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Physician Housecalls appreciates your commitment to our success. We're equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefit plans. We understand that you may have questions about annual enrollment, and we'll do our best to help you understand your options and guide you through the process.

This guide is not your only resource, of course. Anytime you have questions about benefits or the enrollment process, you can contact your human resources representative. Although this guide contains an overview of benefits, for complete information about the plans available to you, please refer to the carrier documents.

Company-Paid Holidays

The offices are closed on all holidays. Paid holidays include:

- New Year's Day
- Martin Luther King Day
- President's Day
- Memorial Day
- Juneteenth

- Independence Day
- Labor Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Day

Paid time-off schedule

(Full-time employees accrue as indicated below)

Years of service	Accrual rate per hour worked	Annual PTO accrual	Maximum accrual
Up to 5 years	0.058	15 days (120 hours)	20 days (160 hours)
After 5 years	0.069	18 days (144 hours)	25 days (200 hours)

ENROLLING IN BENEFITS

If you want health benefits in 2024 for yourself and your family, you must enroll in one of the plan options during the enrollment period. If you need to add or remove coverage for yourself or your dependents after the enrollment period, you must wait until the next open enrollment period unless you have a qualifying life event as defined by the IRS.

The IRS requires that you make changes to your coverage within 31 days of your qualifying life event. You'll need to provide proof of the event, such as a marriage certificate, divorce decree, birth certificate or loss-of-coverage letter.

Please remember to add your Social Security number and the Social Security numbers of your dependents during enrollment.

ELIGIBILITY

Eligible employees

You may enroll in the benefits program if you are a regular full-time employee who is actively working a minimum of 30 hours per week. As a benefits-eligible employee, you have the opportunity to enroll in benefit plans as a new hire or during the annual open enrollment period.

If you're enrolling as a new employee, you become eligible for benefits the first of the month following 30 days from your hire date.

Dependent eligibility

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- Your legal spouse
- Your children up to the age of 26, covered through the end of the month of their 26th birthday. This includes your natural children and those of your spouse, your adopted children, stepchildren, foster children, or children obtained through court-appointed legal guardianship. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided to and approved by HR. Additionally, children who have been named in a qualified medical child support order are covered by our plan.

QUALIFYING LIFE EVENTS

It is your responsibility to notify human resources within 31 days of the qualifying life event. Failure to do so may result in an inability to change your benefit election(s).

Here are some examples of qualifying life events:

- Birth, legal adoption or placement for adoption
- Marriage, divorce or legal separation
- Dependent child reaches age 26
- Spouse or dependent loses or gains coverage elsewhere
- Death of your spouse or dependent child

- Court-ordered change
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or the state children's health insurance program
- Change in residence that changes coverage eligibility
- Spouse's open enrollment that occurs at a different time from yours

Online Enrollment Portal

You will use the Employee Navigator to enroll in the 2024 benefit plans, and you will also use the portal during the plan year for qualifying events and access carrier documents.



EMPLOYEE NAVIGATOR

Employee Navigator is a cloud-based benefit administration system, and as such, there is no app needed to enroll! Registering on Employee Navigator for your employee benefits enrollment is quick and easy!

STEP 1:

- Go to the Registration Site:
 - employeenavigator.com/benefits/ Account/Register



STEP 2:

- Complete the New User Registration Information. Your information MUST MATCH what is in Employee Navigator. If you have trouble registering, reach out to HR for assistance.
- The Company Identifier (case sensitive) is: Housecalls

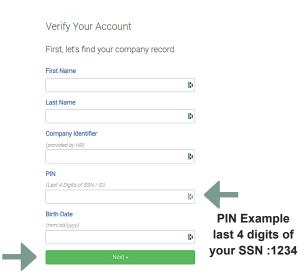
STEP 3:

- Follow the on-screen instructions to create a unique username and password.
- You must agree to the "Terms of Use" to register.

STEP 4:

- You're in! Don't forget your Username and Password!
- To log-in again, just return to:
 - employeenavigator.com/benefits/ Account/Login





Password	
(minimum length of 6, number and symbol required)	
show it	
☐ I agree with the terms of use	
Next >	
employee	
employee NAVIGATOR	
NAVIGATOR	•
NAVIGATOR	•
NAVIGATOR User Name	
NAVIGATOR User Name	•

Create Your Account

Then register a username and password

Username

MEDICAL

BLUE CROSS BLUE SHIELD OF OKLAHOMA | BCBSOK.COM | 800.942.5837

Physician Housecalls providing you with access to the highest levels of care. We offer you a choice of 3 medical plan option(s) for 2024:

- \$2,000 BlueOptions Traditional PPO
- \$2,500 Blue Advantage Traditional PPO
- \$4,000 Blue Advantage High Deductible Plan with Health Savings Account

If you choose, you can open a health savings account (HSA) if you enroll in the High Deductible option. To learn more about HSAs, please see page 16.

All medical plan offerings are calendar year plans, deductibles and out-of-pocket maximums restart every January 1.



Blue Options Plan

Blue Options is a unique PPO plan that offers the widest choice of network doctors and hospitals, members can then choose to use providers in the Blue Choice PPO network or even out-of-network providers, but they will pay a higher coinsurance amount for these services.

Here's a sample of an employee's choices in the Blue Options plan:

- Network Option 1: if the member elects to use a provider in the BluePreferred PPO, a smaller, select network, they pay the least out-of-pocket expenses.
- Network Option 2: the member pays additional out-of-pocket costs by choosing a provider in the broader BlueChoice network of providers.
- Network Option 3: the member pays the highest out-of-pocket cost by selecting an out-of-network provider.



Blue Advantage Plans

The Blue Advantage Plans give you access to providers across the country. The plans include access to Blue Advantage and BlueCard providers.

IF YOU ARE LOCATED IN OKLAHOMA, PLEASE NOTE THAT THE FOLLOWING HOSPITALS ARE NOT IN-NETWORK:

- AllianceHealth Durant
- AllianceHealth Madill
- AllianceHealth Ponca City
- AllianceHealth Woodward
- Duncan Regional Hospital
- Great Plains Regional Medical Center Elk City
- Haskell Regional Hospital Stigler*
- Sayre Community Hospital
- Stillwater Medical Center Blackwell
- Stillwater Medical Center
- Stillwater Medical Center Perry

*Haskell Regional Hospital Stigler is not contracted with any BCBSOK networks.

The above hospitals are in-network as part of the Blue Choice Network included in the Blue Options plan on the next page.

STRENGTH OF THE BLUE BRAND

- Employees who choose a PPO plan get access to BlueCard®, a large provider network, which includes more than 97% of hospitals nationwide for care when away from home
- Member discounts save money on value-added health care products and services
- Access to health and wellness programs: Blue Care Connection[®] and Well onTarget[®]
- Blue Cross and Blue Shield is among the most trusted names in the industry

Medical and prescription drug plan summary

Medical	\$2,000 Blue Options PPO			
	Blue Preferred	Blue Choice	Out-of-network	
Deductible				
Employee only	\$2,000	\$2,000	\$4,000	
Family	\$6,000	\$6,000	\$12,000	
Coinsurance (plan pays)	70%	60%	50%	
Out-of-pocket maximum				
includes deductible)				
Employee only	\$5,000	\$6,500	Unlimited	
Family	\$12,000	\$17,100	Unlimited	
Preventive care	100%	100%	30% after deductible	
Primary care office visit	\$25	\$25	30% after deductible	
Specialist office visit	\$50	\$50	30% after deductible	
Emergency room		\$650 then 30% after ded	ductible	
Jrgent care	\$50	\$50	30% after deductible	
Inpatient care	\$200 plus 30% after deductible	\$200 plus 40% after deductible	\$300 plus 50% after deductible	
Outpatient care	\$150 plus 30% after deductible	\$150 plus 40% after deductible	\$250 plus 50% after deductible	
Tier	Blue Preferred	Blue Choice	Out-of-network	
Generic drugs (preferred)				
Preferred participating	\$10	\$10	N/A	
Participating	\$20	\$20	\$20	
Mail order	\$30	\$30	N/A	
Generic drugs (non-preferred)				
JEHEHU UHUUS HIUH-DHEHEHEUT				
	\$20	\$20	N/A	
Preferred participating	\$20 \$30	\$20 \$30	N/A \$30	
Preferred participating Participating	\$30	\$30	\$30	
Preferred participating Participating Mail order				
Preferred participating Participating Mail order Brand drugs (preferred)	\$30 \$60	\$30 \$60	\$30 N/A	
Preferred participating Participating Mail order Brand drugs (preferred) Preferred participating	\$30 \$60 \$50	\$30 \$60 \$50	\$30 N/A N/A	
	\$30 \$60	\$30 \$60 \$50 \$70	\$30 N/A N/A \$70	
Preferred participating Participating Mail order Brand drugs (preferred) Preferred participating Participating Mail order	\$30 \$60 \$50 \$70	\$30 \$60 \$50	\$30 N/A N/A	
Preferred participating Participating Mail order Brand drugs (preferred) Preferred participating Participating Mail order Brand drugs (non-preferred)	\$30 \$60 \$50 \$70 \$150	\$30 \$60 \$50 \$70 \$150	\$30 N/A N/A \$70 N/A	
Preferred participating Participating Mail order Brand drugs (preferred) Preferred participating Participating Mail order Brand drugs (non-preferred) Preferred participating	\$30 \$60 \$50 \$70 \$150	\$30 \$60 \$50 \$70 \$150	\$30 N/A N/A \$70 N/A	
Preferred participating Participating Mail order Brand drugs (preferred) Preferred participating Participating Mail order Brand drugs (non-preferred) Preferred participating	\$30 \$60 \$50 \$70 \$150 \$100 \$120	\$30 \$60 \$50 \$70 \$150 \$100 \$120	\$30 N/A N/A \$70 N/A N/A \$120	
Preferred participating Participating Mail order Brand drugs (preferred) Preferred participating Participating Mail order Brand drugs (non-preferred) Preferred participating Participating Participating Participating Mail order	\$30 \$60 \$50 \$70 \$150 \$120 \$300	\$30 \$60 \$50 \$70 \$150 \$100 \$120 \$300	\$30 N/A N/A \$70 N/A N/A \$120 N/A	
Preferred participating Participating Mail order Brand drugs (preferred) Preferred participating Participating Mail order Brand drugs (non-preferred) Preferred participating Participating Participating Mail order Brand drugs (preferred) Preferred participating Participating Mail order Bepecialty drugs (preferred)	\$30 \$60 \$50 \$70 \$150 \$100 \$120 \$300 \$150	\$30 \$60 \$50 \$70 \$150 \$100 \$120 \$300 \$150	\$30 N/A N/A \$70 N/A N/A \$120 N/A \$150 plus 50%	
Preferred participating Participating Mail order Brand drugs (preferred) Preferred participating Participating	\$30 \$60 \$50 \$70 \$150 \$120 \$300	\$30 \$60 \$50 \$70 \$150 \$100 \$120 \$300	\$30 N/A N/A \$70 N/A N/A \$120 N/A	

Mail order: 90-day supply

Medical and Prescription Payroll Contributions

		\$2,000 Blue Options Pl	P0
	Employee per payroll	Employee monthly	Physician Housecalls monthly
Employee	\$129.56	\$259.11	\$458.32
Employee + spouse	\$459.11	\$918.22	\$516.64
Employee + child(ren)	\$459.11	\$918.22	\$516.64
Family	\$788.67	\$1,577.33	\$574.96

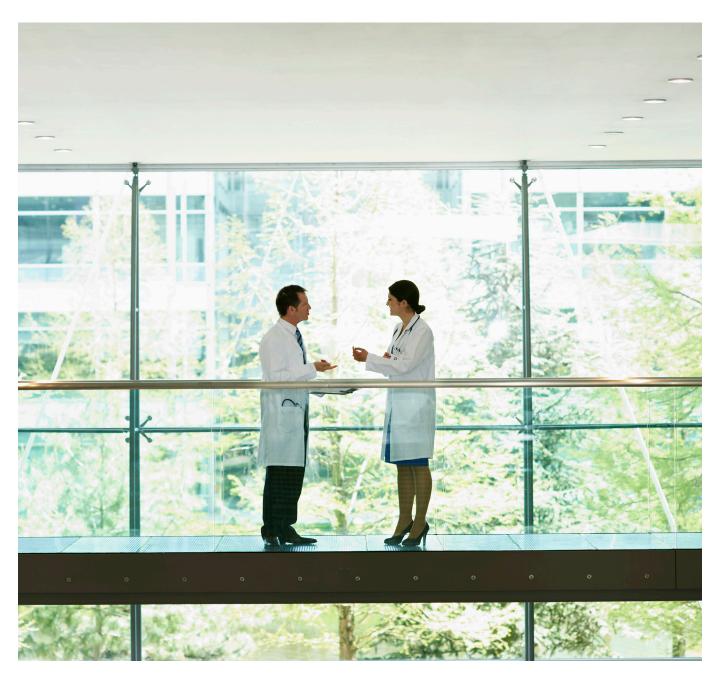
Medical	\$2,500 Blue Advan	tage Traditional PPO	\$4,000 Blue Ac	lvantage HDHP
	Blue Advantage	Out-of-network	In-network	Out-of-network
Deductible	<u> </u>			
Employee only	\$2,500	\$5,000	\$4,000	\$10,000
Family	\$7,500	\$15,000	\$12,000	\$20,000
Coinsurance (plan pays)	90%	80%	80%	60%
Out-of-pocket maximum includes deductible)				
Employee only	\$7,500	Unlimited	\$6,900	Unlimited
Family	\$15,000	Unlimited	\$13,800	Unlimited
Preventive care	100%	20% after deductible	100%	30% after deductible
rimary care office visit	\$35	20% after deductible	20% after deductible	40% after deductible
pecialist office visit	\$55	20% after deductible	20% after deductible	40% after deductible
mergency room	· · · · · · · · · · · · · · · · · · ·	after deductible	20% after	deductible
Irgent care	\$50	20% after deductible	20% after deductible	40% after deductible
	· · · · · · · · · · · · · · · · · · ·		2070 after deductible	-
npatient care	\$350 plus 10% after deductible	\$400 plus 20% after deductible	20% after deductible	40% after deductible
Outpatient care	\$250 plus 10% after	\$300 plus 20% after	20% after deductible	40% after deductible
	deductible	deductible	20 % after deductible	
	\$2,500 Blue Adva	antage Pharmacy	\$4,000 Blue Advanta	age HDHP Pharmacy
ier	In-network	Out-of-network	In-network	Out-of-network
Seneric drugs (preferred)			AFTER DE	DUCTIBLE
referred participating	\$0	N/A	10%	N/A
articipating	\$10	\$10	20%	20% plus 50%
lail order	\$0	N/A	20%	N/A
Generic drugs (non-preferred)	·			
referred participating	\$10	N/A	10%	N/A
articipating	\$20	\$20	20%	20% plus 50%
lail order	\$30	N/A	20%	
rand drugs (preferred)	***			
referred participating	\$50	N/A	20%	N/A
articipating	\$70	\$70	30%	30% plus 50%
lail order	\$150	N/A	30%	N/A
rand drugs (non-preferred)	Ţ.30	,, .		13/73
referred participating	\$100	N/A	30%	N/A
articipating	\$120	\$120	40%	40% plus 50%
lail order	\$300	N/A	40%	N/A
			40%	
pecialty drugs (preferred) lail order	\$150 N/A	\$150 plus 50% N/A	N/A	40% plus 50% N/A
pecialty drugs	\$250	\$250 plus 50%	50%	50% plus 50%
non-preferred)				

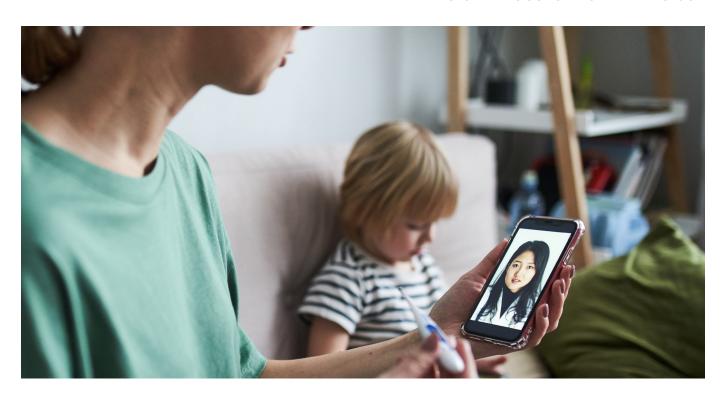
Retail: 30-day supply
Mail order: 90-day supply

Medical and Prescription Payroll Contributions

	\$2,500 Blue Advantage Traditional PPO			\$4,00	0 Blue Advantag	e HDHP
	Employee per payroll	Employee monthly	Physician Housecalls monthly	Employee per payroll	Employee monthly	Physician Housecalls monthly*
Employee	\$51.10	\$102.20	\$492.70	\$37.46	\$74.92	\$422.81
Employee + spouse	\$302.20	\$604.40	\$585.40	\$254.08	\$508.17	\$487.29
Employee + child(ren)	\$302.20	\$604.40	\$585.40	\$254.08	\$508.17	\$487.29
Family	\$553.30	\$1,106.60	\$678.10	\$470.71	\$941.42	\$551.77

^{*}Does not include Physician Housecalls HSA contribution.





VIRTUAL CARE

What is virtual care?

Your health care coverage may include our Virtual Visits solution, powered by MDLIVE. A Virtual Visit lets you have a live consultation with an independently contracted, board-certified MDLIVE doctor or therapist. This can happen 24 hours a day, seven days a week by mobile app, online video or phone.

Instead of going to the office, you can have a Virtual Visit while at home, work, or many other places. And a Virtual Visit can cost less than going to the urgent care clinic or emergency room.

CHOOSING A DOCTOR

Finding a Virtual Visits doctor is easy. You'll:

- Log in to Blue Access for MembersSM bcbsok.com
- 2. On the BAM homepage dashboard, select Find All Care under Find Care
- Select the Virtual Visits link under the page's Find Care title
- Click the Schedule a Virtual Visit button and sign up on MDLIVE's website

BCBSOK TOOLS

BLUE CROSS BLUE SHIELD OF OKLAHOMA | BCBSOK.COM | 866.288.3539

Blue Cross Blue Shield of Oklahoma website

On the <u>bcbsok.com</u> website, select Member Log In or Sign Up, where you can:

- See coverage details (copays, deductibles, out-of-pocket maximums, etc.).
- Review your claims activity and history.
- Print a temporary ID card or order a new ID card.
- See frequently asked questions (FAQs).
- Access registered nurses who are available to provide immediate assistance and advice on medical treatment.

How to find a BCBSOK PROVIDER

The preferred designation identifies doctors in the BCBSOK network who have achieved top results on BCBSOK's quality and cost-efficiency measures. To find one of these doctors, please visit BCBSOK at bcbsok.com/find-care/providers-in-your-network/find-a-doctor-or-hospital or call the number on your ID card.

BCBSOK resources

- BCBSOK enrollment information line at 866.288.3539.
- BCBSOK healthcare contact information — Find all of your information when you need it at bcbsok.com. Call 866.288.3539 anytime, day or night, 365 days a year, for assistance.

Mobile App

- Download the BCBSOK mobile app to conveniently access your member information.
- With the mobile app you can:
 - Find care
 - Access your Medicare coverage information
 - Access your temporary digital member ID card, and more
- Available for iPhone and Android users.

To download the app, text* BCBSOKAPP to 33633 or search for BCBSOK in the Apple App Store or Google Play.

*Message and data rates may apply. Terms and Conditions and Privacy Policy.



BE INFORMED

Visit BCBSOK and create an account and get started. When you log in, you'll find everything you need to know about your benefits — from eligibility to enrollment to what's covered.

Getting Care

MDLIVE's doctors and therapists can treat many non-emergency medical and behavioral health conditions, like:

General Health

- Allergies
- Asthma
- Sinus infections

Pediatric Care

- Cold/flu
- Ear infections
- Pink eye

Behavioral Health (by appointment)

- Online counseling
- Stress management
- Child behavior
- Learning issues

They can also write and send prescriptions (when appropriate) to a nearby pharmacy.

24/7 Bilingual Nurseline

Similar to virtual visits, the 24/7 Bilingual Nurseline is a quick and affordable way to get care in English or Spanish. Bilingual nurses are on call to answer your health questions or concerns. Call the 24/7 Bilingual Nurseline at 800.581.0407.

Well OnTarget

Well OnTarget, an online portal and app, helps keep your wellness routine fun and on-track. Use the health and lifestyle trackers, get advice from the coaching team and more.

ENHANCED PROVIDER FINDER® TOOL

When you log in and use BCBSOK's Provider Finder Find a Cost tool, an MDLIVE box result may appear at the top of your provider list. You'll only see this if you have the Virtual Visit benefit and an MDLIVE doctor offers the care you need.

SPECIAL BEGINNINGS

Pregnancy is a time of excitement and planning, but it's also a time of questions and concerns. Blue Cross and Blue Shield of Oklahoma can help answer many of them and offer information every step of the way.

While we can't cure morning sickness, we can give lots of support through our Special Beginnings® program. Call 855.740.1515 to learn if you're eligible. Our online resources support mothers and their newborns — at no additional cost.

Ready to start get started?

First, call 855.740.1515 or the customer service number on the back of your insurance card between 8 a.m. and 4:30 p.m., CST, to sign up. The Special Beginnings team will provide a private questionnaire to learn if you have any health risks and what support you may need throughout your pregnancy.

Once you are enrolled, you'll enjoy:

- Personal phone contact with the Special Beginnings team to address your needs and concerns
- Assistance with coordinating your doctor care
- Help identifying and monitoring any pregnancy risk factors
- Support managing high-risk conditions such as gestational diabetes and preeclampsia
- Educational materials, including a complementary book about having a healthy pregnancy and baby.

Congratulations on your baby! Here's to taking healthy steps toward taking good care of yourself and your baby during this special time.



BLUE365[®] DISCOUNT PROGRAM

Blue365 is just one more advantage of being a Blue Cross and Blue Shield of Oklahoma (BCBSOK) member*. With this program, you and your family can save money on health care products — and services — that are most often not covered by your health plan.

You'll see a full range of savings from top national and local retailers. Some discounts include:

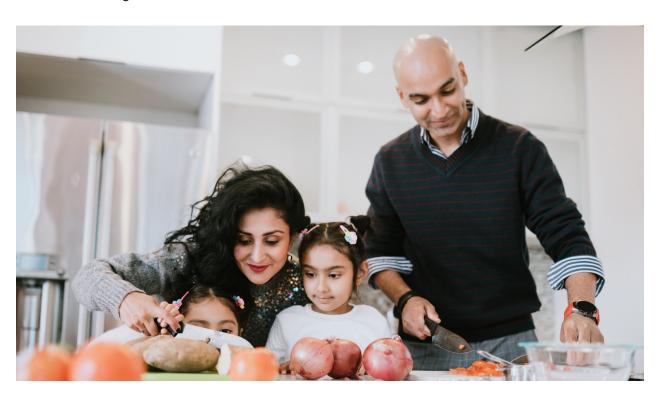
- Dental, vision and hearing products and services
- Fitness gear and apparel
- Gym memberships
- Family activities
- Healthy eating options

There are no claims to file and no referrals or prior authorizations needed. After you've registered you can also sign up to receive weekly deals sent directly to your email.

<u>Visit Blue365</u> to start enjoying these exclusive deals.

First time users will be asked to sign up. Be sure to have your BCBSOK member ID card handy.

*Blue365 is only available to Blue Cross and Blue Shield of Oklahoma (BCBSOK) members with active health plan coverage. Members who do not have an active health plan with BCBSOK will not be able to register on the Blue365 website.



HEALTH SAVINGS ACCOUNT (HSA)

WEX | WEXINC.COM | 833.225.5939

An HSA is a personal healthcare bank account you can use to pay out-of-pocket medical expenses with pretax dollars. If you enroll in a high-deductible health plan, you can open an HSA.

You own and administer your HSA. You determine how much you contribute to your account, when to use your money to pay for qualified medical expenses, and when to reimburse yourself. Remember, this is a bank account; you must have money in the account before you can spend it.

HSAs offer you the following advantages:

TAX SAVINGS: You contribute pretax dollars to the HSA. Physician Housecalls will also contribute to your HSA for 2024. Interest accumulates tax-free, and funds are withdrawn tax-free to pay for medical expenses.

REDUCED OUT-OF-POCKET COSTS: You can use the money in your HSA to pay for eligible medical, dental and vision expenses and prescriptions. You can use your HSA funds to help you meet your plan's annual deductible.

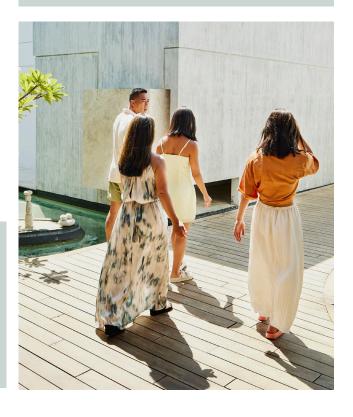
WEX is the administrator of the health saving account program.

You must have an account with WEX to receive the Physician Housecalls 2024 employer contribution and to contribute your 2024 pre-tax payroll contributions. A LONG-TERM INVESTMENT THAT STAYS WITH YOU: Unused account dollars are yours to keep even if you retire or leave the company. Also, you can invest your HSA funds so your available healthcare dollars can grow over time.

THE OPPORTUNITY FOR LONG-TERM SAVINGS: Save unused HSA funds from year to year. You can use this money to reduce future out-of-pocket health expenses. You can even save HSA dollars to use after you retire.

DID YOU KNOW?

If you enroll in a high-deductible health plan, you can open an HSA.



IMPORTANT! How much you can deposit into an HSA in 2024

Physician Housecalls employer contributions count toward the annual HSA contribution limits, so you need to carefully plan how much you'll contribute annually to avoid excess contributions. These limits apply even for participants entering the plan midyear. Prior-year contributions may be made through April 15 of the following year.

IRS limits subject to		Age 55 and older (and not
change		enrolled in Medicare)
Individual	\$4,150	\$5,150 (includes \$1,000 "catch-up" contribution)
Family	\$8,300	\$9,300 (includes \$1,000 "catch-up" contribution)

2024 Physician Housecalls employer contributions

- Employee-only coverage: Physician Housecalls will contribute \$500 to your HSA.
- Family coverage: Physician Housecalls will contribute \$500 to your HSA.

How to access/make contributions to your HSA

Once your account is open, you can access it via wexinc.com. You'll set up your pretax payroll contributions during open enrollment.

WEX will send you a total of 2 debit cards, regardless of participation in one or more WEX programs. You must have funds in your account in order to use your HSA debit card.

More petails about Health savings accounts

The HSA is administered by WEX, and Physician Housecalls pays the monthly administrative fee. If your coverage status or employment status changes, you will be responsible for all HSA account holder fees.

You'll notice two separate line items on your paycheck when you participate in the HDHP with HSA option — one for your employee contributions for the HDHP and one for your pretax contributions to the HSA.

You are eligible to open and fund an HSA if:

- You are not enrolled in any other non-HSA qualified health insurance plan.**
- You are not covered by your spouse's health plan (unless it is a qualified HDHP), flexible spending account (FSA) or health reimbursement arrangement (HRA).
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare, TRICARE or TRICARE For Life.
- Care received through the VA in the preceding three calendar months was dental, vision or preventive care or was provided to a veteran who has a disability rating from the VA.

^{*}If you make the full-year contribution based upon your status as of Dec. 1, you may be subject to an IRS testing period and could owe tax and a penalty on part of that contribution if you do not remain an eligible individual through Dec. 31 of the following year. You may also need to prorate your contribution if you drop or reduce the level of your coverage midyear.

^{**}You must not have any other first-dollar health insurance coverage before the deductible is met. Preventive care services are not required to be subject to the deductible. Individuals may also carry separate coverage for accidents, disability, dental or vision care, and long-term care, not subject to the deductible. Limited-purpose flexible spending accounts are allowed for vision and dental expenses.

DISTRIBUTIONS

HSA distributions are tax-free if they are used to pay for qualified medical expenses.

- Qualified medical, dental and vision expenses not covered by insurance
- Qualified long-term care services and longterm care insurance
- Continuation of coverage required by federal law (i.e., COBRA)
- Health insurance for the unemployed
- Medicare expenses (but not Medigap)
- Retiree health expenses for individuals aged 65 or older

Distributions made for any other purpose are subject to income tax and a 20% penalty. The 20% penalty is waived in the case of death or disability. The 20% penalty is also waived for distributions made by individuals aged 65 or older.

FOR MORE INFORMATION

Access the WEX customer website at <u>wexinc.com</u>. You can contact WEX at 833.225.5939.

Note this important information on HSAs

- If you are a participant in the companysponsored medical plan, Physician Housecalls will automatically take steps to establish your health savings account with WEX. The WEX account is available to you only if you participate in the Physician Housecalls High Deductible medical plan.
- Due to the U.S. banking system's customer identification process (CIP) requirements, your account cannot be opened until the CIP is completed. If WEX is unable to complete the CIP, they will make two attempts to contact you by mail before closing the account.
- You will receive a welcome kit from WEX along with a debit card by mail when the CIP is completed.
- No employer or employee contributions can be deposited until your account is fully opened through the WEX CIP, which may take up to 90 days.
- If your account is closed, you must contact WEX to process a new banking application and to open another account. Once an account is closed, it cannot be reopened. WEX can be contacted at 833.225.5939.
- If you do not complete the required steps to open an account, any employer contributions that cannot be deposited due to failure to open an account will be forfeited.
- Upon death, HSA ownership may transfer to the spouse on a tax-free basis or to another named beneficiary as estate income.

FLEXIBLE SPENDING ACCOUNT (FSA)

WEX | WEXINC.COM | 833.225.5939

WEX is the Flexible Spending Account administrator.

A great way to plan ahead and save money over the course of a year is to participate in an FSA. An FSA lets you redirect a portion of your salary on a pretax basis into a reimbursement account, saving you money on taxes. Each year that you would like to participate in the FSAs, you must elect the amount you want to contribute.

2024 Annual Contribution Limits	Annual contribution limits
Healthcare flexible spending account	\$3,200 per household*
Dependent care flexible spending account	\$5,000 filed jointly \$2,500 filed individually*

*IRS limits subject to change.

Physician Housecalls offers two types of FSAs that can help you save on a pretax basis for out-of-pocket expenses.

Healthcare Flexible spending account

The healthcare FSA can be used to pay for eligible out-of-pocket medical, dental, vision and prescription drug expenses.

Funds in the healthcare FSA are available at the beginning of the plan year and can be used for your expenses and those of your spouse and dependents, even if you and your family aren't covered by our healthcare plan.

Grace period benefit

The maximum contribution in 2024 for the healthcare flexible spending account is \$3,200 per household. This is a use-it-or-lose-it account, meaning any funds remaining in the account following the close of the plan year will be forfeited. The 2023 FSA plan has a 2 1/2 month grace period to allow you additional time to incur claims and use your FSA funds to pay for these expenses. All services must be incurred from January 1, 2023-December 31, 2023. You have until March 15, 2024, to use the remaining funds in your FSA and until March 31, 2024, to file a claim.

ELIGIBILITY

If you are contributing to an HSA through WEX or through your spouse's plan, you are not eligible to participate in the healthcare FSA.

WEX will send you a total of 2 debit cards, regardless of participation in one or more WEX programs. The debit card can be used to pay for your eligible medical, dental and vision expenses.

TAX-FAVORED ACCOUNT TAX-FAVORED ACCOUNT

Dependent care FLEXIBLE SPENDING account

Dependent care FSAs allow you to set aside money pretax to pay eligible out-of-pocket day care expenses so that you or your spouse can work or attend school full time. You must contribute money through payroll deduction to your dependent care FSA administered by WEX before you can spend it.

You may contribute up to \$5,000, or up to \$2,500 if you are married and file separate tax returns.

Eligible expenses

- Adult day care
- Child day care
- After-school care
- Babysitting (work-related, in your home or someone else's home)
- Babysitting by your relative who is not a tax dependent (work-related)
- Nanny or au pair
- Custodial elder care
- Transportation to and from eligible care (provided by your care provider)

Ineligible expenses

- Babysitting (not work-related, for other purpose)
- Babysitting by your tax dependent (work-related or for other purpose)
- Custodial elder care (not work-related, for other purpose)
- Dance lessons, piano lessons or sports lessons
- Educational, learning or study skills services for child(ren)
- Household services (housekeeper, maid, cook, etc.)

If you participate in the WEX dependent care FSA and another WEX program, your dependent care FSA funds will be on the same debit card as your healthcare FSA funds. However, unlike the healthcare FSA, there must be funds in the dependent care account from your pretax payroll deductions to use them.



DENTAL

GUARDIAN | GUARDIANLIFE.COM | 888.600.1600

Although you can choose any dental provider, when you use a Guardian in-network dentist, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay the same percentage, but the reimbursement will be based on out-of-network rates. You may be billed for the difference.

To see a current provider directory, please visit guardianlife.com.

	Guardian Low		Guard	Guardian High		
	In-network	Out-of-network	In-network	Out-of-network		
Calendar year max (per person)	\$1,000	\$1,000	\$1,500	\$1,500		
Calendar year deductible						
Individual	\$50	\$50	\$50	\$50		
Family	\$150	\$150	\$150	\$150		
Coinsurance (plan pays)						
Preventive	100%	100%	100%	100%		
Basic	80%	80%	90%	90%		
Major	50%	50%	60%	60%		
Orthodontia: child to age 19	50%	50%	50%	50%		
Orthodontia lifetime max	\$1,500	\$1,500	\$1,500	\$1,500		
Endodontics	80%	80%	90%	90%		
Periodontics	80%	80%	90%	90%		
Crowns	50%	50%	60%	60%		

Dental BIWEEKLY EMPLOYEE PAYROLL CONTRIBUTIONS

Contributions	Guardian Low	Guardian High
Employee	\$13.72	\$17.21
Employee + spouse	\$27.67	\$36.27
Employee + child(ren)	\$33.99	\$40.46
Family	\$45.85	\$62.78

- You can elect the Guardian dental plan regardless of whether you are enrolled in the medical or vision plan.
- You will receive a dental card from Guardian. If you are enrolled in both the dental and vision plans, you will only receive one ID card for both plans. To print an ID card, log in to guardianlife.com.

VISION

GUARDIAN | GUARDIANLIFE.COM | 888.600.1600

Guardian's vision care benefits include coverage for eye exams, standard lenses and frames, and contact lenses and discounts for laser surgery. The vision plan is built around the VSP network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to the VSP network. When you use an out-of-network provider, you will have to pay more for vision services.

Eye exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

	Guardian/VSP				
	In-network benefits	Out-of-network benefits			
Benefit frequency: exam/lenses/frames	12/12/12				
Benefit frequency: exam/lenses/frames	Based upon last day of service/purchase				
Exam	\$10	Up to \$39			
Materials copay	\$25	See detailed summary			
Lenses					
Single vision	\$25	Up to \$23			
Bifocal	\$25	Up to \$37			
Trifocal	\$25	Up to \$49			
Lenticular	\$25	Up to \$64			
Contact lenses					
Elective	\$130 allowance plus 15% off balance over \$130	Up to \$100			
Medically necessary	\$0	Up to \$210			
Frames					
Frame benefit	\$130 allowance plus 20% off balance over \$130. Costco/ Walmart/Sam's Club \$70	Up to \$46			

allowance

Vision BIWEEKLY EMPLOYEE PAYROLL CONTRIBUTIONS

Employee	\$2.57
Employee + spouse	\$5.15
Employee + child(ren)	\$5.85
Family	\$9.11

- You can elect Guardian's vision plan regardless of whether you are enrolled in the medical or dental plan.
- You will receive a vision ID card from Guardian. If you are enrolled in the dental and vision plans, you will receive only one ID card for both plans.

(AD&D)

GROUP TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT

GUARDIAN | GUARDIANLIFE.COM | 888.600.1600

Physician Housecalls' comprehensive benefits package includes financial protection for you and your family in the event of an accident or death. Group term life and AD&D coverage through Guardian are provided automatically at no cost to you upon employment.

In the event of your death, the life insurance policy provides a benefit to the beneficiary you designate. If your death is the result of an accident or if an accident leaves you with a covered debilitating injury, you are covered under the AD&D insurance for the same amount.

Group term life and AD&D

100% paid by the employer

Employee

1 times your annual salary to a maximum benefit of \$300,000

Age reduction schedule

- Ages 65 to 69: Benefit decreases to 65% of original benefit.
- Ages 70+: Benefit decreases to 50%.

HERE ARE SOME HELPFUL TERMS

regulations require payment of income and Social Security taxes on the value of the life insurance premiums in excess of \$50,000 when paid for by your employer. The value of dependent life coverage paid for by your employer is also taxable. These values are known as imputed income. Contact your tax professional for information regarding these tax consequences if you have questions or concerns.

AGE REDUCTION: The group term basic life and AD&D insurance coverage are subject to a reduction in benefit amount as you age.

PORTABILITY AND

conversion: Portability and conversion are available if your employment with Physician Housecalls ends. Portability allows you to continue your term life coverage, while the conversion option allows you to convert your term life policy into an individual whole life policy.

VOLUNTARY LIFE AND AD&D

GUARDIAN | GUARDIANLIFE.COM | 888.600.1600

You have the opportunity to purchase voluntary life and AD&D insurance for yourself, your spouse and/or your dependent children through Guardian. Your cost for this coverage is based on the amount you elect and your age. You must purchase voluntary life and AD&D insurance for yourself in order to purchase spouse and/or dependent child(ren) coverage.

Coverage	Available benefit	Guaranteed amount
Employee \$10,000 increments	\$10,000 increments to a maximum benefit of \$500,000	\$100,000
Spouse \$5,000 increments	\$5,000 increments to \$250,000 (cannot exceed 50% of employee coverage)	\$25,000
Dependent child(ren) \$1,000 increments	Birth to age 19 - \$1,000 increments to a maximum of \$10,000, not to exceed 100% of employee amount	N/A

You may enroll for yourself, spouse and dependents up to the Guaranteed amount without completing EOI. All elected amounts over the guaranteed issue amounts listed above require EOI.

^{**} EOI - Evidence of Insurability form

	Voluntary life employee and spouse	rates per \$1 000 of co	verage
Under 25	\$0.040	50-54	\$0,221
	<u>'</u>		* -
25-29	\$0.040	55-59	\$0.348
30-34	\$0.044	60-64	\$0.491
35-39	\$0.061	65-69	\$0.773
40-44	\$0.090	70-74	\$1.474
45-49	\$0.142	75+	\$3.152

Voluntary AD&D employee, spouse and child rate per \$1,000 of coverage Voluntary life child rate per \$1,000 of coverage

\$0.020 \$0.060

EOI is not required for voluntary AD&D elections or increases in coverage

EXAMPLE

Employee A is age 29. Based on the above chart, the rate is \$0.040 per \$1,000 of coverage. Employee A elects \$200,000 in coverage. The monthly premium will be \$8.00.

\$0.040 x \$200,000 = \$8.00

Plan rate (determined by age) \$1,000 Monthly premium

^{*}Spouse rates will be determined by the employee age.

VOLUNTARY DISABILITY

GUARDIAN | GUARDIANLIFE.COM | 888.600.1600

Physician Housecalls offers two disability plans by Guardian to provide financial assistance in case you become disabled or unable to work. These plans are voluntary; you may elect one or both, but you are responsible for the monthly premium.

SHORT-TERM DISABILITY (STD) PLAN

STD benefits are designed to replace a portion of your income for a non-work-related short-term injury or illness. STD benefits are paid at 60% of your eligible weekly base pay, up to \$1,000 weekly, during the first 11 weeks of injury or illness.

Short-term disability eligibility — full-time employees	100% paid by the employee
Weekly benefit amount	60%
Weekly benefit maximum	\$1,000
Benefits begin	15th day
Benefits duration	11 weeks
Preexisting condition limitation	3/12

You are responsible to pay the cost for voluntary short-term disability coverage. However, any income replacement benefits received are taxable.

COORDINATION OF DISABILITY BENEFITS

Your benefit may be reduced if you receive disability benefits from retirement, Social Security, workers' compensation, state disability insurance, no-fault benefits or return-to-work earnings. Refer to your certificate of coverage for more details.

Long-term disability (LTD) plan

This benefit offers financial protection to you when you need it most — if you become disabled and can no longer work. The plan will also help you return to work, if appropriate.

Long-term disability eligibility — full-time employees	100% paid by the employee
Monthly benefit amount	60%
Monthly benefit maximum	\$10,000
Benefits begin	91st day
Preexisting condition limitation	3/12

If you become totally disabled, you will receive 60% of your base salary, up to \$10,000 monthly, after you have satisfied the 90-day waiting period for benefits. Your benefit amount may be offset by other benefits you are receiving, such as Social Security or workers' compensation. Your monthly benefits are subject to federal income tax and may be subject to state and local taxes.

The cost for STD and LTD coverage is based on your age and is a benefit based upon your income. Rates and additional information are available in Employee Navigator.

VOLUNTARY CRITICAL ILLNESS

Critical illness insurance may help you cover expenses not covered by your health insurance. It's a cash payment you receive if you ever experience a serious illness like cancer, a heart attack or a stroke, giving you the financial support to focus on recovery.

Who is it for?

Critical illness insurance is a supplemental policy for people who already have health insurance. It provides you with additional payment to cover expenses like deductibles, treatments and living costs.

What does it cover?

Critical illness includes strokes, heart attacks, Parkinson's disease and cancer. Guardian's policy covers 30 major illnesses, helping you stay financially stable by paying a lump sum if you're diagnosed with one of them.

Why should I consider it?

Health coverage is becoming more expensive, with higher copays, premiums and deductibles. Critical illness insurance is an affordable way to supplement and pay for additional expenses that your health insurance doesn't cover.

For additional information, please refer to Guardian's enrollment kit.

You may elect a benefit amount of \$5,000, \$10,000, \$15,000 or \$20,000 for yourself, your monthly cost is based upon the benefit and your age at the time of purchase. You may elect for your spouse a benefit amount of \$2,500, \$5,000, \$7,500 or \$10,000, spouse's benefit amount cannot be more than 50% of your elected amount. The spouse monthly cost is based upon your age bracket at the time of purchase. The child benefit is equal to 25% of your elected amount, there is no additional cost for child coverage.

You must be enrolled to cover your spouse and children.

Monthly premium

Employee	Age Brack	kets (EOI is	s required fo	or \$15,000	and \$20,00	0 in covera	ge)				
Benefit	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-60	60-64	65-70	70+
\$5,000	\$2.40	\$2.40	\$3.75	\$4.75	\$6.95	\$10.65	\$15.45	\$22.15	\$30.15	\$40.65	\$52.85
\$10,000	\$4.80	\$4.80	\$7.50	\$9.50	\$13.90	\$21.30	\$30.90	\$44.30	\$60.30	\$81.30	\$105.70
\$15,000	\$7.20	\$7.20	\$11.25	\$14.25	\$20.85	\$31.95	\$46.35	\$66.45	\$90.45	\$121.95	\$158.55
\$20,000	\$9.60	\$9.60	\$15.00	\$19.00	\$27.80	\$42.60	\$61.80	\$88.60	\$120.60	\$162.60	\$211.40
	Spouse Age Brackets (EOI is required for \$7,500 and \$10,000 in coverage)										
Spouse Aç	ge Brackets	s (EOI is re	quired for \$	7,500 and	\$10,000 in	coverage)					
Spouse Aç Benefit	ge Brackets <25	s (EOI is re 25-29	quired for \$ 30-34	35-39	\$10,000 in 40-44	coverage) 45-49	50-54	55-60	60-64	65-70	70+
							50-54 \$7.73	55-60 \$11.08	60-64 \$15.08	65-70 \$20.33	70+ \$26.43
Benefit	<25	25-29	30-34	35-39	40-44	45-49					
Benefit \$2,500	<25 \$1.20	25-29 \$1.20	30-34 \$1.88	35-39 \$2.38	40-44 \$3.47	45-49 \$5.33	\$7.73	\$11.08	\$15.08	\$20.33	\$26.43

VOLUNTARY PET INSURANCE

WISHBONE | WISHBONEINSURANCE.COM/PHYSICIANHOUSECALLS | 800.891.2565

Physician Housecalls is offering Wishbone Pet Insurance to employees.

Nobody wants to imagine their pet getting sick or injured – but when it comes to your pet's health, it's best to expect the unexpected.

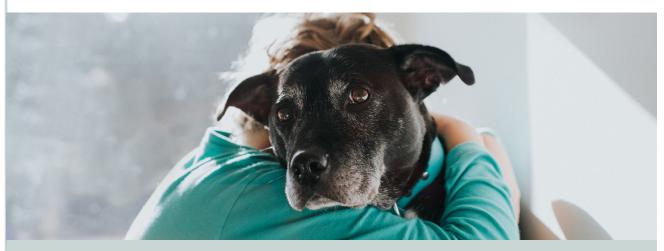
Enroll in pet health insurance from Wishbone and receive 90% reimbursement on your pet's veterinary care. With a low deductible of \$250, protecting your pet's health and your finances has never been easier!

Wishbone Pet Insurance is accepted at any vet in the U.S., including emergency hospitals. Once you file a claim, expect to be reimbursed via mailed check in 5 business days or less. It's that easy!

Policyholders enjoy

- Optional routine care plans
- Easy-to-use member account
- Lost pet recovery service from ThePetTag
- Fast claims processing
- Short waiting periods
- 24/7 Pet Telehealth from AskVet

GET A QUOTE & ENROLL AT WISHBONEINSURANCE.COM/PHYSICIANHOUSECALLS



Pet Benefit Solutions | petbenefits.com | customercare@petbenefits.com | 800.891.2565

EMPLOYEE ASSISTANCE PROGRAM (EAP)

GUARDIAN/UPRISE HEALTH | WORKLIFE.UPRISEHEALTH.COM | 800.386.7055

We all know that life can be challenging at times. Issues like illness, debt and family problems can leave us feeling worried or anxious and not able to be at our best. The EAP, sponsored by Uprise Health, provides confidential support and resources for you and your dependents at no charge. You can seek expert guidance for any kind of issue, from everyday matters to more serious problems affecting your wellbeing.

Here's what the program offers:

- EAP: Three face-to-face visits with experienced clinicians (per occurrence), without any per-session cost to you.
- LEGAL RESOURCES: Unlimited phone access to Uprise Health legal professionals, an initial consultation at no charge with a local attorney and discounts on additional services.
- FINANCIAL RESOURCES: Unlimited phone access to financial professionals for information regarding personal finance and related issues.
- WORK/LIFE RESOURCES:
 Information and referrals on child care, elder care, adoption, relocation and other personal convenience matters.
- HEALTH RISK ASSESSMENTS:
 Online access to a health risk assessment survey and a variety of health management tools and information.
- ONLINE WILL PREPARATION:
 Access to Uprise Health, which offers the ease and simplicity of online will preparation. You can complete a will and download it to your computer.

The EAP provides counseling on all aspects of life, including:

- Difficulties in relationships.
- Emotional/psychological issues.
- Stress and anxiety issues with work or family.
- Alcohol and drug abuse.
- Personal and life improvement.
- Legal or financial issues.
- Depression.
- Child care and elder care issues.
- Grief issues.

Assistance around the clock

Whenever you need assistance with a work/life issue, the EAP is there for you, 24 hours a day. Specialists are available for confidential 24/7 assistance and support.

UPRISE HEALTH

For more information and resources:

Call: 800.386.7055 Access code: worklife worklife.uprisehealth.com

401(K)

Part-time and full-time employees who are age 18 and up and have one month of service are eligible to participate in the 401(k).

- ALL benefit eligible employees will be automatically enrolled in the 401(k) plan. The
 automatic enrollment contribution amount is 3% of your annual base salary (3% is the
 automatic enrollment contribution amount for all participating employees).
- You may elect to contribute anywhere between 0% and 90% of your annual salary.
- Options for both pretax and ROTH plans.
- Please note you MUST choose to opt-out of the automatic enrollment if you do not want to participate, and you must do so via the Human Interest enrollment portal (you will receive an email to the portal from Human Interest, and that portal link is specific to you as an employee).
- 401(k) deduction is taken out each pay period all year.
- If you choose not to participate at all in the 401(k), then you must login to the portal and opt-out.
- You may change your contribution rate to your 401(k) anytime throughout the year by logging into your Human Interest portal.



COINSURANCE: Coinsurance is your share of the costs of a covered healthcare service, calculated as a percentage (for example, 20%) of the allowed amount for the service. Your coinsurance will begin after you have met your deductible. For example, if the health plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health plan pays the rest of the allowed amount.

COPAY: A copay is a fixed dollar amount you pay for a healthcare service. The amount can vary by the type of service. Your copays will not count toward your deductible but will count toward your out-of-pocket maximum.

DEDUCTIBLE: The deductible is the amount you owe for covered healthcare services before your plan begins to pay benefits. For example, if your deductible is \$2,800, your plan won't pay anything until you've met your \$2,800 deductible for covered healthcare services subject to the deductible. Preventive care is not subject to the deductible, as it is covered 100% by any medical plan option.

embedded on a family medical plan with an embedded deductible, your plan contains two components: an individual deductible and a family deductible. Having two components to the deductible allows each member of your family to have your insurance policy cover their medical bills prior to the entire dollar amount of the family deductible being met. The individual deductible is embedded in the family deductible.

EXPLANATION OF BENEFITS (EOB):

An EOB is a statement from the insurance company showing how claims were processed. The EOB tells you what portion of the claim was paid to the healthcare provider and what portion of the payment, if any, you are responsible for.

INDIVIDUAL MANDATE: Federal healthcare reform mandates most U.S. citizens have health insurance for themselves and their dependents. Physician Housecalls helps you stay insured by offering affordable healthcare for all employees who work at least 30 hours each week.

IN-NETWORK VS. OUT-OF-NETWORK:

A network is composed of all contracted providers. Networks request providers to participate in their network, and in return, providers agree to offer discounted services to their patients. If you pick an out-of-network provider, your costs will be higher because you will not receive the discounts the innetwork providers offer.

OUT-OF-POCKET MAXIMUM: The out-of-pocket maximum is designed to protect you in the event of a catastrophic illness or injury. Your out-of-pocket maximum includes your deductible, coinsurance and copays that come out of your pocket. After you have paid the specified out-of-pocket amount during a policy year, the plan pays the remaining covered services at 100%.

PREVENTIVE CARE: Routine healthcare services can minimize the risk of certain illnesses or chronic conditions. Examples of preventive care services include but are not limited to physical exams, mammograms, flu vaccines, prostate tests and smoking cessation.

REASONABLE AND CUSTOMARY: The amount of money a health plan determines is the normal or acceptable range of charges for a specific health-related service or medical procedure. If your healthcare provider submits higher charges than what the health plan considers normal or acceptable, you may have to pay the difference.

CONTACTS

Human Resources

RYANN WALLER, CHIEF HUMAN RESOURCES OFFICER

Email: rwaller@physicianhousecallsok.com

Phone: 785.218.5014

JASMINE DICKERSON, HUMAN RESOURCES GENERALIST

Email: jdickerson@physicianhousecallsok.com

Phone: 502.689.0292

Medical Plan

BLUE CROSS BLUE SHIELD OF OKLAHOMA

Website: bcbsok.com Phone: 800.942.5837

HSA & FSA

WEX

Website: wexinc.com Phone: 833.225.5939

Dental

GUARDIAN

Website: guardianlife.com Phone: 888.600.1600

Vision

GUARDIAN

Website: guardianlife.com Phone: 888.600.1600

LIFE and AD&D

GUARDIAN

Website: guardianlife.com Phone: 888.600.1600

Voluntary Short- and Longterm disability

GUARDIAN

Website: guardianlife.com Phone: 888.600.1600

Voluntary pet insurance

WISHBONE

Website:

wishboneinsurance.com/physicianhousecalls

Phone: 800.891.2565

Employee assistance program

UPRISE HEALTH

Website: worklife.uprisehealth.com

Phone: 800.386.7055

Critical Illness

GUARDIAN

Website: guardianlife.com Phone: 888.600.1600

401 (K)

HUMAN INTEREST

Email: support@humaninterest.com

Phone: 855.622.7824



FINAL NOTES

This summary of benefits is not intended to be a complete description of Physician Housecalls insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Physician Housecalls maintains its benefit plans on an ongoing basis, Physician Housecalls reserves the right to terminate or amend each plan in its entirety or in any part at any time.

Please contact your Physician Housecalls human resources representative with questions regarding the information provided in this overview.



The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

