see if they offer any savings or assistance programs.

## Facilities

- For imaging services, consider independent imaging centers, as they can often offer significantly lower costs compared to hospitals. Check your insurance's online provider directory to find in-network imaging centers.
- Reserve visits to the emergency room for genuine emergencies. For minor ailments like flu or minor injuries, consider seeing your family physician or visiting an urgent care.

**Be aware that some Urgent Care Centers may operate similarly to ER facilities. To avoid unexpected billing issues, make sure the Urgent Care Center you visit explicitly confirms that they are categorized as an Urgent Care facility and will bill your insurance accordingly. This proactive approach can help prevent unnecessary costs and ensure that you receive appropriate care without any financial surprises.**



# Telemedicine



## Quick Care Anytime, Anywhere

Telemedicine offers convenient and cost-effective healthcare. You can consult with a licensed physician remotely, and if needed, they can prescribe medications and send them directly to your preferred pharmacy. It's hassle-free, saving you time and money while ensuring you get the care you need, when you need it.

## What Kind of Health Conditions Are Treated?

- Allergies
- Asthma
- Cold / Flu
- Ear Problems (Ages 12+)
- Fever (Ages 3+)
- Nausea
- Pink Eye
- Rashes
- Sinus Infections
- Behavioral Health
- Depression / Anxiety
- Family Issues

## Who Is My Telemedicine Provider?

**MDLIVE**



# Health Savings Account

A Health Savings Account (HSA) is an account that you and your employer can put money into to save for future medical expenses. There are certain advantages to putting money into these accounts, including favorable tax treatment. **Contact HR to set up your HSA bank account or make changes to your payroll deductions. Heil of Texas will contribute \$90 per month to your HSA account, after you create your account. If you do not create your account, you will not receive the monthly contribution.**



## Employees can contribute to an HSA if they:



- Have coverage under an HSA-qualified high deductible health plan (HDHP)
- Have no other first-dollar medical coverage (specific injury insurance, accident, disability, dental care, vision care or long-term care insurance are permitted)
- Are not enrolled in Medicare
- Cannot be claimed as a dependent on someone else's tax return

HSA Statutory Contribution Amount	2025
Individual	\$4,400
Family	\$8,750
Catch-Up Contributions (age 55+)	\$1,000



## HSAs offer you the following advantages:

- **Tax Savings.** You contribute pre-tax dollars to the HSA. You will also make an annual contribution to your HSA. Interest accumulates tax-free and funds are tax-free to withdraw for medical expenses.
- **Reduce your out-of-pocket costs.** You can use the money in your HSA to pay for eligible medical expenses and prescriptions. The HSA funds you use can help you satisfy your plan's annual deductible.
- **Invest the funds and take them with you.** Unused account dollars are yours to keep even if you retire or leave the company. Additionally, you can invest your HSA funds, so your available health care dollars can grow over time.
- **The opportunity for long-term savings.** Save unused HSA funds from year to year – money you can use to reduce future out-of-pocket health expenses. You can even save HSA dollars to use after you retire

You can use the money in the account to pay for any "qualified medical expense" permitted under federal tax law as stated in the Publication 502 (Pub. 502 can be found on the IRS website). This includes most medical care and services, and dental and vision care, and may also include over-the-counter drugs such as aspirin. Any amounts used for purposes other than to pay for "qualified medical expenses" are taxable as income and subject to an additional **20%** penalty.

HSA dollars can be used to pay medical expenses for you, your spouse and/or children. Your spouse and/or children **do not** need to be covered by your HDHP.

The Health Savings Account is managed through HealthEquity. You must visit their website to enroll at [www.healthequity.com](http://www.healthequity.com)

# Dental Insurance

When you visit an in-network dentist, they've agreed to accept a predetermined amount as payment in full for their services. This means you'll only be responsible for applicable deductibles and coinsurance, without any surprise bills beyond that.

However, if you choose an out-of-network dentist, your claims will be paid at a maximum allowance, and you'll need to cover the difference between what is paid and what is billed. This typically results in higher out-of-pocket expenses.

To prevent unexpected charges, it's wise to request a "pre-determination" of benefits from your dentist before any procedure. This allows you to understand the expected costs upfront and avoid any surprises on your bill later.



Principal Dental Plan -		
Overview of Benefits	Low Plan - In-network	High Plan - In-network
<b>Calendar Year Deductible</b>		
Preventive (Example: Evaluations, Cleanings, Sealants)	\$0	\$0
Basic (Example: Fillings, Endodontics, Non-surgical Periodontics)	\$100	\$50
Major (Example: Crowns, Bridges, Prosthodontics)	\$100	\$50
<b>Additional Provisions</b>		
Family deductible	3 times the per person deductible amount	
Combined maximum	Your calendar year maximum for preventive, basic, and major in-network services are combined. Your calendar year maximum for preventive, basic, and major out-of-network services are combined. In-network calendar year maximum are \$1,000 per person or out-of-network calendar year maximums are \$1,000 per person. Your services applied to the in-network maximum will apply to the out-of-network maximum and vice versa.	Your calendar year maximum for preventive, basic, and major in-network services are combined. Your calendar year maximum for preventive, basic, and major out-of-network services are combined. In-network calendar year maximum are \$2,000 per person or out-of-network calendar year maximums are \$2,000 per person. Your services applied to the in-network maximum will apply to the out-of-network maximum and vice versa.
Orthodontia lifetime maximum	\$200 PPO in-network maximum	\$2,000 PPO in-network maximum

# Vision Insurance

To ensure that you and your family's vision care needs are met, we offer quality, affordable vision coverage through Principal Vision.

**TIP:** When visiting an out-of-network provider, make sure to file your claim. Even a small reimbursement is worth the effort!

	Low Plan	High Plan
<b>Overview of Benefits</b>		
<b>Eye Exam/Refraction</b>	Every 12 months, one exam is covered in full after \$10 copay	Every 12 months, one exam is covered in full after \$10 copay
<b>Single Vision Eyeglass Lenses</b>	\$25 Copay	\$25 Copay
<b>Bifocal Eyeglass Lenses</b>	\$25 Copay	\$25 Copay
<b>Trifocal Eyeglass Lenses</b>	\$25 Copay	\$25 Copay
<b>Standard Frames</b>	Covered up to \$130 every 24 months; 20% off amount over allowance	Up to \$
<b>Contact Lenses - Elective</b>	Covered up to \$130 every 12 months. Contact lenses can be chosen instead of glasses.	Covered up to \$130 every 12 months. Contact lenses can be chosen instead of glasses.
<b>Contact fitting and evaluation</b>	Up to \$60 copay	Up to \$60 copay
<b>Necessary contacts</b>	Covered in full after \$25 copay every 12 months Contact lenses can be chosen instead of glasses.	Covered in full after \$25 copay every 12 months Contact lenses can be chosen instead of glasses.

# Disability Insurance



## Short-Term Disability (STD)

Short-Term Disability (STD) is a benefit that provides an opportunity to replace a portion of your lost income due to an illness or injury.

Short-Term Disability	
Pre-existing Condition Limitation	None
Rates and Plan Design	
Minimum Benefit	\$25 weekly
Maximum Benefit	Up to \$1,000 weekly
Elimination Period	
Injury	7 days
Sickness	7 days
Benefit Duration	13 weeks

## Long-Term Disability (LTD)

Long-Term Disability (LTD) coverage helps provide a monthly source of income if you are unable to work due to a non-work-related disability or extended illness that continues beyond the maximum Short-Term Disability benefit period.

Long-Term Disability	
Waiting Period	First day after completing 3 months
Rates and Plan Design	
Benefit Percentage	60% of basic monthly earnings
Minimum Benefit	\$100 monthly
Maximum Benefit	Up to \$6,000 monthly
Elimination Period	
	180 days
Benefits Duration	To age 65 (reducing benefit duration)

# Life and AD&D

## Group Term

### Basic Life and AD&D

**Heil of Texas pays for the full cost of this benefit** — meaning you are not responsible for paying any monthly premiums.

Please make sure you select this benefit when you select your health benefits. Be sure to list your beneficiary as well.

Life insurance can help provide for your loved ones if something were to happen to you. Heil of Texas provides only full-time employees, with \$15,000 in group life and accidental death and dismemberment (AD&D) insurance.

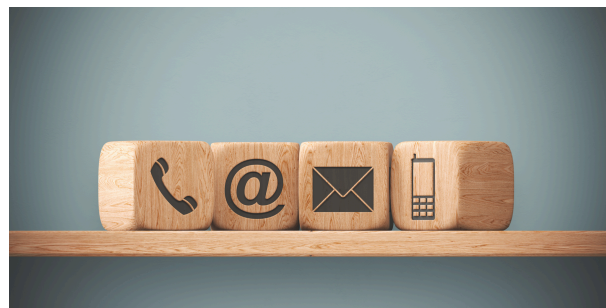
**\*Guarantee Issue amounts only apply when initially eligible. Any amounts over the Guarantee Issue are subject to under-writing.**



[www.coverica.com](http://www.coverica.com)

# Contact List

Questions Regarding	Company	Contact Information
Medical	BCBS of Texas	Phone: 800-521-2227 Website: <a href="http://www.BCBSTX.com">www.BCBSTX.com</a>
Health Savings Account	HealthEquity	1-866-346-5800
Dental	Principal	800-247-4695
Vision	Principal	800-877-7195
Short / Long Term Disability	The Hartford	860-547-5000
Basic Life and AD&D	Dearborn Life	877-442-4207



# DON'T MISS THE DEADLINE



**COVERICA**  
INSURANCE & RISK MANAGEMENT

CoVerica is your trusted independent insurance agency, specializing in homeowner, car, business insurance, and more. Our commitment to providing comprehensive coverage while keeping it affordable means we make the insurance process easy for you.

By exclusively partnering with top-tier carriers, we secure the best policies at unbeatable rates, ensuring your peace of mind and financial security.

Questions about your coverage?  
Call us today!



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