



2026 BENEFITS Enrollment

Your Guide
To Employee
Benefits

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Questions?

If you have questions about a benefit or enrollment, contact the Benefits department. Email THRBenefitsSupport@texashealth.org or call **1-877-MyTHRLink** (1-877-698-4754), prompt 9, Monday through Friday, 8 a.m. to 5 p.m.

2026 Benefits Enrollment



WHEN CAN I ENROLL?

- If you are a new hire, you have 14 days starting on your hire date to enroll in benefits.
- If you have a status change (meaning you go from not being eligible for benefits to a benefits-eligible position), you have 31 days from the date of your status change to enroll in benefits.
- If you have a qualified life change (such as marriage, divorce, or birth of a child), you have 31 days from the event date to enroll in or make changes to your benefits.



HOW DO I COMPLETE ENROLLMENT?

To get started with online enrollment, log in to MyTHR.org and click the **Benefits** tile. *Note: In order to log in to MyTHR.org when you are not onsite at a Texas Health facility, you will need to complete Multi-Factor Authenticator (MFA) Registration. Instructions to do so are located at the top of MyTHR.org.*



YOUR BENEFITS & FINANCIAL WELL-BEING

Choose the coverage that's right for you.

Take time to consider what benefits you may need. Use this guide to explore your choices and make informed decisions that align with your health and financial goals.

Benefits to help save on taxes.

- Health Savings Account: [page 11](#)
- Healthcare Flexible Spending Account: [page 14](#)
- Day Care Flexible Spending Account: [page 15](#)

Don't miss out on free money.

- If you enroll in medical coverage, complete a variety of wellness activities in 2026 to **earn up to \$600** in *Be Healthy* rewards.
- Participate in the DCFSA and receive a childcare subsidy of \$23.08 per pay period: [page 15](#)
- Enroll in the Student Loan Repayment Program to get \$50 per month paid towards student loan debt: [page 24](#)
- Contribute at least 2% of your pay to receive matching contributions from Texas Health to your 401(k) plan (based on your years of service): [page 22](#)

Medical

YOUR OPTIONS

You can choose from three medical plan options. We offer two copay plans and one high deductible health plan.

- Quantum Care 750
- UnitedHealthcare (UHC) Choice 1000
- UnitedHealthcare (UHC) Choice HDHP (High Deductible Health Plan)

IMPORTANT: A high deductible health plan doesn't pay any portion of your medical expenses (unless they are preventive) or prescriptions until you pay your full deductible.

Quantum Care Plan

Quantum is designed to provide support and guidance through every step of your healthcare journey by creating a single point of contact that's easy to use. Quantum specializes in early intervention and support for those going through a new or complex diagnosis. Care Coordinators through Quantum are your own personal healthcare team, working with you and your doctors to ensure you receive the right care at the best cost.

Quantum Care 750 is administered by a Third-Party Administrator (TPA) called Allegiance (owned by Cigna) and your medical coverage will be managed through Quantum. You may see either vendor name (Allegiance or Quantum) throughout your care. Note that the network for the Quantum Care 750 plan is through Cigna.

UHC Choice Plans

UHC 1000 and UHC HDHP are administered by UnitedHealthcare with a UnitedHealthcare Choice network. The UHC plans come with the following services and programs to support your journey in health and well-being:



Kaia

On-demand access to a pain relief app that offers a better way to help you manage aches and pains all from the comfort of your own home, with no travel or appointments required. Available at no extra cost.



2nd.MD

Second opinion services for musculoskeletal, cardiac, GI, and women's health diagnoses are available, free of charge, through 2nd.MD. These services provide you with a second opinion of your diagnosis and treatment plan from a board-certified medical specialist.



Neonatal Resource Service

UnitedHealthcare NICU nurses provide inpatient and telephonic support to help coordinate discharge planning and care of NICU babies for at least the first six months of their lives.



Additional Programs

- **Health Advocate** helps you figure out how to use your insurance and get care 24/7.
- **Total Health Nurses** help you understand your complex and chronic condition and get the best care.
- The **Transition Support Program** provides support from the time you learn you need to be admitted to a hospital until after you get home.
- **Mental health & substance use disorder** care must be coordinated through United Behavioral Health (UBH).
- **Specialty Management Solutions (SMS)** helps provide ongoing support and guidance for members who are having outpatient surgery or a specialty care procedure.

You can learn more about all of these programs on [BeHealthyTHR.org](https://www.behealthythr.org).

MEDICAL PLAN COVERAGE

All medical plan options cover:



Infertility Coverage

Infertility coverage is available with lifetime limits.



Noom

Noom is available at no cost through Personify Health. With one-on-one coaching and self-tracking tools, Noom is a weight loss program that can help you create real, sustainable results through your choices.



Virtual Visits

Get free care for minor illnesses 24/7 by video chat. The doctor can send a prescription to your local pharmacy.

Note: Behavioral Health Virtual Visits are separate and available at normal office visit costs.



Applied Behavior Analysis (ABA) Therapy

ABA therapy to treat Autism Spectrum Disorder is covered and will be supported by each medical provider through a condition management program. Please contact Quantum or UHC before seeking treatment.



Transform Diabetes Care (TDC)

The TDC program can assist with lifestyle choices, overall health, your medications, and preventive screenings. It's available as part of your prescription drug coverage through Caremark.



Maternity Support Program

Get ongoing support for a pregnancy with the Maternity Support Program and receive a *Be Healthy* reward for completing the program.

NETWORK & CONTACT INFORMATION



Quantum

1-877-698-4754, prompt 2, press 1
[MyQHResource.com](https://myQHResource.com)

To find a doctor or facility in the Cigna Open Access Plus Network through Quantum:

- Log in to [MyQHResource.com](https://myQHResource.com)
- Scroll down and click *Find a Provider* in the bar at the bottom of the screen.
- Click *Find Provider* again to access the Cigna search.
- Enter your address, city, or ZIP code.
- Select the way you want to search—by doctor type, doctor name, or facility type/name.
- Click *Search*, then *Continue as Guest*. Re-enter your zip code and click *Select* to continue.
- Select *Open Access Plus* for the plan type.

To get the most up-to-date information, please contact Quantum Care Coordinators at 1-877-MyTHRLink (1-877-698-4754), prompt 2, press 1.



UHC

1-877-698-4754, prompt 2, press 2
myUHC.com (for employees with active coverage)

To find a doctor or facility in the UHC Choice network:

- Visit WhyUHC.com/THR
- Click *Health Plans*
- Select a plan option

To get the most up-to-date information, please contact UHC customer service at 1-877-MyTHRLink (1-877-698-4754), prompt 2, press 2.

For all plan options, remember to use a Preferred Hospital to get the lowest cost for inpatient care. You can use any in-network provider for physicians and specialists.

Compare Medical Plan Options

The amounts listed below are costs paid by you. Use preferred hospitals when possible to pay less for care. [Click here](#) (or on the **pink** references in the table) to access the list of preferred hospitals.

	COPAY PLAN OPTIONS		HIGH DEDUCTIBLE HEALTH PLAN OPTION
	Quantum Care 750	UHC Choice Plan 1000	UHC Choice HDHP
	<p>In the Quantum Care 750 and UHC Choice 1000 plan options, you pay a set amount (called a copay) for things like doctor and urgent care visits and prescriptions without needing to meet your deductible first. When you need hospital care or MRIs, CTs, or PET scans, you must pay your deductible before the plan pays part of the bill (called coinsurance).</p>		<p>In the UHC Choice HDHP option, you pay the most when you need care because it is a High Deductible Health Plan option. Other than preventive care like checkups, this plan doesn't pay any portion of your bill or prescriptions until you pay your full deductible.</p>
Network Tiers & Your Costs	<p>The deductible and coinsurance you pay depends on the facility you choose.</p> <ul style="list-style-type: none"> You pay a 10% coinsurance at Tier 1/Preferred Hospitals (a select list of hospitals where the plan pays the most for care, meaning you pay the least). You pay 70% at Tier 2/All other in-network hospitals (hospitals that are covered in the UHC or Cigna network through Quantum but are not on the Preferred Hospital list).* You pay the full cost if you go out of network.* 		
Deductible	<p>Preferred Hospital: \$750 individual, \$2,250 family</p> <p>Non-Preferred Hospital: \$3,500 individual, \$10,500 family</p>	<p>Preferred Hospital: \$1,000 individual, \$3,000 family</p> <p>Non-Preferred Hospital: \$4,000 individual, \$12,000 family</p>	<p>Preferred Hospital: \$3,400 individual, \$6,800 family</p> <p>Non-Preferred Hospital: \$4,000 individual, \$12,000 family.</p>
Medical and RX Out-of-Pocket Maximum¹	<p>\$6,850 individual \$13,700 family</p>		<p>\$6,750 individual \$13,500 family</p>
Office Visits	<p>\$20 copay for primary care provider \$40 copay for specialist</p>		<p>Full deductible, then 10%</p>
Maternity Office Visits	<p>\$20 copay for initial office visit; no cost for additional visits</p>		<p>Full deductible, then 10% for initial office visit; no cost for additional visits</p>
Urgent Care Center	<p>\$25 copay</p>		<p>Full deductible, then 10%</p>
Routine Physicals²	<p>\$0</p>		
Wellness Exams²	<p>\$0</p>		

* Except as required by law for emergency care and in other situations.

Medical Plan Options, continued

	COPAY PLAN OPTIONS		HIGH DEDUCTIBLE HEALTH PLAN OPTION
	Quantum Care 750	UHC Choice Plan 1000	UHC Choice HDHP
Well Child Care ²	\$0		
Colonoscopy ³	\$0		
Breast Screening ³	\$0		
Mental Health (in person or virtual visit)	\$20 per visit		Full deductible, then 10%
Outpatient Diagnostic Lab & X-ray ⁴	<p>Preferred Hospital: 10% after deductible</p> <p>Non-Preferred Hospital: 70% after deductible</p>		<p>Preferred Hospital: Full deductible, then 10%</p> <p>Non-Preferred Hospital: Full deductible, then 70%</p>
MRI, CT & PET Scans ⁴	<p>Preferred Hospital: 10% after deductible</p> <p>Non-Preferred Hospital: 70% after deductible</p>		<p>Preferred Hospital: Full deductible, then 10%</p> <p>Non-Preferred Hospital: Full deductible, then 70%</p>
Outpatient Therapy ⁵	<p>Preferred Hospital: \$20</p> <p>Non-Preferred Hospital: \$40</p>		Full deductible, then 10%
Outpatient Surgery	<p>Preferred Hospitals and Free-standing Facilities: Office visit copay applies; 10% after deductible if not in doctor's office</p> <p>Non-Preferred Hospital: 70% after deductible</p>		<p>Preferred Hospital: 10% after deductible</p> <p>Non-Preferred Hospital: 70%</p>
Inpatient Hospital Care	<p>Preferred Hospital: 10% after deductible</p> <p>Non-Preferred Hospital: 70% after deductible</p>		<p>Preferred Hospital: Full deductible, then 10%</p> <p>Non-Preferred Hospital: Full deductible, then 70%</p>
24/7 Virtual Visits ⁶	\$0		
Emergency Room	\$200 copay, then 10% after deductible		Full deductible, then 10%

Medical Plan Options, continued

COPAY PLAN OPTIONS		HIGH DEDUCTIBLE HEALTH PLAN OPTION
	Quantum Care 750	UHC Choice Plan 1000
Savings and Spending Accounts	<p>Health Care Flexible Spending Account: Employees may contribute up to \$3,300. See details on page 14.</p>	<p>Health Savings Account (HSA): Employees may contribute up to the IRS maximum limit of \$4,400 (employee only coverage) or \$8,750 (employee + family coverage).⁷ If you are or will be 55 or older in 2026, you may contribute an additional \$1,000.</p> <p>The HSA comes with per-pay-period employer contributions. See details on page 11.</p>
Prescription Drugs	<p>You pay copays and coinsurance. See details on pages 9-10.</p>	<p>You pay the full cost of your prescription drugs until you reach your deductible, then applicable copays. See details on pages 9-10.</p>

- 1 Maximum includes deductible, coinsurance, and copays for medical care and prescriptions.
- 2 Well exams are covered in full if the claims administrator determines the physical is for preventive care. Additional screenings or services will be considered diagnostic services and will be covered after you pay the applicable copay or deductible and coinsurance. At the time of your preventive care visit, if other services are performed that are not preventive services, as determined by the claims administrator, they will not be paid at 100% even if they are submitted as part of a claim for preventive care.
- 3 One colonoscopy per year is covered. One routine and diagnostic breast screening (including mammogram, 3D mammogram, breast MRI, and breast ultrasound) will be covered at 100% per year regardless of age. You pay the deductible and/or coinsurance for additional colonoscopies and mammograms.
- 4 When your doctor requests tests or services such as lab work, X-rays, MRIs, CT scans, physical therapy, or rehabilitation at a free-standing facility that isn't affiliated with a hospital, you should check to make sure they are in-network, and check the coinsurance level of that facility on your plan. Services performed at Preferred Hospitals or at a free-standing facility unaffiliated with a hospital are covered at 90% after deductible, while care at Non-Preferred hospitals is only covered at 30% after the deductible. Check with your insurance carrier to verify whether a facility and/or doctor is covered under your plan and to learn how much your coinsurance would be.
- 5 Up to a combined total of 60 visits per year are covered for outpatient physical, occupational, and speech therapy. Pulmonary and rehabilitation services are covered up to 20 visits. Up to 36 cardiac rehabilitation visits are covered. Outpatient Therapy Services (physical therapy, occupational therapy, and speech therapy) related to mental health or substance use disorder diagnoses are 10% after deductible.
- 6 Normal office visit copays apply for Behavioral Health Virtual Visits. For UHC, Virtual Visits can be completed through Doctor on Demand, AmWell, or Teladoc. For Quantum, Virtual Visits can be completed through MDLive.
- 7 For the purposes of HSA enrollment, Employee + Family coverage includes Employee + Spouse, Employee + Children, or Employee + Family coverage.

Prescription Drug Coverage

WHAT ARE YOUR OPTIONS?

After you choose a medical plan option, choose the prescription drug coverage through Caremark that works best for you. You have two options to choose from: Low Rx or High Rx.



Low Rx

- Less money out of your paycheck
- Higher cost at the pharmacy for preferred and non-preferred¹ prescription drugs



High Rx

- More money out of your paycheck
- Lower cost at the pharmacy for preferred and non-preferred¹ prescription drugs

HOW IT WORKS

Quantum Care 750 and UHC Choice 1000

You pay the copay and coinsurance amounts **shown below**.

or

UHC Choice HDHP

You pay the **FULL COST** of your prescription drugs until you reach your deductible.

After you pay your deductible, your insurance benefits kick in, and you pay the copay or coinsurance amount **shown below**. See page 6 for deductible amounts.

LOW Rx² RETAIL: 30-day supply

Generic	\$10 copay*
Preferred	40% (\$20 minimum and \$150 maximum per prescription)
Non-Preferred ¹	50% (\$40 minimum and \$300 maximum per prescription)
Specialty Medications	\$0 copay for eligible prescriptions in PrudentRx program ³ 30% coinsurance if opted out of PrudentRx program for eligible prescriptions ^{3,4}

HIGH Rx² RETAIL: 30-day supply

Generic	\$10 copay*
Preferred	25% (\$20 minimum and \$100 maximum per prescription)
Non-Preferred ¹	40% (\$40 minimum and \$300 maximum per prescription)
Specialty Medications	\$0 copay for eligible prescriptions in PrudentRx program ³ 30% coinsurance if opted out of PrudentRx program for eligible prescriptions ^{3,4}

LOW Rx² MAIL ORDER: 90-day supply

Generic	\$20 copay*
Preferred	40% (\$40 minimum and \$300 maximum per prescription)
Non-Preferred ¹	50% (\$80 minimum and \$600 maximum per prescription)
Specialty Medications	\$0 copay for eligible prescriptions in PrudentRx program ³ 30% coinsurance if opted out of PrudentRx program for eligible prescriptions ^{3,4}

HIGH Rx² MAIL ORDER: 90-day supply

Generic	\$20 copay*
Preferred	25% (\$40 minimum and \$200 maximum per prescription)
Non-Preferred ¹	40% (\$80 minimum and \$400 maximum per prescription)
Specialty Medications	\$0 copay for eligible prescriptions in PrudentRx program ³ 30% coinsurance if opted out of PrudentRx program for eligible prescriptions ^{3,4}

* If the cost of the drug is less than the copay, you pay the lesser amount.

1 Applies only when an exception approval has occurred.

2 If you enroll in UHC Choice HDHP plan, you must pay the full cost of your prescriptions until you reach your deductible. Preferred Hospital deductible applies when purchasing in-network retail medications.

3 Costs shown apply if the specialty medication is not covered under the PrudentRx program.

4 The 30% coinsurance will not apply to the annual out-of-pocket maximum when opted out of PrudentRx.

90-DAY REFILLS FOR MAINTENANCE MEDICATIONS

A maintenance medication is a prescription drug you take on a regular basis. The first two times you fill the prescription, you may fill it at any pharmacy that is in-network. After that, you must get a 90-day supply through Caremark's mail order, at various **Texas Health pharmacies**, or at your local CVS, Target, Kroger, or Costco pharmacy. If you don't, you will pay double the retail price after the second time you fill the prescription.

STEPS TO TAKE FOR CERTAIN MEDICATIONS

Texas Health uses Caremark's Value Formulary, and our specific pharmacy plan pays for some drugs only for specific diagnoses. For example, some drugs that are prescribed for a diabetes diagnosis will be paid under the plan, but those same drugs will not be paid for an obesity diagnosis. For a full list of exclusions, review Texas Health's Benefit Handbook. The plan rules and the limitations below may affect how the plan helps you pay for medications and any steps you may need to take before prescriptions are filled.



Prior Authorization means your doctor must call CVS/Caremark to discuss your condition to decide whether it's necessary for you to have a particular prescription drug instead of a lower-cost one.



Step Therapy means you must try a lower-cost prescription drug before one that has a higher cost will be covered. If you try a lower-cost drug and it doesn't work well for you, your doctor must contact CVS/Caremark to discuss your situation.



Quantity Limit means only a certain amount of the prescription drug is approved for a 30-day or 90-day supply. If the approved dose doesn't work for you, your doctor must contact CVS/Caremark to discuss your situation.



PrudentRx is a manufacturer copay assistance program that works to reduce your out-of-pocket costs for eligible specialty medications. PrudentRx will mail a letter to eligible members with further details on how to enroll and, if needed, will follow up with them via telephone regarding their specific medication(s). If you opt in to the program, eligible specialty medications under the Quantum Care 750 and UHC Choice 1000 plan options will have a \$0 copay. The UHC Choice HDHP option will have a \$0 copay after the deductible has been met. If you opt out of the program, a 30% coinsurance will apply. If your specialty medication is not covered under the PrudentRx program, standard plan costs will apply. For a list of specialty medications covered by PrudentRx, [click here](#).

ONLINE TOOLS

- Caremark updates the list of covered prescription drugs each quarter. Before you fill a prescription your doctor has written for you, see if it's on the list at [caremark.com](https://www.caremark.com).
- At [caremark.com](https://www.caremark.com), you can order prescription refills, set refill reminders, check drug costs, check the status of your prescription order, check to see if your pharmacy is in-network, research drugs, view your past prescriptions, and locate a pharmacy near you. You can also send an email to Caremark Customer Care if you have questions.

TRANSFORM DIABETES CARE (TDC)

The TDC program can assist with lifestyle choices, overall health, your medications, and preventive screenings. If you take diabetes medications or are already enrolled in a diabetes program, you'll automatically be enrolled in TDC. Additionally, TDC offers a Medication-Nutrition Management component which provides dedicated nutrition support to help you cut down or stop taking certain complex, high-cost diabetes medications.

Health Savings Account (HSA)

For use with the UHC Choice HDHP only

The UHC Choice HDHP is paired with a Health Savings Account (HSA) administered by HealthEquity. **The account comes with employer contributions (\$19.23 per pay period for Employee Only or \$38.46 for Employee + Family* coverage) that will be added during the year, which you can save and/or use to help pay your medical deductible or eligible health care expenses.** You can look up eligible expenses at [HealthEquity.com](https://www.healthequity.com).

WHAT IS AN HSA?

An HSA is an account you can use to pay for approved medical, prescription, dental, and vision expenses. You can use it to pay out-of-pocket medical expenses during the year or save it for future health care expenses.

You also have the ability to contribute your own money to the account through payroll deductions. The amount you set aside lowers your taxable income, so you pay less in federal income taxes. Unlike a health care spending account, HSAs allow you to keep your balance at the end of the year. All the money is always yours, even if you leave Texas Health.

HOW HSAs WORK

You can contribute up to the IRS limit each year that you participate in an HSA-eligible plan. For 2026, that's \$4,400 for an individual and \$8,750 for a family. If you are or will be 55 or older in 2026, you may contribute an additional \$1,000.

To participate in an HSA:

- You must elect the UHC Choice HDHP option
- You can't be covered by a secondary insurance plan (such as Medicare)
- You can't use a Health Care Flexible Spending Account (HCFSA), a.k.a Health Care FSA

HealthEquity (formerly WageWorks) offers several ways to access your money:

- An online reimbursement process with direct deposit or check option
- HSA debit card
- Smartphone app

Keep your receipts. You may need them to get reimbursed or to prove your purchases are eligible.

See the box on the right for differences between an HSA and the Health Care Flexible Spending Account.

HSA \neq **HCFSA**
Health Savings Account Health Care Flexible Spending Account

HSA:

- Requires enrollment in UHC Choice HDHP
- Comes with employer contributions to use throughout the year or save for future use
- Rolls over year to year

HCFSA:

- Use it or lose it
- Full funds available when benefits are effective



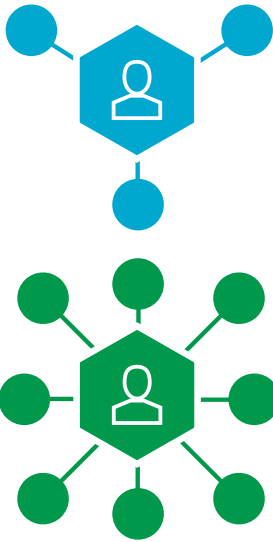
NOTE: The IRS does not allow you to have both a Health Savings Account and a Health Care Flexible Spending Account, meaning you cannot contribute to or receive reimbursements from these accounts at the same time.

* For the purposes of HSA enrollment, Employee + Family coverage includes Employee + Spouse, Employee + Children, or Employee + Family coverage.

Dental

DENTAL PLAN OPTIONS AND PAYCHECK COSTS

All dental plans are offered through Aetna and cover preventive, basic, major care, and orthodontia. ID cards are not needed, but if you'd prefer to have one, print one on [Aetna.com](https://www.aetna.com). The dental plans are summarized below, and for more information, go to [BeHealthyTHR.org](https://www.behealthythr.org) or call Aetna at 1-877-MyTHRLink (1-877-698-4754), prompt 2, press 4.



**AETNA DMO
SMALLER NETWORK**
(fewer doctors and facilities)

- For a list of Aetna dental network providers, go to [Aetna.com](https://www.aetna.com).
- For the exact paycheck amounts, see page 29.




**AETNA PDN LOW & HIGH
LARGER NETWORK** (more doctors and facilities)

Plan Feature	Aetna Managed Dental Plan (DMO) In-Network Only	Aetna PDN (Low Option) In-Network and Out-of-Network ^{1,2}	Aetna PDN (High Option) In-Network and Out-of-Network ²
Paycheck Costs	\$	\$\$	\$\$\$
Deductible	None	\$50 per person \$150 per family	\$50 per person \$150 per family
Preventive Care: One visit every six months for routine checkups, X-rays, cleaning, and polishing	You pay a \$5 copay	You pay \$0	You pay \$0
Basic Care: Fillings, extractions, root canal therapy, scaling of teeth, and basic oral surgery	You pay a fixed copay according to the plan's schedule	You pay 20% after deductible	You pay 10% after deductible
Major Care: Bridges, dentures, crowns, inlays, onlays, and complex oral surgery	You pay a fixed copay according to the plan's schedule	You pay 50% after deductible	You pay 40% after deductible
Maximum Annual Benefit	No limit	\$1,000 per person	\$2,000 per person
Orthodontic Care³	You pay a \$2,300 copay	50% with no deductible; \$1,000 lifetime maximum	50% with no deductible; \$2,000 lifetime maximum

1 For the PDN (Low Option), fees are based on Aetna's fee schedule, so your out-of-pocket expenses will be higher than those under the PDN (High Option).
 2 Dental PDN network providers agree to charge discounted rates for their services. Although the coverage is the same for in-network and out-of-network care, out-of-network providers may charge higher fees than in-network providers, resulting in higher out-of-pocket expenses for you.
 3 For eligible adults and dependent children. See details on [BeHealthyTHR.org](https://www.behealthythr.org).

Vision

The vision plan, offered through Superior Vision by MetLife, pays benefits for annual exams and corrective lenses. You can receive benefits for either eyeglasses or contact lenses in the same 12-month period, not both. The vision plan pays more when you use in-network providers.

	FEATURE	IN-NETWORK	OUT-OF-NETWORK
	Eye Exam	Covered in full after \$10 copay	Plan pays up to \$42 for ophthalmologist (M.D.) or \$37 for optometrist (O.D.)
	Standard Lenses Standard Frames	Covered in full after \$10 materials charge Up to \$170 allowance	Single vision — up to \$32 allowance Bifocal — up to \$46 allowance Trifocal — up to \$61 allowance Lenticular — up to \$84 allowance Up to \$53 allowance
	Contact Lenses (per pair, in lieu of eyeglasses)	Medically necessary — covered in full Cosmetic elective — up to \$170 allowance	Medically necessary — up to \$210 allowance Cosmetic elective — up to \$100 allowance

LEARN MORE

Find network providers and learn about discounts at [MyBenefits.MetLife.com](https://www.MyBenefits.MetLife.com).

For the cost you pay out of your paycheck, see page 29.

Health Care Flexible Spending Account (HCFSA)

A Health Care Flexible Spending Account (HCFSA) allows you to set aside money on a pre-tax basis to pay for doctor visits, prescription drugs, eyeglasses, and other eligible expenses. You don't have to be enrolled in a Texas Health medical plan to enroll in a HCFSA.

HOW IT WORKS

- 1. Choose how much to put into** your account each pay period before taxes are taken out. For the year, you can set aside as little as \$130 or as much as \$3,300. Note: Any money you don't use, you lose, so estimate carefully.
- 2. Pay for eligible expenses** by using the HCFSA debit card OR by using your own credit card, check, or cash, and then filing a claim at [HealthEquity.com](https://www.healthequity.com) and paying yourself back with money from your HCFSA.

NOTE: If you use your HCFSA debit card, you may be required to verify your transaction by providing a receipt of your expense. Be sure to check your account regularly.

Eligible Dependents

Spend your HCFSA dollars on care for you, your legal spouse, or your children (as long as you claim the children on your federal tax return), even if they are not enrolled in a Texas Health medical plan.

Eligible Expenses

Use HCFSA dollars when you pay out of your own pocket for health care. Most medical, dental, vision, and hearing expenses are eligible. See [HealthEquity.com](https://www.healthequity.com) for examples.

Key Dates

March 15, 2027, is the last day you can pay for eligible care, and **March 31, 2027**, is the last day you can file a claim to pay yourself back.

You lose any money left in your account after March 31, 2027, so plan carefully.

HCFSA VS HSA

An HCFSA is NOT the same as a Health Savings Account (HSA).

An HCFSA:

- Use all dollars you contribute by the annual deadline or you'll lose them
- All dollars are available when benefits are effective

An HSA:

- Requires enrollment in UHC Choice HDHP
- Comes with employer contributions
- You can make contributions
- Rolls over year to year and earns interest, too

Day Care Flexible Spending Account

A Day Care Flexible Spending Account (DCFSA) allows you to set aside money on a pre-tax basis to pay for day care expenses so you and your spouse (if you're married) can work, look for work, or study as a full-time student. Texas Health adds funds to the DCFSA on your behalf should you choose to enroll.

HOW IT WORKS

1. Choose how much to put into your account each pay period before taxes are taken out (see the *Contributions* section below).

For the year, the total contribution that can be made to the account is \$5,000. Texas Health will contribute \$23.08 per pay period, so be sure to calculate this into the total you decide to contribute.

2. Pay for eligible expenses by using a credit card, check, or cash, filing a claim at [HealthEquity.com](https://www.healthequity.com), and paying yourself back with money from your DCFSA.

You can spend as much of your DCFSA money as you have in your account when you submit a claim.

Childcare Subsidy



To help with the cost of day care expenses, Texas Health will make a per period contribution of \$23.08 to the DCFSA for employees who elect the coverage. Employees must enroll in the DCFSA to get the Texas Health contributions but do not have to put their own money in the account.

CONTRIBUTIONS

When you enroll in the DCFSA, you choose an annual amount to contribute. Make sure to account for Texas Health's contribution (\$23.08 per pay period) when you determine how much to contribute. The amount you elect is evenly deducted over the course of the year from your paycheck before tax.

IF YOU ARE:

MAXIMUM AMOUNT ALLOWED IN YOUR ACCOUNT:

(including the amount Texas Health adds for you)

Single	\$5,000
Married filing a joint tax return	\$5,000, but no more than your earned income or your spouse's earned income, whichever is less
Married filing separate tax returns	\$2,500, but no more than your earned income or your spouse's earned income, whichever is less

Eligible Dependents

Spend your DCFSA dollars on either:

- A child under age 13 whom you claim on your federal income tax return or
- A disabled dependent of any age who lives with you more than half the year

Eligible Expenses

Use DCFSA dollars for:

- Care in your home, someone else's home, or a licensed day care center
- Care provided by a relative who is not your spouse, child under age 19, or someone you claim as a dependent on your tax return

Key Dates

March 15, 2027, is the last day you can pay for eligible day care, and **March 31, 2027**, is the last day you can file a claim to pay yourself back.

You lose all money left in your account after March 31, 2027, so plan carefully.

Life Insurance

Term life insurance through Prudential pays money to whomever you choose if you should pass away. If you cover your spouse and/or children, you receive a payment if they should pass away.

HOW IT WORKS

Texas Health pays for your Basic Life Insurance, but you can enroll in additional coverage for yourself or your eligible family members.

Plan	Who is Covered?	Who Gets the Money?	Who Pays the Cost?	Money to Be Paid Out
Basic Life Insurance	You	Whomever you choose (beneficiaries) ¹	Texas Health	One times your annual base pay, up to \$50,000
Additional Life Insurance	You	Whomever you choose (beneficiaries) ¹	You	You choose 1 to 6 times your annual base pay (rounded to the next \$1,000), up to \$2,000,000 ² including Basic Life ^{3,4}
Spouse Life Insurance	Your spouse	You	You	You choose coverage in \$10,000 increments, up to \$100,000 ^{4,5,6,7}
Child Life Insurance⁸	All of your eligible children; coverage begins at live birth	You	You	\$10,000

1 Prudential won't pay a claim to a minor child under age 18. Consider setting up a trust for minor children under age 18 to receive the money.

2 Medical underwriting or evidence of insurability is required for coverage over \$1,000,000.

3 You may increase your coverage by only one level during the open enrollment period.

4 If you are absent from work because of sickness or injury on the date your Life and/or AD&D coverage (or increase in coverage) would otherwise become effective, the effective date of your coverage (or increase in coverage) will be deferred until you return to work.

5 If your dependent is hospitalized or disabled or if the employee is not actively at work at the time, a change or increase in the amount of coverage may be delayed and subsequent claims will not be paid for the increased amount. The increase in coverage will not start until the hospitalization or disability ends or until the employee returns to work.

6 Evidence of Insurability is required for any election over \$50,000.

7 You can increase your spouse's coverage by \$10,000 without Evidence of Insurability. Increases more than \$10,000 require Evidence of Insurability. The cost of coverage for a spouse is based on the employee's age as of Jan. 1, 2026.

8 Eligible unmarried children can continue to be covered through age 24.

UNIVERSAL LIFE WITH LONG TERM CARE

Enroll anytime! This is a life insurance policy through Trustmark that has the ability to convert some of the benefit you elect into money you can use while you're still living to pay for Long Term Care services. Long Term Care services may be needed in the event of an illness or disability if you are no longer able to perform basic daily activities like eating, bathing, getting dressed, getting in and out of bed, etc. You can enroll through Trustmark's website at any time. Enrollment will be reviewed along with a few underwriting questions regarding your health. More information and enrollment instructions can be found at BeHealthyTHR.org/long-term-care.

Accidental Death & Dismemberment (AD&D)

AD&D coverage pays money to whomever you choose if you have an accident that causes death or serious injury. If you cover your spouse and/or children, you receive a payment if they have an accident causing death or serious injury. See your Employee Benefits Handbook for details on what types of accidents and injuries are covered.

HOW IT WORKS

Texas Health pays for your Basic AD&D, but you can enroll in additional coverage for yourself or your eligible family members.

Plan	Who is Covered?	Who Gets the Money?	Who Pays the Cost?	Money to Be Paid Out
Basic AD&D ¹	You	Whomever you choose (beneficiaries) ²	Texas Health	One times your annual base pay, up to \$50,000
Additional AD&D	You	Whomever you choose (beneficiaries) ²	You	You choose 1 to 10 times your annual base pay, up to \$750,000 ³
Family AD&D	All eligible members of your family	You	You	If your covered spouse or child is injured or dies as a result of an accident, you will receive a benefit based on the extent of the injury as shown in the table in your Employee Benefits Handbook.

¹ Basic AD&D coverage has a stillborn benefit of \$10,000 for those who suffer a loss after 20 weeks gestation.

² Prudential won't pay a claim to a minor child under age 18. Consider setting up a trust for minor children under age 18 to receive the money.

³ If you are absent from work because of sickness or injury on the date your life and/or AD&D coverage (or increase in coverage) would otherwise become effective, the effective date of your coverage (or increase in coverage) will be deferred until you return to work.

Short Term Disability (STD)

STD* will pay benefits if you are unable to work because of an illness, injury, or pregnancy. It replaces 60% of your base pay, up to \$1,700 per week, if you enroll and become disabled while covered.

You may choose between two coverage options:

Benefit Plan	14-Day Option	30-Day Option
Waiting Period (How long you must be disabled before receiving replacement pay)	14 days	30 days
Maximum number of weeks that benefits will be paid	24 weeks	22 weeks
Premium Costs (see page 30)	More than the 30-day option	Less than the 14-day option

WHAT TO KNOW ABOUT STD



You must be getting proper care for your condition from a licensed doctor who is not you or a member of your family.



Your disability payments will be made for the time you are deemed disabled by your doctor. For example, if you have a baby vaginally, doctors will typically deem you disabled for six weeks.



You may use Paid Time Off (PTO) while getting STD payments. However, your PTO and STD combined cannot be more than 100% of your base pay.



If you get any payments from Social Security, auto insurance, etc., the total will be subtracted from your STD benefit. STD does not cover work-related illnesses or injuries (which may be covered by workers' compensation).



If you have a condition or illness that started before you got your STD insurance, the plan may limit or deny claims that you file related to that illness, unless you enrolled for the plan as a new hire.



You must have active disability coverage on the date you become disabled to receive benefits. If you are absent from work due to illness or injury during the date your STD coverage would otherwise become effective, coverage becomes effective after you are actively at work for one full day. The requirement to be actively at work also applies to increases in coverage. Any changes to STD coverage would take effect upon your return to work.



For more information on Short Term Disability, see your Employee Benefits Handbook.

* Medical resident/interns/fellows are not eligible for Disability plans. Executives and directors are not eligible for the STD plan.

Long Term Disability (LTD)

Texas Health provides LTD* through Prudential at no cost to you. Basic LTD replaces 50% of your pay when you have an eligible disability lasting more than 180 days. You may enroll and pay for additional LTD to receive a total of 60% of your pay.

HOW IT WORKS

Benefit Plan	Who Pays the Cost	What You Get	Wait Time Before You Get Any Money
Basic Long Term Disability	Texas Health	50% of your base pay, up to \$15,000 per month	180 days
Additional Long Term Disability	You	An extra 10%, bringing your total to 60% of your base pay, up to \$15,000 per month	180 days

WHEN BENEFITS ARE PAID



WHAT TO KNOW ABOUT LTD



You must be getting proper care for your condition from a licensed doctor who is not you or a member of your family.



If you get any payments from Social Security, workers' compensation, etc., the total will be subtracted from your LTD benefit.



Unless you had LTD coverage in 2025, if you have a condition or illness that started before you got your LTD insurance, the plan may limit or deny claims that you file related to that illness.



For more information on Long Term Disability, see your Employee Benefits Handbook.

If you are a physician employed by THPG, you have a separate LTD plan.

* Medical resident/interns/fellows are not eligible for Basic LTD or Additional LTD.

Supplemental Benefit Plans

Supplemental benefits through Voya pay you cash to help pay for bills or other expenses when you have a covered illness or injury.



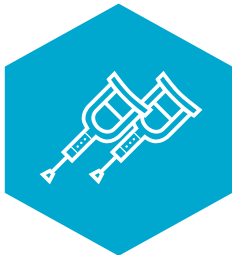
Critical Illness Insurance

Pays money if you or a covered family member is diagnosed with a covered illness



Hospital Indemnity Insurance

Helps you pay your bills when you are admitted to the hospital



Accident Insurance

Pays flat dollar amounts for many types of accidental injuries, from a cut requiring stitches to second-degree burns, loss of limb, and death

For more information about the plans, visit BeHealthyTHR.org or call Voya at **1-877-236-7564**.

Identity Protection

Unfortunately, identity theft can happen to anyone. With Identity Protection through ID Watchdog, you get a variety of tools to help protect your personal information and devices. You can turn features on or off as needed, and if you choose family coverage, you can extend these protections to your family members as well.

NOTE: Texas Health information and devices cannot be added to this service.

<p>Financial Protection:</p> <ul style="list-style-type: none"> • Credit report lock • Credit report monitoring • Credit score tracker • Financial accounts monitoring 	<p>Identity Fraud:</p> <ul style="list-style-type: none"> • Dark web monitoring • Social accounts monitoring • Public records monitoring • AI-powered phishing and malware alerts 	<p>Family Protection:</p> <ul style="list-style-type: none"> • Child credit lock • Child credit monitoring • Parental controls, including online activity monitoring, online search and content control, screen time management, geolocation tracking and alerts
<p>Personal Cyber Security:</p> <ul style="list-style-type: none"> • Digital privacy scans and removal • Password manager • Device security and online privacy 	<p>Reimbursement & Support:</p> <ul style="list-style-type: none"> • Personalized identity restoration <i>(including pre-existing conditions)</i> • Online resolution tracker • Identity theft insurance • Credit freeze assistance 	

For a full list of services included, visit BeHealthyTHR.org/identity-protection.

Legal Insurance

WHAT IS LEGAL INSURANCE?

Legal coverage isn't just for the serious issues; it's for your everyday needs, too. Legal insurance helps you address common situations like creating wills, fighting a traffic ticket, transferring property, or buying a home, with the support of a lawyer. And all you generally pay are the insurance premiums of \$9.04 per pay period.

WHAT DOES LEGAL INSURANCE COVER?

The legal insurance plan from ARAG® provides a lawyer to cover a wide range of legal needs like the examples shown below—and many more—to help you address life's legal situations such as:

- Consumer Protection
- Driving Matters
- Services for Tenants
- Criminal Matters
- Family
- Tax Issues
- Debt-Related Matters
- Real Estate & Home Ownership
- Wills & Estate Planning

WHY SHOULD YOU GET LEGAL INSURANCE?

- Easily locate a network attorney, knowing that attorney fees are 100% paid for most covered matters.
- Address your covered legal situations with a network attorney who is only a phone call away for legal help and representation.
- Use DIY Docs® yourself to create a variety of legally valid documents, including state-specific templates.

HOW DOES LEGAL INSURANCE WORK?

1. Call **800-247-4184** when you have a legal matter.
2. Customer Care will walk you through your options and help you get connected to one of 15,000 network attorneys.
3. Meet with your network attorney on the phone or in person to begin resolving your legal issues.

As an added bonus:

- After your benefit is active, add your parents to your plan so they can use your Legal Insurance too.
- ARAG legal insurance includes caregiving support services with Cariloop. Through Cariloop, members can receive proactive, personalized support from a dedicated Care Coach to navigate the caregiving journey across every stage of life.

Other Benefits



TIME AWAY FROM WORK

- **Paid Time Off***: Paid time away from work in whatever way you need: vacation, holidays, mental health breaks, sick days, personal days, injuries, or Family and Medical Leave. PTO for Texas Health staff will be based on an employee's standard hours rather than their actual hours worked.
- **My Flex Day**: One regularly scheduled workday of paid time away from work per calendar year to use for your birthday, holiday, self-care day, etc.* My Flex Day does not roll over year-to-year.
- **Paid Parental Leave**: Eligible parents are offered six weeks of paid parental leave per year to be used within six months of the birth, adoption, or the date of placement of the child.
- **Community Time Off**: Texas Health's Community Time Off (CTO) program gives you the opportunity to receive pay for up to one scheduled workday, to volunteer and participate in an entity, system, or local community outreach project sponsored by another non-profit organization.
- **Bereavement Time Off**: Paid days away from work to grieve, make funeral arrangements, attend the funeral, or settle the estate when you have a loved one pass away.

Note: Time away from work is subject to your manager's approval.



401(k) RETIREMENT PLAN

Enroll anytime! Texas Health's employer match will begin at six months of service. You can enroll in the 401(k) plan or change your elections at any time during the year. The Benefits Enrollment period is a good time to check in on your 401(k), make sure your beneficiaries are up to date, etc. Visit netbenefits.com/thr to log in or sign up.

If your years of service ¹ with Texas Health equal:	For each \$1 you contribute ² , up to 6% of your eligible pay, Texas Health ³ adds:
6 months but less than 5 years	\$0.75
5 but less than 10	\$1.00
10 or more	\$1.25

¹ If you previously worked for Texas Health and earned one or more years of service, you may be immediately eligible for matching contributions.

² As long as you contribute 2% of your pay up to any contribution limits which may change based on IRS guidelines.

³ The employer match is based on your contribution per pay period. The employer match ends when you have met the IRS limit. For example, if you reach your IRS maximum in June, you would not receive additional employer match because your contributions have ended.

* Executives, directors, medical residents/interns/fellows, and THPG providers employed by THPG are not eligible for the PTO plan or My Flex Day.

Other Benefits (continued)



PET INSURANCE

Enroll anytime! Your furry family members can be covered under Pet Insurance through MetLife. Pet Insurance provides a 24/7 vet hotline, a wellness benefit, an annual maximum, and lower out-of-pocket expenses when your pet has a claim. You can enroll and make changes to this benefit anytime. For more information and enrollment instructions, visit BeHealthyTHR.org/pet-insurance.



HEADSPACE

Sign up anytime, for FREE! The app helps you create life-changing habits to support your mental health with mindfulness, better sleep, breathing techniques, and more. You'll have access to a free premium membership and can invite up to four others to join and participate. For more information, visit BeHealthyTHR.org/headspace.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP helps you and your family manage life's challenges with in-person, phone, and video counseling sessions, all at no cost to you. You can also get referrals to more services related to child/elder care, financial and legal help, and identity theft. Through the EAP, you get access to **My Life Expert**, an online portal with resources including articles, courses, webinars, calculators, self-assessments, and more. For more information, visit BeHealthyTHR.org/be-healthy/EAP.



DISCOUNT PROGRAM

The discount program, through BenefitHub, can save you money and give you convenient access to a wide variety of products and services. Discounts/insurance options include meal delivery services, auto/home insurance, identity theft insurance, cell phone service discounts, car rental discounts, travel discounts, and more. For more information, visit BeHealthyTHR.org/other-benefits/employee-discounts.



ADOPTION ASSISTANCE

If you are a benefits-eligible employee with one or more years of service, Texas Health will pay you back (up to \$10,000) for the cost of legally adopting a child. This offer excludes expenses for one spouse to adopt the other spouse's children. For more information, visit BeHealthyTHR.org/other-benefits/adoption-assistance.

Other Benefits (continued)



TUITION REIMBURSEMENT

Texas Health will pay you back for tuition and fees for approved degree plans that benefit Texas Health or your position at Texas Health. Full-time employees can get reimbursed up to \$5,250 per year for clinical degrees and non-clinical degrees. Part-time employees can get reimbursed up to \$2,625 per year for clinical degrees and non-clinical degrees. If you are a full-time or part-time employee with an annual base rate of under \$75,000 you qualify for advance funds. For more information, visit BeHealthyTHR.org/other-benefits/tuition-reimbursement.



STUDENT LOAN REPAYMENT PROGRAM

Enroll anytime! A Student Loan Debt Repayment program (\$50 per month) is available to help eligible employees pay down their student loan debt. Through the **SoFi Dashboard**, you can find many free resources to help you reach your financial goals, including credit score monitoring, refinancing for existing student loans, access to certified financial planners, and more. For more information, visit BeHealthyTHR.org/other-benefits/student-loan-repayment-program.



QUIT FOR LIFE

Enroll anytime, for FREE! Quit for Life can help you stop using tobacco with phone counseling, personalized Quit Guides, an interactive website, and nicotine replacement therapy. If your Quit Coach recommends it, you can also get prescription medication Chantix or bupropion (a 40% copay applies for participants not enrolled in medical coverage through Texas Health). For more information, visit BeHealthyTHR.org/be-healthy/quit-for-life.



ONEPASS SELECT

Sign up anytime! Get access to multiple gyms and digital exercise classes, as well as grocery delivery services for one low fee.

Covering Family Members

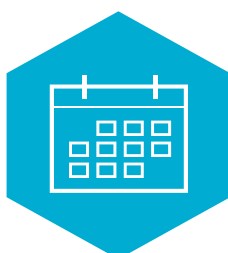
If you add a new eligible family member to medical, dental, or vision coverage, you'll need to send documentation showing their eligibility.



What to Send

- For a spouse, you'll send:
 - 1) proof of marriage (like your marriage license) and
 - 2) proof of shared address (like your spouse's driver's license).*
- For a child, you'll send a birth certificate.

If you don't have the documents listed above, visit [BeHealthyTHR.org](https://www.behealthythr.org) for other documentation you can send.



When to Send

Within 31 days of your event date.



Where to Send

Email your documents to THRBenefitsSupport@texashealth.org.

You'll find full eligibility requirements and a list of **accepted documents*** in your Employee Benefits Handbook.

A Social Security number must be provided for every covered dependent over 6 months of age.

* If your spouse is a common law spouse, declaration of informal marriage from the county clerk is required as proof of marriage. Tax returns will not be accepted as proof of marriage but can be used for proof of shared address.

Electronic Benefits Handbook

The electronic Summary Plan Description, or Benefits Handbook, describes in detail the benefit plans and how to use them.

Access the electronic copy online at [BeHealthyTHR.org](https://www.behealthythr.org). You can request to receive a paper copy free of charge. The steps to request the paper copy are defined on [BeHealthyTHR.org](https://www.behealthythr.org).

You will receive your 2026 Employee Benefits Handbook electronically unless you request a paper copy.



Making Changes After Enrollment

Federal laws govern when you may make benefits changes. You may make a change during the year only if there's a change in your life that meets certain requirements (called a Qualified Status Change).

QUALIFIED STATUS CHANGES:



You marry or divorce.



You gain or lose a dependent due to birth, adoption, placement for adoption, eligibility under a Qualified Medical Child Support Order (QMCSO), or death.



You, your spouse, or dependent gets or loses a job that affects your ability to have benefits.



You, your spouse, or dependent experiences a significant change in employment status (for example, change from full-time to part-time) that affects your ability to have benefits.



You move to a new address or work location that causes you to lose the medical and/or dental plan coverage you selected.



Your dependent is no longer eligible under the plan's rules.



You or your spouse take (or return from) an unpaid leave of absence that affects coverage.



Make changes at MyTHR.org and provide documents within **31 calendar days** of the event.



Need help? Email THRBenefitsSupport@texashealth.org or call **1-877-MyTHRLink** (1-877-698-4754), prompt 9.

DEADLINE

To add coverage for a new spouse or child or to make changes to your coverage, you must enroll them and/or make changes and provide documentation within 31 calendar days of the event (such as marriage or birth), even if you already have family coverage.

EFFECTIVE DATE

Your changes will be effective the next pay period after you make the change online and send us documentation for the change and new dependents. Coverage for birth and adoption is effective on the date of birth or adoption.

TO MAKE CHANGES

- Go to **MyTHR.org**.
- Click the **Benefits** tile.
- Click **Life Change Event**.

Benefit Costs Per Paycheck

The table below and on the following pages shows your benefit costs per paycheck.

Medical Coverage (Paid Before Tax)¹

PLAN NAME	Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Family	
	YOU PAY	Texas Health Pays	YOU PAY	Texas Health Pays	YOU PAY	Texas Health Pays	YOU PAY	Texas Health Pays
Full-Time Employees Who Earn Less Than \$49,999								
Quantum Care 750/Low RX	\$51.39	\$398.12	\$221.99	\$729.41	\$184.81	\$662.39	\$354.50	\$991.05
Quantum Care 750/High RX	\$53.82	\$404.70	\$231.41	\$739.07	\$188.94	\$675.25	\$372.76	\$999.77
UHC Choice 1000/Low RX	\$36.34	\$395.23	\$121.03	\$792.37	\$104.12	\$709.24	\$186.44	\$1,105.38
UHC Choice 1000/High RX	\$38.77	\$401.81	\$130.45	\$802.03	\$108.25	\$722.10	\$204.70	\$1,114.10
UHC Choice HDHP/Low RX	\$52.68	\$326.55	\$126.83	\$668.99	\$84.70	\$636.77	\$121.24	\$955.87
UHC Choice HDHP/High RX	\$55.11	\$333.13	\$136.25	\$678.65	\$88.83	\$649.63	\$139.50	\$964.59
Full-Time Employees Who Earn \$50,000 - \$74,999								
Quantum Care 750/Low RX	\$53.66	\$395.85	\$238.67	\$712.73	\$203.99	\$643.21	\$382.47	\$963.08
Quantum Care 750/High RX	\$56.91	\$401.61	\$249.56	\$720.92	\$208.98	\$655.21	\$403.69	\$968.84
UHC Choice 1000/Low RX	\$38.41	\$393.16	\$127.50	\$785.90	\$111.70	\$701.66	\$194.84	\$1,096.98
UHC Choice 1000/High RX	\$41.66	\$398.92	\$138.39	\$794.09	\$116.69	\$713.66	\$216.06	\$1,102.74
UHC Choice HDHP/Low RX	\$55.32	\$323.91	\$134.91	\$660.91	\$92.02	\$629.45	\$131.88	\$945.23
UHC Choice HDHP/High RX	\$58.57	\$329.67	\$145.80	\$669.10	\$97.01	\$641.45	\$153.10	\$950.99
Full-Time Employees Who Earn \$75,000 - \$99,999								
Quantum Care 750/Low RX	\$68.80	\$380.71	\$354.78	\$596.62	\$280.23	\$566.97	\$555.84	\$789.71
Quantum Care 750/High RX	\$72.84	\$385.68	\$370.47	\$600.01	\$287.18	\$577.01	\$578.58	\$793.95
UHC Choice 1000/Low RX	\$43.20	\$388.37	\$171.82	\$741.58	\$149.98	\$663.38	\$277.30	\$1,014.52
UHC Choice 1000/High RX	\$47.24	\$393.34	\$187.51	\$744.97	\$156.93	\$673.42	\$300.04	\$1,018.76
UHC Choice HDHP/Low RX	\$56.15	\$323.08	\$162.02	\$633.80	\$113.64	\$607.83	\$216.42	\$860.69
UHC Choice HDHP/High RX	\$60.19	\$328.05	\$177.71	\$637.19	\$120.59	\$617.87	\$239.16	\$864.93

The table below and on the following pages shows your benefit costs per paycheck.

PLAN NAME	Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Family	
	YOU PAY	Texas Health Pays	YOU PAY	Texas Health Pays	YOU PAY	Texas Health Pays	YOU PAY	Texas Health Pays
Full-Time Employees Who Earn \$100,000 and Above								
Quantum Care 750/Low RX	\$94.83	\$354.68	\$493.93	\$457.47	\$391.23	\$455.97	\$781.59	\$563.96
Quantum Care 750/High RX	\$99.78	\$358.74	\$510.01	\$460.47	\$399.50	\$464.69	\$804.33	\$568.20
UHC Choice 1000/Low RX	\$58.74	\$372.83	\$243.12	\$670.28	\$209.57	\$603.79	\$389.73	\$902.09
UHC Choice 1000/High RX	\$63.69	\$376.89	\$259.20	\$673.28	\$217.84	\$612.51	\$412.47	\$906.33
UHC Choice HDHP/Low RX	\$68.33	\$310.90	\$221.71	\$574.11	\$164.46	\$557.01	\$278.38	\$798.73
UHC Choice HDHP/High RX	\$73.28	\$314.96	\$237.79	\$577.11	\$172.73	\$565.73	\$301.12	\$802.97
Part-Time Employees¹								
Quantum Care 750/Low RX	\$199.25	\$250.26	\$497.65	\$453.75	\$413.08	\$434.12	\$694.60	\$650.95
Quantum Care 750/High RX	\$206.85	\$251.67	\$513.73	\$456.75	\$425.17	\$439.02	\$717.34	\$655.19
UHC Choice 1000/Low RX	\$96.66	\$334.91	\$230.90	\$682.50	\$203.62	\$609.74	\$334.92	\$956.90
UHC Choice 1000/High RX	\$104.26	\$336.32	\$246.98	\$685.50	\$215.71	\$614.64	\$357.66	\$961.14
UHC Choice HDHP/Low RX	\$103.90	\$275.33	\$233.87	\$561.95	\$179.64	\$541.83	\$270.67	\$806.44
UHC Choice HDHP/High RX	\$111.50	\$276.74	\$249.95	\$564.95	\$191.73	\$546.73	\$293.41	\$810.68

Dental (Paid Before Tax)

Coverage Level	Aetna Managed (DMO)	Aetna PDN (Low Option)	Aetna PDN (High Option)
Employee Only	\$7.44	\$13.31	\$28.25
Employee + Spouse	\$14.86	\$26.61	\$56.44
Employee + Child(ren)	\$19.88	\$35.59	\$75.52
Employee + Family	\$25.22	\$45.17	\$95.86

Vision (Paid Before Tax)

Coverage Level	Superior Vision
Employee Only	\$3.50
Employee + Spouse	\$7.53
Employee + Child(ren)	\$5.67
Employee + Family	\$10.33

¹ **If you are a part-time employee over age 55, Texas Health provides you with a subsidy for medical coverage** equal to the difference between the cost of coverage for a full-time employee earning between \$50,000 and \$74,999 a year and a part-time employee's cost. When you enroll online, the premium amount you see will have the "part-time over age 55" subsidy included. Your paycheck will show a deduction for the part-time premium along with a medical subsidy as additional income.

The table below and on the following pages shows your benefit costs per paycheck.

Additional Life* (Paid After Tax)

Your Age*	Cost per pay period per \$1,000 of coverage
Under 30	\$0.016
30 - 34	\$0.020
35 - 39	\$0.028
40 - 44	\$0.036
45 - 49	\$0.056
50 - 54	\$0.087
55 - 59	\$0.131
60 - 64	\$0.171
65 - 69	\$0.254
70 - 74	\$0.345
75 - 79	\$0.496

Spouse Life* (Paid After Tax)

Your Age*	Cost per pay period per \$1,000 of coverage
Under 30	\$0.026
30 - 34	\$0.035
35 - 39	\$0.040
40 - 44	\$0.044
45 - 49	\$0.066
50 - 54	\$0.102
55 - 59	\$0.190
60 - 64	\$0.291
65 - 69	\$0.560
70 - 74	\$0.908
75+	\$0.908

Child Life (Paid After Tax)

Coverage	Cost per pay period
All your children	\$0.269 for \$10,000 of coverage

Universal Life with Long Term Care (Paid After Tax)

Coverage	Cost per pay period
Selected during enrollment	Based on coverage you elect

Additional AD&D (Paid Before Tax)

Coverage Level	Cost per pay period per \$1,000 of coverage
Employee Only	\$0.006
Employee + Family	\$0.005

* Additional and Spouse Life rates are based on the employee's age as of Jan. 1, 2026.

Cost of Disability Coverage

To calculate your premiums for disability coverage, multiply your hourly base rate by the cost of coverage listed in the tables below. For example, if you earn \$20 per hour and you are electing STD with a 14-day waiting period, multiply \$20 x \$0.7643 = \$15.29 per paycheck.

If you are a part-time employee, multiply \$20 x \$0.7643 x (hours you are regularly scheduled to work ÷ 80).

STD (Paid After Tax)

Waiting Period	Rate Multiplier
14 days	\$0.7643
30 days	\$0.5317

Additional LTD (Paid After Tax)

Coverage	Rate Multiplier
Additional LTD ("Buy-Up" Plan)	\$0.2565

Calculating Premiums

Your premiums for medical, life, AD&D, and disability benefits are based on your current salary. See the Calculation of Your Premiums FAQ on BeHealthyTHR.org for more details on how your premiums are calculated and how they may change during the year.

Pet Insurance (Paid After Tax)

Coverage	Cost per pay period
Selected during enrollment	Based on coverage you elect

ID Protection (Paid After Tax)

Coverage	Cost per pay period
Employee Only	\$3.55
Employee + Family	\$6.05

Legal Insurance (Paid After Tax)

Coverage	Cost per pay period
Employee + Parents	\$9.04

¹ If an employee's salary increases, premiums for salary-based benefits (medical, short-term disability, long-term disability) will change accordingly.

The table below and on the following pages shows your benefit costs per paycheck.

Hospital Indemnity

(Paid After Tax)

Coverage Level	Low Option	High Option
Employee Only	\$4.28	\$8.42
Employee + Spouse	\$8.55	\$16.85
Employee + Child(ren)	\$8.29	\$15.02
Employee + Family	\$12.57	\$23.45

Accident Insurance

(Paid After Tax)

Coverage Level	Low Option	High Option
Employee Only	\$1.71	\$3.94
Employee + Spouse	\$3.42	\$6.97
Employee + Child(ren)	\$3.67	\$8.48
Employee + Family	\$5.38	\$11.51

Critical Illness Insurance¹ (Paid After Tax)

Your Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$15,000 OF COVERAGE				
29 and Under	\$1.92	\$3.85	\$1.99	\$3.92
30-34	\$2.62	\$5.23	\$2.69	\$5.30
35-39	\$2.96	\$5.93	\$3.03	\$6.00
40-44	\$3.59	\$7.17	\$3.66	\$7.24
45-49	\$5.18	\$10.36	\$5.25	\$10.43
50-54	\$7.26	\$14.51	\$7.32	\$14.58
55-59	\$10.65	\$21.30	\$10.72	\$21.36
60-64	\$17.99	\$35.97	\$18.06	\$36.04
65 and Over	\$39.59	\$79.17	\$39.66	\$79.24
\$30,000 OF COVERAGE				
29 and Under	\$3.17	\$6.34	\$3.31	\$6.48
30-34	\$4.56	\$9.11	\$4.69	\$9.25
35-39	\$5.25	\$10.50	\$5.39	\$10.63
40-44	\$6.49	\$12.99	\$6.63	\$13.13
45-49	\$9.68	\$19.36	\$9.82	\$19.50
50-54	\$13.83	\$27.66	\$13.97	\$27.80
55-59	\$20.62	\$41.23	\$20.76	\$41.37
60-64	\$35.29	\$70.59	\$35.43	\$70.73
65 and Over	\$78.49	\$156.99	\$78.63	\$157.13

¹ Employee and spouse rates are based on the employee's age as of Jan. 1.

Be Healthy Wellness Program

Texas Health offers a variety of ways to support your journey to better well-being through our employee wellness program, *Be Healthy*.

In 2026, employees enrolled in medical coverage can earn up to \$600 in rewards and enrolled spouses can earn \$175. The goal of each program offered through *Be Healthy* is to support you along your health journey, but some programs can also earn rewards! Visit BeHealthyTHR.org/be-healthy for more information about the programs available.

Be Healthy is powered by the Personify Health platform. Employees can join Personify Health and log in through MyTHR.org. Select the *Benefits* tile, then select *Be Healthy* Rewards. Personify Health will open in a new page.

Spouses will use join.personifyhealth.com/BeHealthy.

Quick Links

There is so much additional information online at BeHealthyTHR.org, a site that is accessible from work, home, and mobile devices. Click the links below to go directly to content you may find helpful while making your benefits decisions.

BeHealthyTHR.org

1-877-MyTHRLink - Call carriers or Texas Health Benefits Support

[Preferred Hospital List](#)

[Who Can Be Covered](#)

[Summary of Benefits and Coverage \(SBC\)](#)

[Human Resources Contacts](#)

Visit BeHealthyTHR.org/how-to-enroll for details on how to enroll in your Texas Health benefits.

We care about how you're doing—body, mind, and spirit—and want to make it easy to access resources that support your well-being. **Scan the QR code below to take a look!**



Questions?

If you have questions about a benefit or enrollment, contact the Benefits department. Email THRBenefitsSupport@texashealth.org or call **1-877-MyTHRLink** (1-877-698-4754), prompt 9, Monday through Friday, 8 a.m. to 5 p.m.