



# 2020–2021 BENEFITS ENROLLMENT

Open Enrollment begins February 24, 2020. This is your annual opportunity to review and make changes to your benefits coverage to make sure your benefits are right for you and your family.

You will have until March 6, 2020 to elect and/or change coverage, so now is the time to review your current benefits, check out the available benefits, and make the right choices during Open Enrollment. This year is a passive enrollment. All current elections except HSA and FSA contributions will automatically rollover. This summary is a tool to help guide you through Brock's competitive and comprehensive offerings, including medical, dental, vision, 401(k), life and accidental death and dismemberment (AD&D), disability, and voluntary benefits.

## Looking for More Information?

Using your computer, smartphone, or tablet, you can access your benefits information at [www.brockbenefits.com](http://www.brockbenefits.com).



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## ELIGIBILITY TO ENROLL

Regular employees actively working a minimum of 30 hours per week are eligible to enroll in any of our benefit programs.

You can also choose to cover your legally married spouse. A working spouse surcharge of \$100 per month applies if you choose to cover your working spouse with access to their own employer health coverage.

Generally, dependent children are eligible for coverage up to age 26 regardless of student or marital status. Age limitations for some insurance coverage may apply.

Current employees can change coverage during open enrollment. Per IRS rules, you can't change coverage during the year unless you experience a qualifying life event like getting married or having a baby. You have 30 days from that event to make your change mid-year.



# MEDICAL BENEFITS

Brock offers four health plan options through BlueCross BlueShield of Texas (BCBSTX). Visit [www.brockbenefits.com](http://www.brockbenefits.com) for information about the services covered under each plan.

	Plan 1 HDHP PPO With HSA		Plan 2 \$1,500 EPO	Plan 3 \$750 PPO		Plan 4 \$6,500 HDHP PPO with HSA	
	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>							
Individual	\$2,800	\$5,600	\$1,500	\$750	\$1,500	\$6,500	\$13,000
Family*	\$5,600	\$11,200	\$3,000	\$1,500	\$3,000	\$13,000	\$26,000
<b>Annual Out-of-Pocket Maximum**</b>							
Individual (employee-only)	\$6,450	\$12,900	\$6,450	\$6,450	\$12,900	\$6,500	\$19,500
Family (any other coverage tier)	\$12,900	\$25,800	\$12,900	\$12,900	\$25,800	\$13,000	\$39,000
<b>What You Pay for Covered Services</b>							
Preventive Care	\$0	50% after deductible	\$0	\$0	50% after deductible	\$0	50% after deductible
Virtual Visits	20% after deductible	Not covered	\$5 copay	\$5 copay	Not covered	0% after deductible	Not covered
Office Visit—Primary Care Physician	20% after deductible	50% after deductible	\$25 copay	\$25 copay	50% after deductible	0% after deductible	50% after deductible
Office Visit—Specialist	20% after deductible	50% after deductible	\$40 copay	\$40 copay	50% after deductible	0% after deductible	50% after deductible
Urgent Care	20% after deductible	50% after deductible	\$50 copay	\$50 copay	50% after deductible	0% after deductible	50% after deductible
Emergency Room	20% after deductible		\$200 copay plus 20% after deductible	\$200 copay plus 20% after deductible		0% after deductible	
Hospital							
• Inpatient	20% after deductible	50% after deductible	20% after deductible	20% after deductible	50% after deductible	0% after deductible	50% after deductible
• Outpatient							

\* Family deductibles are embedded, meaning there is an annual deductible for each covered person.

\*\* Annual out-of-pocket maximum applies to medical and prescription drug expenses combined.

## Livongo Diabetes and Hypertension Programs Through BCBSTX

Brock is partnering with Livongo to offer employees access to tools and resources to better manage their diabetes and hypertension (blood pressure). The following support is offered through Livongo.

### Diabetes

- Cellularly-enabled blood glucose meters
- Real-time data with personalized data and educational content
- Unlimited support from personal coaches and live interactions triggered by alerts
- Free and unlimited supplies shipped directly to your home

### Hypertension

- Coaching anytime, anywhere to provide answers to your questions and advice on improving your health
- Tips to help you manage your blood pressure
- Free connected blood pressure monitor that sends your readings to a mobile app

Livongo will determine, based on employees enrolled in a Brock health plan, if you are eligible to participate.

Plan premiums can be found at the end of this guide in the "What You Pay for Coverage" section. You can also visit [www.brockbenefits.com](http://www.brockbenefits.com) for more information.

# PRESCRIPTION DRUG BENEFITS

Your medical coverage includes prescription drug benefits through BlueCross BlueShield of Texas and Prime Therapeutics.

	Plan 1 HDHP PPO With HSA		Plan 2 \$1,500 EPO	Plan 3 \$750 PPO		Plan 4 \$6,500 HDHP PPO with HSA	
	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Prescription Drugs Retail—30-Day Supply</b>							
Preventive	\$0	Not covered	\$0	\$0	Not covered	\$0	Not covered
Generic	20%, Maximum of \$150 after deductible	Not covered	20%, Maximum of \$150	20%, Maximum of \$150	Not covered	0% after deductible	Not covered
Brand Formulary	30%, Maximum of \$150 after deductible	Not covered	30%, Maximum of \$150	30%, Maximum of \$150	Not covered	0% after deductible	Not covered
Brand Non-Formulary	45%, Maximum of \$150 after deductible	Not covered	45%, Maximum of \$150	45%, Maximum of \$150	Not covered	0% after deductible	Not covered
Specialty Drugs	30%, Maximum of \$150 after deductible	Not covered	30%, Maximum of \$150	30%, Maximum of \$150	Not covered	0% after deductible	Not covered
<b>Prescription Drugs Mail Order—90-Day Supply</b>							
Preventive	\$0	Not covered	\$0	\$0	Not covered	\$0	Not covered
Generic	20%, Maximum of \$150 after deductible	Not covered	20%, Maximum of \$150	20%, Maximum of \$150	Not covered	0% after deductible	Not covered
Brand Formulary	30%, Maximum of \$150 after deductible	Not covered	30%, Maximum of \$150	30%, Maximum of \$150	Not covered	0% after deductible	Not covered
Brand Non-Formulary	45%, Maximum of \$150 after deductible	Not covered	45%, Maximum of \$150	45%, Maximum of \$150	Not covered	0% after deductible	Not covered

## Important Note About Your Prescription Drug Coverage

In Plan 1 and Plan 4, you must meet the medical deductible first before the plans begin sharing in the cost of your prescription drugs. In Plan 1, you will pay a percentage of the cost, called coinsurance, after you meet your deductible. In Plan 4, your prescriptions are 100% covered after you meet your medical deductible.

## Find a BCBSTX Doctor or Hospital

Before you enroll, call Health Advocate at 866.799.2691 to confirm in-network and out-of-network coverage in our plan.

New ID cards will be issued if you're enrolling in any of Brock's medical plans for the first time. Your health plan or network will be shown on the front of your ID card. If you have questions about which network you have, call the Customer Service number on the back of your card. To see the most accurate list of providers, register or log in to Blue Access for Members at [www.bcbstx.com](http://www.bcbstx.com).

## Prescription Drug Formulary

For 2020, we are making slight updates to our formulary for prescription drugs. This change will only impact 1% of members. If you are impacted you will receive a letter from BCBSTX.



# SAVINGS ACCOUNTS

We partner with HSA Bank for our Health Savings Account. Through HSA Bank and Brock's benefits program, you can lower your taxable income and budget for certain expenses by participating in the tax savings accounts. This is a brief summary, for more comprehensive program details visit [www.brockbenefits.com](http://www.brockbenefits.com).

Account	Health Savings Account (HSA)	Healthcare Flexible Spending Account (FSA)	Dependent Care Flexible Spending Account (DCFSA)
Overview	Use your Visa HSA debit card to pay for eligible medical, prescription drug, dental, and vision out-of-pocket expenses or reimburse yourself from the account as needed.	Use your Visa FSA debit card to pay for eligible medical, prescription drug, dental, and vision out-of-pocket expenses or reimburse yourself from the account as needed.	Use your Visa debit card to pay for eligible dependent care expenses or reimburse yourself from the account as needed.
Contribute Tax-Free Savings	\$3,550 for individuals \$7,100 for families *Catch-up contribution of \$1,000 for ages 55 and older.	\$2,750	\$5,000*

\* \$2,500 if married and filing separately

You must enroll in Plan 1 or Plan 4 to participate in the HSA program. You do not have to elect medical coverage to participate in the FSA programs but if you enroll in Plan 1 or Plan 4, you cannot participate in the Healthcare FSA.

## Submitting FSA Claims

All FSA claims need to be submitted through HSA Bank with the exception of medical plan copays (these will be substantiated automatically).

## Virtual Visits with MDLIVE!

Virtual visits gives you access to doctors anytime, anywhere by phone, secure video, or mobile app. If you need a prescription, your MDLIVE doctor can send it to your local pharmacy.

MDLIVE treats non-emergency conditions such as the following.

- Allergies
- Cold/flu
- Ear problems (age 12+)
- Fever (age 3+)
- Nausea
- Pink eye
- Rash
- And more!

To activate your account, visit [MDLIVE.com/bcbstx](http://MDLIVE.com/bcbstx), call [888.680.8646](tel:888.680.8646), or download the MDLIVE app from Apple's App Store<sup>SM</sup> or Google Play<sup>TM</sup>.

# WELLNESS INCENTIVES

The Brock Well-Being Program, powered by Health Advocate, provides you with tools to help you achieve personal health goals and earn a 2021 medical premium credit. You can earn a 2021 medical premium credit of up to \$600 for individual and \$1,200 for employee and spouse (if both members participate) when you complete well-being activities. Credit for your annual physical will be automatically applied up to 90 days from the date of the physical or you can choose to self-report on [healthadvocate.com/brockgroup](http://healthadvocate.com/brockgroup) to have the credit appear sooner. **Beginning January 1, 2020, you can start working on earning the 2021 incentives.**



Health trackers



Workshops



Challenges



Preventive screening



Personal health profile

View your incentive guide and get started today! Download the Health Advocate app or call [866.799.2691](tel:866.799.2691). The well-being incentive is available to eligible employees and their spouses enrolled in a Brock Group medical plan.

# DENTAL BENEFITS

Brock offers two PPO dental plans through BlueCross BlueShield of Texas. Visit [www.brockbenefits.com](http://www.brockbenefits.com) for information about the services covered under each plan.

	PPO Option 1*	PPO Option 2**
<b>Annual Deductible (does not apply to Orthodontic Services)</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Preventive Care (exams, cleanings, and fluoride treatments up to age 19 and x-rays)</b>		
	0%, deductible waived	0%, deductible waived
<b>Basic Care (fillings, extractions, root canals, and denture repair)</b>		
	20% after deductible	20% after deductible
<b>Major Care (bridges, crowns, and dentures)</b>		
	50% after deductible	50% after deductible
<b>Orthodontia (for adults and children)</b>		
	50% after deductible	50% after deductible
<b>Plan Maximums (maximum amount BlueCross BlueShield of Texas pays)</b>		
Annual Benefit Maximum	\$1,250	\$2,500
Lifetime Orthodontia Maximum (in addition to Annual Benefit Maximum)	\$1,000	\$2,500

**PLEASE NOTE:** Preventive Care is included with our dental plans and exams and cleanings are now excluded from your maximums!

\* 12-month waiting period for major and orthodontic services

\*\* Covers orthodontia services, no waiting period

# VISION BENEFITS

All benefits-eligible Brock employees can enroll in a vision plan, available through Davis Vision. Learn more about your vision coverage at [www.brockbenefits.com](http://www.brockbenefits.com).

	Basic Plan		Safety Glasses Plan (Employee Only)*	
	In-Network	Out-of-Network (Plan Reimbursement)	In-Network	Out-of-Network (Plan Reimbursement)
<b>Eye Exam (once every 12 months)</b>				
Exam	\$10 copay	Up to \$40	\$10 copay	N/A
<b>Frames (once every 12 months)</b>				
	Covered up to \$130 after \$10 copay	Up to \$50	Fashion and designer level frames; \$0 out of pocket; premier level frames; \$25 charge	N/A
<b>Eyeglass Lenses (once every 12 months)</b>				
Single Vision	Covered after \$10 copay	Up to \$40	Covered after \$10 copay	N/A
Bifocal Lenses		Up to \$60		N/A
Trifocal Lenses		Up to \$80		N/A
<b>Contact Lenses (once every 12 months, in lieu of eyeglasses)</b>				
Elective	Up to \$105 allowance	Up to \$105	N/A	N/A
Medically Necessary	\$0	Up to \$210	N/A	N/A

\* Safety frames available at select locations only



## 401(K) PLAN

No matter where you are in your career, it's important to invest in your financial future by taking advantage of Brock's 401(k) plan. You can contribute up to 100% of your base pay, to a maximum of \$19,500 per year. Employees over 50 can also make "catch-up" contributions up to an additional \$6,500 per year.

For the first 4% of your pay you invest into your 401(k), Brock will match 25%. If you aren't contributing enough into your 401(k) to receive Brock's maximum matching contribution (1% of your total base pay)—you're leaving free money on the table!

Learn more about how you can save for retirement with Brock's 401(k) plan by visiting Fidelity at [401k.com](http://401k.com) or calling [800.835.5097](tel:800.835.5097).

## LIFE, ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D), AND DISABILITY BENEFITS

Brock provides Craft Personnel with \$10,000 and Non-Craft Personnel with 1× base pay + \$10,000 up to \$310,000 in basic life and accidental death and dismemberment (AD&D) coverage at no cost to you. Beyond this, you can elect to enroll in additional supplemental life and AD&D coverage up to \$500,000. Coverage for your spouse and child(ren) is also available.

You can also enroll in voluntary short and long term disability coverage to provide supplemental income if you miss work due to a covered illness or injury. For more information about these benefits, go to [www.brockbenefits.com](http://www.brockbenefits.com).

### Important Beneficiary Reminder

If you die while covered by this plan, the benefit is paid to the beneficiary (or beneficiaries) you designate. This is why it is important to designate a beneficiary if you have not already done so or to confirm your beneficiary information on file is up-to-date and accurate.

## VOLUNTARY BENEFITS

If you would like additional coverage in the event of a covered illness, injury, or death, you can also enroll in the following voluntary benefits.

- **Accident Insurance**—receive supplemental income to help you pay for medical care related to covered injuries such as burns, fractured bones, and bone dislocations
- **Critical Illness Insurance**—receive up to \$30,000 in supplemental income if you suffer a covered critical illness such as heart attack, stroke, or major organ failure
- **Hospital Indemnity Insurance**—receive a cash benefit to help you pay for expenses and medical bills associated with hospital stays; this cash benefit is paid directly to you and you decide how to use it
- **Universal Life Coverage**—combines a savings component with life long protection to your beneficiaries in the event of your death
- **ARAG Prepaid Legal Plan**—provides access to legal consultation at discounted rates for services including traffic violations, will preparation, divorce, caregiving services, adoption assistance, tax guidance, and more
- **LifeLock Identity Theft Protection**—provides proactive monitoring of financial, medical, and personal data (credit cards, loans, neighborhood sex offenders, criminal infractions committed in your name, etc.) with on-time alerts sent directly to you

For more information about these benefits, go to [www.brockbenefits.com](http://www.brockbenefits.com).

# WHAT YOU PAY FOR COVERAGE

Brock is committed to providing comprehensive benefits for you and your family. This commitment extends to offering affordable benefits premiums—the amount which is automatically deducted from your paycheck when you are enrolled in a particular benefit.

Your premium amount will vary based on the benefit plans you have chosen, how often you are paid (bi-weekly or weekly), and the number of dependents you have enrolled in your coverages.

Review the tables below to compare premiums for your medical, dental, and vision benefits.

## What You Pay For Medical and Prescription Coverage

	Plan 1 HDHP PPO With HSA		Plan 2 \$1,500 EPO		Plan 3 \$750 PPO		Plan 4 \$6,500 HDHP PPO with HSA	
	Bi-Weekly	Weekly	Bi-Weekly	Weekly	Bi-Weekly	Weekly	Bi-Weekly	Weekly
Employee	\$44.14	\$22.07	\$73.25	\$36.62	\$106.99	\$53.50	\$28.69	\$14.34
Employee + Spouse	\$183.36	\$91.68	\$258.65	\$129.33	\$348.90	\$174.45	\$110.01	\$55.01
Employee + Child(ren)	\$114.68	\$57.34	\$169.62	\$84.81	\$245.81	\$122.90	\$68.81	\$34.40
Family	\$209.42	\$104.71	\$285.42	\$142.71	\$376.51	\$188.26	\$125.65	\$62.82

## What You Pay for Dental Coverage

	PPO Option 1		PPO Option 2	
	Bi-Weekly	Weekly	Bi-Weekly	Weekly
Employee	\$11.26	\$5.63	\$16.80	\$8.40
Employee + Spouse	\$21.06	\$10.53	\$30.83	\$15.41
Employee + Child(ren)	\$27.68	\$13.84	\$41.33	\$20.67
Family	\$40.07	\$20.03	\$59.82	\$29.91



### Tobacco Surcharge

If you or your spouse use tobacco products and do not enroll and complete a tobacco cessation program through the American Lung Association, you must pay a \$100 surcharge each month in addition to your medical plan premiums. Tobacco products include cigarettes, cigars, snuff, chewing tobacco, e-cigarettes, and vaping. Contact benefits at 409.951.4394 to enroll.

## What You Pay for Vision Coverage

	Basic Plan		Safety Glasses Plan <sup>1</sup>		Combination Plan <sup>2</sup>	
	Bi-Weekly	Weekly	Bi-Weekly	Weekly	Bi-Weekly	Weekly
Employee	\$2.84	\$1.42	\$2.64	\$1.32	\$5.48	\$2.74
Employee + Spouse	\$4.55	\$2.27	Excludes dependents		\$7.19	\$3.59
Employee + Child(ren)	\$4.75	\$2.37			\$7.39	\$3.69
Family	\$7.08	\$3.54			\$9.72	\$4.86

<sup>1</sup> Employee only

<sup>2</sup> Combines basic plan with the safety glasses plan

## Have Questions About Your Benefits?

For more information about your benefits, go to [www.brockbenefits.com](http://www.brockbenefits.com) or call the Enrollment Center at 866.364.5286.

## Spousal Surcharge

**There will be a \$100 monthly spousal surcharge for working spouses who have other sponsored medical coverage.**

If your spouse is enrolled as a dependent under your Brock Health Plan but has access to medical coverage through their employer, you will have to pay a \$100 surcharge each month in addition to your medical plan premiums. Take the time to review both your spouse's employer-sponsored medical coverage and your Brock medical coverage options to make the choice that's right for you and your family.

Historical data shows that the cost/utilization of a covered spouse is more than double that of employees and covered children. This is a significant driver in the increasing costs of the Brock Health Plan. Therefore, we want to encourage our working spouses to enroll in their employers' plan, if available.

This Benefit Enrollment Guide is only intended to highlight some of the major benefit provisions of the Company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's Summary Plan Descriptions for further detail. Should this guide differ from the Summary Plan Descriptions, the Summary Plan Descriptions prevail.

