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**2023 Benefits Guide**

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## PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

McCoy Corporation strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you are getting the most out of our benefits—that is why we have put together this Benefit Guide.

This guide will outline all of McCoy Corporation’s different benefits, so you can identify which offerings are best for you and your family.

Elections you make during open enrollment will become effective on January 1, 2023. See page 3 for more information on eligibility periods. If you have questions about any of the benefits mentioned in this guide, please do not hesitate to reach out to the benefits team.

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**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 36 for more details**

## IMPORTANT CONTACTS

Throughout the plan year, you will have questions on your employee benefits. If you need personal assistance or have a general question about your employee benefits, please call the following:

	Policy #	Phone	Website or Email
<b>McCoy's Benefit Team</b>		866-690-9357	<a href="mailto:Benefits@mccoys.com">Benefits@mccoys.com</a>
<b>Medical</b> BlueCross BlueShield of Texas (Blue Choice PPO Network)	301636	866-245-6747	<a href="http://BCBSTX.com">BCBSTX.com</a>
<b>Virtual Visit</b> MD Live	301636	888-680-8646	<a href="http://MDLIVE.com/bcbstx">MDLIVE.com/bcbstx</a>
<b>Dental</b> Guardian	481700	800-541-7846	<a href="http://GuardianAnytime.com">GuardianAnytime.com</a>
<b>Vision</b> Guardian (VSP Network)	481700	877-393-7363	<a href="http://GuardianAnytime.com">GuardianAnytime.com</a>
<b>Short Term Disability</b>		866-690-9357	<a href="mailto:Benefits@mccoys.com">Benefits@mccoys.com</a>
<b>Long Term Disability</b> NY Life		800-362-4462	<a href="http://NYLife.com">NY Life.com</a>
<b>Life/AD&amp;D</b> NY Life	FLX-968263	800-362-4462	<a href="http://NYLife.com">NY Life.com</a>
<b>Employee Assistance Program</b> Resources for Living		888-238-6232	<a href="http://www.resourcesforliving.com">www.resourcesforliving.com</a> SN: McCoys PW: EAP
<b>Flexible Spending Account &amp; Health Savings Account</b> Wex Benefits	17250	1-833-CALL- WEX	<a href="http://www.wexinc.com">www.wexinc.com</a>
<b>401K</b> Voya	555376	800-584-6001	<a href="http://VoyaRetirementPlans.com">VoyaRetirementPlans.com</a>
<b>Financial Advisor</b> NFP		800-959-0071	<a href="http://NFP.com/Retirement">NFP.com/Retirement</a>

**PLEASE CONTACT THE BENEFITS TEAM FOR ENROLLMENT TRANSACTIONS AND VERIFICATION OF ELIGIBILITY.**

## ELIGIBILITY

### WHO IS ELIGIBLE?

If you are an active employee working 37 hours or more per week, you are eligible to enroll in McCoy Corporation's benefit program the first of the month, following a 60-day waiting period. Eligibility for short-term disability occurs upon completion of one year of full-time service. Eligibility for long-term disability occurs upon completion of three full years of full-time service. If you are an active employee working 30 hours or more per week, you are eligible to enroll in our medical plan. Eligibility is determined by using two methods.

1. You were hired with the expectation of working 30 or more hours per week. Eligibility would occur the first day of the month following a 60-day waiting period.
2. You were hired and it was unknown how many hours you would be working. You will be placed in a measurement group. The measurement period is 12 months. Our standard measurement period for the 2023 enrollment is 10/22/2022 – 11/2/2023. If you are deemed to have met the 30 or more hours during this measurement period, you will be offered benefits effective January 1, 2023. If you did not meet the 30 hours during this measurement period, your hours will be reviewed monthly and should you meet the 30-hour requirement, you will be offered benefits at that time.

### WHO CAN BE ENROLLED ON THE PLAN?

You may enroll your eligible dependents in the medical, dental, vision, and voluntary life programs. Your eligible dependents include the following:

- Legal spouse
- Natural children
- Adopted children
- Stepchildren
- Children for whom you are a legal guardian
- Children you are required to provide coverage for as a result of a qualified medical child support order

### MEDICAL – BLUECROSS BLUESHIELD OF TEXAS

McCoy's Buy-up, Base Plan, and High Deductible Health Plan (HDHP/HSA) are Preferred Provider Organizations (PPO). A PPO offers two levels of coverage – one for care provided by BCBSTX in-network providers/facilities and another for non-network providers/facilities. You will receive the highest benefit level when you choose to stay in network. When you choose to stay in network, you will not be required to pay any charges above the amount that BCBSTX allows for covered services. There is information on accessing virtual care through the MDLive platform later in the guide. You can also locate a BCBSTX provider by visiting their website at [www.bcbstx.com](http://www.bcbstx.com) Click on "Find a Doctor or Hospital".

- Reimbursement for non-network treatment is based primarily on a percentage of the published rates allowed by Medicare.
- Balance billing may occur when utilizing out-of-network providers and facilities.
- Medical and prescription copays will apply towards the out-of-pocket maximum.

## BUY-UP PPO PLAN – BLUE CROSS BLUE SHIELD/PRIME THERAPEUTICS

Plan Information	Buy-Up PPO	
	In-Network	Out-of-Network
<b>Annual Deductible</b>	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family
<b>Annual Out-of-Pocket Max**</b>	\$5,000 Individual \$10,000 Family	\$10,000 Individual \$20,000 Family
<b>Inpatient Hospitalization</b>	\$500 copay; then 20% after deductible	\$500 copay; then 40% after deductible
<b>Preventive Care - Well Baby &amp; Child Care, Annual Physicals, Lab &amp; X-ray for Preventive Care</b>	0%; deductible waived	40%; after deductible
<b>Virtual Visits – MD Live</b>	No charge	
<b>Primary Care Office Visit</b>	\$40 copay	40%; after deductible
<b>Specialist Office Visit</b>	\$40 copay	40%; after deductible
<b>Vision Exam - No refraction, once every 2 years</b>	\$40 copay	40%; after deductible
<b>Office Setting Surgery</b>	Included in office visit copay	40%; after deductible
<b>Outpatient Surgery</b>	20%; after deductible	40%; after deductible
<b>In Patient Surgery</b>	20%; after deductible	40%; after deductible
<b>Urgent Care</b>	\$50 copay	40%; after deductible
<b>Lab &amp; X-ray - Excluding major diagnostics</b>	Included in office visit copay	40%; after deductible
<b>Major Diagnostics</b>	20%; after deductible	40%; after deductible
<b>Emergency Care (Facility) – ER physician charges apply to deductible then 20%</b>	\$350 copay (true emergency)	
<b>Chiropractic Care - Limited to 20 visits/year</b>	\$40 copay	40%; after deductible
<b>Physical Therapy - Limited to 30 visits/year</b>	\$40 copay	40%; after deductible
<b>Behavioral Health/Chemical Dependency Services</b>		
<b>Inpatient Care – Hospital Facility</b>	20% after deductible	40%; after deductible
<b>Outpatient Visits</b>	\$40 copay	40%; after deductible
<b>Prescription Drugs – Prime Therapeutics</b>		
<b>Retail Pharmacy – 31-day supply</b>		
<b>Tier 1</b>	20%; min \$10/max \$25	No coverage
<b>Tier 2</b>	30%; min \$30/max \$50	
<b>Tier 3</b>	40%; min \$50/max \$75	
<b>Diabetic Supplies – certain supplies may not be available through the pharmacy</b>	0%; deductible waived	40%; after deductible
<b>Mail Order – 90-day supply</b>	2x Retail	No coverage

## BASE PPO PLAN – BLUE CROSS BLUE SHIELD/ PRIME THERAPEUTICS

Plan Information	Base PPO	
	In-Network	Out-of-Network
<b>Annual Deductible</b>	\$4,000 Individual \$8,000 Family	\$8,000 Individual \$16,000 Family
<b>Annual Out-of-Pocket Max**</b>	\$7,150 Individual \$14,300 Family	\$14,300 Individual \$28,600 Family
<b>Inpatient Hospitalization</b>	\$500 copay; then 30% after deductible	\$500 copay; then 50% after deductible
<b>Preventive Care - Well Baby &amp; Child Care, Annual Physicals, Lab &amp; X-ray for Preventive Care</b>	0%; deductible waived	50%; after deductible
<b>Virtual Visits – MD Live</b>	No charge	
<b>Primary Care Office Visit</b>	\$40 copay	50%; after deductible
<b>Specialist Office Visit</b>	\$50 copay	50%; after deductible
<b>Vision Exam - No refraction, once every 2 years</b>	\$40 copay	50%; after deductible
<b>Office Setting Surgery</b>	Included in office visit copay	50%; after deductible
<b>Outpatient Surgery</b>	30%; after deductible	50%; after deductible
<b>Inpatient Surgery</b>	30%; after deductible	50%; after deductible
<b>Urgent Care</b>	\$75 copay	50%; after deductible
<b>Lab &amp; X-ray - Excluding major diagnostics</b>	Included in office visit copay	50%; after deductible
<b>Major Diagnostics</b>	30%; after deductible	50%; after deductible
<b>Emergency Care (Facility) – ER physician charges apply to deductible then 30%</b>	\$350 Copay (true emergency)	
<b>Chiropractic Care - Limited to 20 visits/year</b>	\$50 copay	50%; after deductible
<b>Physical Therapy - Limited to 30 visits/year</b>	\$50 copay	50%; after deductible
<b>Behavioral Health/Chemical Dependency Services</b>		
<b>Inpatient Care – Hospital Facility</b>	30% after deductible	50%; after deductible
<b>Outpatient Visits</b>	\$40 copay	50%; after deductible
<b>Prescription Drugs – Prime Therapeutics</b>		
<b>Retail Pharmacy – 31-day supply</b>		
<b>Tier 1</b>	20%; min \$20/max \$30	No coverage
<b>Tier 2</b>	30%; min \$40/max \$75	
<b>Tier 3</b>	40%; min \$60/max \$100	
<b>Diabetic Supplies – certain supplies may not be available through the pharmacy</b>	0%; deductible waived	50%; after deductible
<b>Mail Order – 90-day supply</b>	2x Retail	No coverage

# HEALTH SAVINGS ACCOUNT

## OVERVIEW

A Health Savings Account (HSA) lets you make the most of your earnings by setting aside tax-free dollars for medical, dental, and vision expenses. HSAs are individually owned and provide a triple-tax advantage:

1. Money you deposit is tax free
2. Account growth is tax free until you use it
3. Withdrawals are tax free when used on eligible expenses

Every year the IRS establishes maximum contributions for an HSA. For 2023 they are as follows:

	2023 IRS Maximum	McCoy's Funding	McCoy's Employee Maximum
<b>Individual</b>	\$3,850	\$700 over 26 pay periods	\$3,150 = \$121.15 per pay period
<b>Family</b>	\$7,750	\$1,500 over 26 pay periods	\$6,250 = \$240.38 per pay period
<b>Age 55+ Catch Up</b>	\$1,000	\$0	\$1,000 = \$38.46 per pay period

## ELIGIBILITY

You must be enrolled in the Health Savings Account (HSA) Medical Plan to get an HSA account set up, which can be used to pay for out-of-pocket expenses until you have met your deductible, at which point your health plan kicks in. You cannot be enrolled in a general-purpose Flexible Spending Account (see page 16) and an HSA at the same time. You are also ineligible to participate in the HSA if you have other coverage, are enrolled in Medicare, Tri-care, or if you are claimed as a dependent on someone else's tax return. Please visit [www.wexinc.com](http://www.wexinc.com) for more information on eligibility.

## SPENDING

The HSA covers qualifying medical, dental and vision expenses. To find out which specific expenses are eligible, view our searchable eligibility list at: [https://www.wexinc.com/insights/benefits-toolkit/eligible-expenses/?utm\\_source=oe&utm\\_medium=wby&utm\\_campaign=2021-employer](https://www.wexinc.com/insights/benefits-toolkit/eligible-expenses/?utm_source=oe&utm_medium=wby&utm_campaign=2021-employer)

WEX makes it easy to access your HSA funds with the WEX (formerly Discovery Benefits) debit card, which can be used to pay for eligible expenses, so you'll reduce your out-of-pocket costs.

## SAVING

To take the guesswork out of election decisions, WEX offers a free savings calculator to help you decide how much to set aside. Calculate your savings today at: [https://www.wexinc.com/insights/benefits-toolkit/hsa-savings-calculator/?utm\\_source=oe&utm\\_medium=wby&utm\\_campaign=2021-employer](https://www.wexinc.com/insights/benefits-toolkit/hsa-savings-calculator/?utm_source=oe&utm_medium=wby&utm_campaign=2021-employer)

Simplifying benefits for everyone.



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## HSA ELIGIBLE HDHP – BLUE CROSS BLUE SHIELD/ PRIME THERAPEUTICS

Plan Information	HSA Eligible HDHP	
	In-Network	Out-of-Network
<b>Annual Deductible</b>	\$3,500 Individual \$7,000 Family	\$5,000 Individual \$10,000 Family
<b>Annual Out-of-Pocket Max**</b>	\$6,750 Individual \$13,500 Family	\$10,000 Individual \$20,000 Family
<b>Inpatient Hospitalization</b>	30%; after deductible	50%; after deductible
<b>Preventive Care - Well Baby &amp; Child Care, Annual Physicals, Lab &amp; X-ray for Preventive Care</b>	0%; deductible waived	50%; after deductible
<b>Virtual Visits – MD Live</b>	Medical: \$48 fee Behavioral: \$90-\$250 fee	
<b>Primary Care Office Visit</b>	30%; after deductible	50%; after deductible
<b>Specialist Office Visit</b>	30%; after deductible	50%; after deductible
<b>Vision Exam - No refraction, once every 2 years</b>	30%; after deductible	50%; after deductible
<b>Office Setting Surgery</b>	30%; after deductible	50%; after deductible
<b>Outpatient Surgery</b>	30%; after deductible	50%; after deductible
<b>In Patient Surgery</b>	30%; after deductible	50%; after deductible
<b>Urgent Care</b>	30%; after deductible	50%; after deductible
<b>Lab &amp; X-ray - Excluding major diagnostics</b>	30%; after deductible	50%; after deductible
<b>Major Diagnostics</b>	30%; after deductible	50%; after deductible
<b>Emergency Care</b>	30%; after deductible	
<b>Chiropractic Care - Limited to 20 visits/year</b>	30%; after deductible	50%; after deductible
<b>Physical Therapy - Limited to 30 visits/year</b>	30%; after deductible	50%; after deductible
<b>Behavioral Health/Chemical Dependency Services</b>		
<b>Inpatient Care – Hospital Facility</b>	30%; after deductible	50%; after deductible
<b>Outpatient Visits</b>	30%; after deductible	50%; after deductible
<b>Prescription Drugs – Prime Therapeutics</b>		
<b>Retail Pharmacy – 31-day supply</b>		
<b>Tier 1</b>	30%; after deductible	No coverage
<b>Tier 2</b>	30%; after deductible	
<b>Tier 3</b>	30%; after deductible	
<b>Diabetic Supplies – certain supplies may not be available through the pharmacy</b>	0%; after deductible	50%; after deductible
<b>Mail Order – 90-day supply</b>	30%; after deductible	No coverage



## McCoy's WELLNESS CREDITS

McCoy's is committed to improving the health of our employees and their families. By improving overall health, we believe that together we can have a favorable impact on the cost of our medical program and continue to provide competitive benefits at an affordable rate for years to come. These wellness credits are designed to offset your medical premiums upon completion. The available credits for covered employees and spouses are as follows:

Wellness Activity - Completed by Employees & Covered Spouses	Available Premium Credit
<b>Biometric Screening with Annual Physical*</b>	Wellness PTO Day <u>or</u> \$500 premium credit**
<b>Total Maximum Credits Available</b>	\$500 Annually per Employee \$1,000 Annually for Employees and Covered Spouses

\*Your Annual Wellness visit is covered at 100% under any plan with an in-network provider. However, if you are treated for any other condition during your wellness exam (i.e., fatigue, headaches, muscle pain, etc.) your physician will invoice BCBSTX as a diagnostic exam and you will be responsible for the copay or office visit on the HDHP.

\*\*Wellness PTO will NOT pay out in the event of termination. Full time employees are eligible for 8 hours of wellness PTO; Part time employees are eligible for 4 hours of wellness PTO. Spouses are eligible for the \$500 premium credit.

### **Reasonable Alternative Standards Notice:**

*Your group health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all eligible employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Benefits and we will work with you to find a wellness program with the same reward that is right for you in consideration of your health status.*

## McCoy's TOBACCO CESSATION ASSISTANCE PROGRAM

McCoy's Building Supply offers a tobacco cessation assistance program for employees, covered spouses, and dependents to help with the difficult task of quitting tobacco use. We understand that nicotine is addictive and can be a hard habit to kick, so to assist you in your quest to become tobacco free, the Company will reimburse up to \*\$500 per year toward the cessation products of choice for each employee, covered spouse and/or dependents. These benefits are payable upon receipt of a valid receipt for an eligible expense. Employees who elect to participate in our Tobacco Cessation Program will receive additional information and instructions from our nurse, Jan Blex.

### YOUR PARTICIPATION IS VOLUNTARY, AND ENROLLMENT IS ONLY AVAILABLE ONCE PER YEAR.

When you select to join the Program, you and/or your covered spouse (if applicable) agree to participate in the Tobacco Cessation Program and will **NOT** be charged a Tobacco Usage Fee. If you and/or your covered spouse do not satisfy the requirements of the program, you will be charged the Tobacco Usage Fee and will not be eligible to participate in the program until the next plan year.

Employees are also encouraged to use the following resources:

- American Cancer Society QuitLine (877-937-7848)
- American Lung Association HelpLine (800-LUNGUSA / 800-586-4872)
- An online cessation program ([www.ffsonline.org](http://www.ffsonline.org)) is offered through the American Lung Association for a nominal fee (\$40.00 annually) that is eligible for reimbursement under the Tobacco Cessation Assistance Program.

### **TOBACCO USAGE FEE: \$40 PER PAY PERIOD - WAIVED IF A TOBACCO USER AND/OR THEIR COVERED SPOUSE PARTICIPATES IN THE TOBACCO CESSATION ASSISTANCE PROGRAM.**

**Please Note:** Tobacco Usage includes all forms of tobacco including the use of e-cigarettes, vaporizers and any other electronic devices.

\*Excludes e-cigarettes, vaporizers, and any other electronic device

## WHERE TO GO FOR MEDICAL CARE

Your physician has easy access to your records, knows the bigger picture of your health and may even offer same-day appointments to meet your needs. When seeing your physician is not possible, however, it's important to know your quick care options to find the place that's right for you and help avoid financial surprises. Compare your choices today at [www.bcbstx.com](http://www.bcbstx.com).



Your Doctor Is In...Provider Finder®

Go to [bcbstx.com](http://bcbstx.com) and log in or create a Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) account and click on the Doctors and Hospitals tab in Provider Finder to:

- Find in-network providers, hospitals, laboratories and more.
- Search by specialty, ZIP code, language spoken, gender and more.
- See clinical certifications and recognitions.
- Estimate the out-of-pocket costs of more than 1,600 health care procedures, treatments and tests.\*
- Use quality awards such as Blue Distinction<sup>®</sup> Center (BDC), BDC+ or Total Care to inform your choices.
- See side-by-side provider or facility quality ratings and patient reviews.\*



### Go Mobile with BCBSTX

At [bcbstx.com](http://bcbstx.com), log into or create your BAM account. You can stay linked to your claims activity, member ID card and coverage details. It's also where to see prescription refill reminders and health tips by text messages at 33633.

	Virtual Visits powered by MDLIVE	Doctor's Office	Retail Health Clinic	Urgent Care Center	Hospital ER	Freestanding ER
Who usually provides care	Primary Care Pediatrics, Family and Emergency Medicine Doctors	Primary Care Doctor	Physician Assistant or Nurse Practitioner	Internal Medicine, Family Practice and Pediatric	ER Doctors, Internal Medicine, Specialists	ER Doctors
Sprains, strains		■	■	■	<ul style="list-style-type: none"> <li>• Any life-threatening or disabling conditions</li> <li>• Sudden or unexplained loss of consciousness</li> <li>• Major injuries</li> <li>• Chest pain; numbness in the face, arm or leg; difficulty speaking</li> <li>• Severe shortness of breath</li> <li>• High fever with stiff neck, mental confusion or difficulty breathing</li> <li>• Coughing up or vomiting blood</li> <li>• Cut or wound that won't stop bleeding</li> <li>• Possible broken bones</li> </ul>	<ul style="list-style-type: none"> <li>• Most major injuries except for trauma<sup>1</sup></li> <li>• May also provide imaging and lab services but do not offer trauma or cardiac services requiring catheterization<sup>1</sup></li> <li>• Do not always accept ambulances</li> </ul>
Animal bites		■	■	■		
X-rays				■		
Stitches				■		
Mild asthma	■	■	■	■		
Minor headaches	■	■	■	■		
Back pain		■	■	■		
Nausea, vomiting, diarrhea	■	■	■	■		
Minor allergic reactions	■	■	■	■		
Coughs, sore throat	■	■	■	■		
Bumps, cuts, scrapes	■	■	■	■		
Rashes, minor burns	■	■	■	■		
Minor fevers, colds	■	■	■	■		
Ear or sinus pain	■	■	■	■		
Burning with urination	■	■	■	■		
Eye swelling, irritation, redness or pain	■	■	■	■		
Vaccinations		■	■	■		

### FREESTANDING EMERGENCY ROOMS

Many people have been surprised by their bill after visiting a freestanding emergency room, sometimes referred to as urgency centers. These facilities typically bill at ER rates (or higher) and can be \$1,500+ more than an Urgent Care Center. Make sure to use [www.bcbstx.com](http://www.bcbstx.com) to locate real urgent cares in your area.

## WHY USE A NETWORK PROVIDER

**Better coverage.** Your BCBSTX medical plan offers access to a large, national network that includes more than 978,000 health care providers and 6,100 hospitals.


**Lower costs.** Negotiated rates with network providers may help you spend less.

**Less paperwork.** Network providers secure approvals for services and submit your claims to BCBSTX for you.

The following example shows how your financial responsibility may be lower when you seek care from a network provider rather than an out-of-network provider. Example is for illustrative purposes only and assumes the annual deductible is met.

ACL knee repair at outpatient ambulatory surgery center

	In Network	Out-of-Network
<b>A. Provider Bill</b>	\$10,000	\$10,000
<b>B. Network Discounts</b>	\$6,500	Not applicable
<b>C. Amount Allowed</b>	\$3,500	\$4,200
<b>D. Health Plan Paid</b>	\$2,800	\$3,360
<b>E. Your Responsibility</b>	\$700	\$840
<b>F. Potential Balance Billing</b>	Not applicable	\$5,800
<b>Potential Member Responsibility (E + F)</b>	<b>\$700</b>	<b>\$6,640</b>



**Savings of \$5,940 in  
this example**

### WHAT TO DO IF BALANCE-BILLED BY AN OUT OF NETWORK PROVIDER

Call the number on your health plan ID card for assistance. If you did not choose to use an out of network provider, we may advocate on your behalf, depending on your benefit plan. If you did choose an out of network provider or facility, Blue Cross may attempt to negotiate a lower payment, depending on your benefit plan. If negotiations are unsuccessful, you may be responsible for the balance billed by the provider.

Visit Find a Doctor or Hospital on [www.bcbstx.com](http://www.bcbstx.com) to determine whether the location you're considering has anesthesiologists, emergency room physicians, pathologists and radiologists that are in network.

### TO FIND PROVIDERS AND FACILITIES WITHIN YOUR NETWORK:

Call the number on your ID card | Download the BCBSTX App | Visit [www.bcbstx.com](http://www.bcbstx.com)

If your doctor has ordered a procedure and you're not sure where to start, call a Benefits Value Advisor\* (BVA). Chat with us day or night\*\* and we can help you find an in-network provider. We'll even help you find affordable options and schedule your appointment. Download the BCBSTX App from the Apple App Store or Google Play Store, or text BCBSTXAPP to 33633.

## VIRTUAL VISIT INFORMATION

When you do not feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now, you do not have to. A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and your virtual doctor can write a prescription, if needed, that you can pick up at your local pharmacy. Moreover, it's part of your health benefits.

### CONDITIONS COMMONLY TREATED

- Bladder infection/urinary tract infection
- Bronchitis
- Cold/flu
- Diarrhea
- Fever
- Migraine/headaches
- Pink eye
- Rash
- Sinus problems
- Sore throat
- Stomach ache

### ACCESS VIRTUAL VISITS

Log in to [MDLIVE.com/bcbstx](https://MDLIVE.com/bcbstx) and click Activate Now where you can register for an account. After registering and requesting a visit, you will enter a virtual waiting room. During your visit, you will be able to talk to a doctor about your health concerns, symptoms and treatment options. Access is also available through the MDLIVE app or you can call in at 888-680-8646.

#### Use Virtual Visits When:

Your doctor is unavailable

You become ill while traveling

You are considering visiting an ER for a non-emergency health condition

#### Not Good For:

Anything requiring an extensive test

Complex or chronic conditions

Injuries requiring bandaging or broken bones

### COST

Virtual visits are covered at no cost on the Base and Buy-up Plan. The HDHP/HSA plan has a \$48 fee for Medical visits and \$90-\$250 for Behavioral visits.

# AIRROSTI

## WHAT IS AIRROSTI?

Diagnosis	<ul style="list-style-type: none"> <li>• Expert diagnosis</li> <li>• Provider performs a clinical assessment</li> <li>• Diagnosis the root cause of your pain or injury</li> </ul>
Quality	<ul style="list-style-type: none"> <li>• Quality Patient Care</li> <li>• Hour-long appointment</li> <li>• Highly specific manual therapy &amp; individualized exercise</li> </ul>
Results	<ul style="list-style-type: none"> <li>• Consistent Results</li> <li>• Increased flexibility and range of motion</li> <li>• Most patients see results within 3 visits</li> </ul>

## WHY USE AIRROSTI?



Airrosti can help with a wide variety of conditions and can help prevent surgeries that can be costly and have a long recovery period.

99.7% of Airrosti patients report being completely satisfied with their treatment plan and the results. With a patient list reaching almost 2 million, that is an impressive statement.

## ACCESSING AIRROSTI

You have two options to receive Airrosti care; in person with an in network provider or virtually through Airrosti's Remote Recovery program.

The Remote Recovery program provides clinical expertise and convenient access to the following:

- Virtual musculoskeletal diagnosis and care provided by a licensed clinician
- Personalized remote recovery program that is customized to fit each patient's unique case
- Outcome tracking and reporting

Programs are customized to you and your needs with constant monitoring.

## DENTAL – GUARDIAN

McCoy Corporation offers a dental plan insured by Guardian and uses the DentalGuard Preferred network. The dental plan offers two levels of coverage – one for care provided by DentalGuard in-network providers and another for non-network providers. When you choose an in-network provider, you are not required to pay any provider charges above the amount that Guardian allows for covered services. You can locate in-network providers by logging in to the website [GuardianAnytime.com](https://GuardianAnytime.com). Click “Find a Provider,” click the “Find a Dentist” link and select “PPO” from the dropdown menu for your dental plan and “DentalGuard Preferred” for your dental network.

Treatment is also available from dentists who do not participate in the network, but their fees are subject to the Usual, Customary and Reasonable (UCR) charges for the particular dental service. The non-network charges are reimbursed at the 90th percentile of UCR. Out-of-network dentists are allowed to bill you for the difference in the amount they charge and what Guardian reimburses.

Plan Information	In Network	Out of Network <sup>1</sup>
<b>Calendar Year Deductible</b>	\$50 Individual Not to exceed \$150 for Family	
<b>Calendar Year maximum</b>	\$1,000 per covered individual	
<b>Preventive Services – exams, cleanings<sup>2</sup>, fluoride treatments, x-rays, sealants</b>	Plan pays 100%; deductible waived	
<b>Basic Services – space maintainers, restorations (amalgam &amp; composite), simple extractions, oral surgery</b>	Plan pays 80% after deductible	
<b>Major Services – endodontics, periodontics, inlays, onlays, crowns, dentures</b>	Plan pays 50% after deductible	
<b>Orthodontia (for children under 19) – diagnostic &amp; retention treatment</b>	Plan pays 50% up to a lifetime maximum of \$1,000; deductible waived	
<b>Maximum Rollover – must visit a dentist at least once during the calendar year</b>		
<b>Rollover Threshold – use less than this amount</b>	\$500	
<b>Rollover Amount – rollover this amount to next calendar year</b>	\$250	
<b>Rollover Account Limit – maximum accumulation in rollover account</b>	\$1,000	

<sup>1</sup>The non-network percentage of benefits is based on the usual and customary fees in the geographic area in which the expenses are incurred.

<sup>2</sup>Limited to two prophylaxis in any 12 consecutive month periods.

## VISION – GUARDIAN

McCoy's utilizes the VSP Vision Network, which includes thousands of doctors, located in rural and metropolitan areas throughout the nation. Doctors provide both eye exams and eyewear, making for a convenient "one-stop" means of obtaining eye care benefits. This plan allows a higher amount covered when choosing a participating in-network provider. You can locate an in-network provider in your area by calling Customer Service or by checking the Web site [www.guardiananytime.com](http://www.guardiananytime.com). Click "Find a Provider," click the "Find a Vision Provider" link and select "VSP" for your vision network. For an online shopping experience that is within the VSP network, visit [www.eyeconic.com](http://www.eyeconic.com).

Plan Information	In Network	Out of Network – <i>Reimbursement to Participant</i>
<b>Frequency</b>		
<b>Exams</b>	Once per calendar year	
<b>Lenses</b>	Once per calendar year	
<b>Frames</b>	Once every other calendar year	
<b>Exam</b>	\$10 copay	Up to \$50
<b>Frames</b> Costco, Walmart, Sam's Club Any other contracted provider	\$70 allowance \$130 allowance	Up to \$48
<b>Lenses</b>		
<b>Single Vision</b>	\$10 copay	Up to \$48
<b>Bifocal</b>	\$10 copay	Up to \$67
<b>Trifocal</b>	\$10 copay	Up to \$86
<b>Contact Lenses</b>		
<b>Medically Necessary</b>	\$10 copay + fitting fee	Up to \$210
<b>Elective Contact Lenses</b>	\$130 allowance	Up to \$105
<b>Laser Surgery<sup>1</sup></b>	Up to 25% discount	Not covered

<sup>1</sup>Laser surgery discounts up to 25% available through a network of participating surgery centers.



## DISABILITY PLANS

McCoy Corporation offers group short term and long-term disability plans to cover you for those unexpected situations that may keep you from performing the daily responsibilities of your job. These benefits are available to help you supplement your income when you are not able to continue employment for a certain period of time.

Plan Information	Short Term Disability <sup>1</sup>
<b>Base Benefit</b>	70% of bi-weekly earnings
<b>Weekly Maximum Benefit</b>	Up to \$4,000
<b>Elimination Period – <i>accident or illness</i></b>	14 days
<b>Benefit Duration</b>	11 weeks
<b>Definition of Disability</b>	The inability to perform the material and substantial duties of your regular occupation

<sup>1</sup>Available upon completion of one year of full time service.

Note: STD is only available for non-work related injuries.

Plan Information	Long Term Disability – NY Life <sup>2</sup>	
<b>Base Benefit</b>	60% of monthly gross earnings	
<b>Monthly Maximum Benefit</b>	officers and managers	\$15,000
	all other employees	\$10,000
<b>Elimination Period</b>	90 days	
<b>Pre-existing Limitation</b>	3 / 3 / 12 A sickness or injury you receive medical treatment, consultation, care or service, or took prescription medication for. See the certificate of coverage for a complete description	
<b>Benefit Duration</b>	Social Security Normal Retirement Age – maximum benefit period determined by the age which you are deemed disabled	
<b>Own Occupation Period</b>	officers and managers	During the first 5 years of sickness and accidental injury, you are unable to earn more than 80% of your pre-disability earnings and perform the material duties of your own occupation for any employer in your local economy.
	all other employees	During the first 2 years of sickness or accidental injury, you are unable to earn more than 80% of your pre-disability earnings and perform the material duties of your own occupation for any employer in your local economy.

<sup>2</sup>Available upon completion of three years of full time service.

## BASIC LIFE/AD&D AND VOLUNTARY LIFE – NY LIFE

McCoy Corporation offers Basic Life and Accidental Death and Dismemberment (AD&D) coverage through NY Life. **McCoy Corporation pays the entire cost of this coverage for you.** Coverage ends on the date of termination of employment, with the option to convert your basic life benefits.

Plan Information	Basic Life/ADD
Life/AD&D Benefit	\$20,000
Age Reduction – <i>life benefit reduces to</i>	65% at 70; 45% at 75; 30% at 80
Accelerated Benefit	Up to 50% of covered amount
Portability/Conversion	You must apply for the individual contract by the 31st day after you cease to be insured and portability is included with evidence of insurability.

McCoy Corporation also provides all eligible employees with the option to purchase group Voluntary Life coverage provided through NY Life. Coverage is 100% contributory by the employee and ends on the date of termination of employment, with the option to convert or port your coverage.

Plan Information	Voluntary Life
Employee Life Maximum	3x salary up to \$500,000
Employee Guarantee Issue	3x salary up to \$300,000 upon initial eligibility to enroll. All requests for coverage made after the Employee's initial eligibility period must be submitted with a completed evidence of insurability and must be approved by NY Life.
Spouse Life Maximum	100% of employee amount up to \$100,000
Spouse Guarantee Issue	\$30,000 upon initial eligibility to enroll. All requests for coverage made after the Employee's initial eligibility period must be submitted with a completed evidence of insurability and must be approved by NY Life.
Child(ren) Benefit	Birth – 14 days: \$500 14 days – 6 months: \$1,000 6 months – 26 years: \$5,000 or \$10,000
Age Reduction	None
Conversion	You must apply for individual life contracts by the 31 <sup>st</sup> day after you cease to be insured
Portability	Employees and their families with life coverage may be eligible to port coverage. The portability application period is the 31 <sup>st</sup> day after your voluntary life coverage ends and the 1 <sup>st</sup> premium must be paid during this time.

## FLEXIBLE SPENDING ACCOUNTS – WEX BENEFITS

McCoy Corporation's Flexible Spending Account (FSA) is administered by WEX. Your FSA contributions, deducted on a pre-tax basis, may be used to pay for qualified health and/or dependent care expenses. Be sure to save all your itemized receipts as you may be required to produce them. This may happen during a plan year audit. For the 2023 Plan Year, you may elect up to \$3,050 for your Health FSA, and up to \$5,000 (\$2,600 if married, filing separately) for your Dependent Care FSA. **You cannot elect the FSA if you are participating in the HSA Plan.** For more information, please visit the IRS website at

[http://www.irs.gov/publications/p969/ar02.html#en\\_US\\_publink100038864](http://www.irs.gov/publications/p969/ar02.html#en_US_publink100038864)

**Health FSA** - A Health FSA allows you to set aside tax-free dollars into an account that will reimburse you for out-of-pocket medical, dental, and vision expenses "incurred" during the plan year (1/1/23 – 12/31/23). The term "incurred" means that the service must be performed during the plan year. Eligible expenses may be incurred by you, your spouse, or your dependent child(ren). Reimbursements received from your Health FSA are tax-free. In addition, you can use your debit card to pay for qualified expenses directly from your reimbursement account.

**Extension for Incurring Expenses** - If you have unused contributions in your Health FSA or Dependent Care FSA at the end of the current plan year you can continue to incur expenses during the first 2.5 months immediately following the end of the plan year and receive reimbursement for these expenses until such unused funds are depleted. All requests for reimbursement will be accepted and processed through March 31. After March 31 funds remaining in your account for current plan year will be forfeited.

Examples of eligible expenses include deductibles, copays, Lasik eye surgery, prescription drugs, and orthodontia.

For more information, please visit the IRS website at

[http://www.irs.gov/publications/p969/ar02.html#en\\_US\\_publink100038864](http://www.irs.gov/publications/p969/ar02.html#en_US_publink100038864)

### USE-IT-OR-LOSE-IT

Any money that you do not use from an FSA for expenses incurred during the plan year will be forfeited. This is governed under the IRS "use-it-or-lose-it" rule. To avoid forfeiting any money, you should estimate your expenses carefully.

### DEBIT CARD

Your Visa debit card can be used to pay at point of service for many health services received from providers that accept Visa. The debit card is a "signature" card and does not require a PIN. If a service provider has trouble processing your card, ask them to run it as "credit".

Your debit card will only work at retailers that are "IIAS Compliant". If you purchase items at an "IIAS Compliant" retailer that are eligible for reimbursement, give the retailer your FSA debit card FIRST. The payment system will determine for which items you can pay with the FSA debit card and deduct appropriately. The retailer will request alternative form of payment for items that cannot be purchased using the FSA debit card.

Keep copies of all your medical receipts and Explanation of Benefits worksheets for medical, dental, vision and eligible over the counter expenses. WEX Benefits will most likely ask you for this documentation. The only reason WEX will not ask for documentation is if the amount swiped on your debit card is equal to a copay or deductible in the McCoy's medical plan. Your debit card will be deactivated if claims substantiation / receipts are requested and not received timely.

## MOBILE APPLICATION

WEX Benefits has a mobile application that will allow you to check your balances anywhere, view final filing dates, and upload receipts and check claim activity. Your data is secure as WEX utilizes 128-bit SSL on all mobile transmissions and a passcode is required each time you enter the app. This app work on any iPhone or Android Device.

## DEPENDENT CARE FSA

The Dependent Care FSA allows you to save taxes on up to \$5,000 in “qualified” day care expenses every year. Depending on your tax bracket, the annual tax savings can add up to more than \$2,000! The maximum amount you may elect is reduced for couples that file separate returns, when one spouse is a student or when a spouse earns little or no income.

To qualify as employment-related expenses, the care must be for a qualifying individual. Under Code Section 21(b)(1) “qualifying individual” means a dependent of the taxpayer as defined in Code Section 152(a)(1) (i.e., a qualifying child) who has not attained age 13; a dependent of the taxpayer who is physically or mentally incapable of caring for himself or herself and has the same principal abode as the taxpayer for more than half of the year.

Qualified day care expenses include:

- Care provided while both parents are working or looking for work
- Care that has been provided during the plan year (1/1/23 – 12/ 31/23)
- Actual day care expenses (separate fees for services such as transportation, meals, classes, lessons, trips or supplies are not reimbursable unless the charges are included as part of your base fee – not itemized)
- Day camps, including those that focus on specific activities, such as sports and arts (overnight camps are excluded even if the camp apportions the day camp and overnight charges)
- Pre-kindergarten tuition
- Day care providers tax ID or individual’s social security number must be provided

Sample of ineligible expenses include:

- Child care provided by your tax dependent
- Child care provided by your child under age 19
- Overnight camps

Simplifying benefits for everyone.



W002

## FINANCIAL WELLNESS

### McCoy's RETIREMENT & SAVINGS PLAN - 401(k)

McCoy's offers a 401(k) Plan to all employees who are at least 18 years of age and who have completed 180 days of employment. Entry periods to begin participating will be quarterly (January 1st, April 1st, July 1st and October 1st). Contact the Benefits Team for enrollment instructions. Employees may change their deferral contribution each pay period by calling Voya or logging onto the Voya website. Fund changes can be made anytime as long as it is in accordance with Department of Labor (DOL) regulations.

McCoy's has a discretionary Company Match. In the Plan year 2023, the Company Match will be up to 5% with an annual maximum of \$1,500.

Vesting - You will always be 100% vested in the portion of your account attributable to your Employee contributions. You are also 100% vested upon your death, normal retirement, or disability. Your employer contributions are subject to the following vesting schedule based on 1000 hours worked in a calendar year:

Employer Match Contributions:

- 1 year = 0%
- 2 years = 25%
- 3 years = 50%
- 4 years = 75%
- 5 years = 100%

Auto Enroll - Your plan has an automatic election provision. If you choose not to enroll by selecting your own fund allocations and contribution percentages and not opt out of the automatic election provision, your company will automatically enroll you into the BlackRock LifePath® Index, at 2% for newly eligible. Auto escalate 1% annual increase to 12% max. Existing participants excluded.

### Already enrolled? Great!

Access your account anytime, anywhere 24/7

Your plan website and the Voya Retire mobile app, allow you to securely manage your retirement savings anytime, anywhere. You can learn more, make any changes or just check on your progress toward your goals. And if you need help, Customer Services Associates are here for you! They're available M-F from 8:00 AM to 9:00 PM ET, (excluding New York Stock Exchange holidays).



800-584-6001



VoyaRetirementPlans.com



Search Voya Retire  
on your favorite app store

You'll also have access to plan highlights and disclosures  
please visit [myretirementbenefit.voya.com/1ng](https://myretirementbenefit.voya.com/1ng).



# McCOY'S PRECIOUS CARGO CLUB



We're proud to introduce a program designed to help you welcome your baby into a safe and prepared home.

If you are a McCoy's employee enrolled in a McCoy's medical plan and find you are expecting a child, enroll in the Precious Cargo Club during your first trimester and McCoy's will provide \$350 of free baby gifts to welcome your little one home.



### Questions?

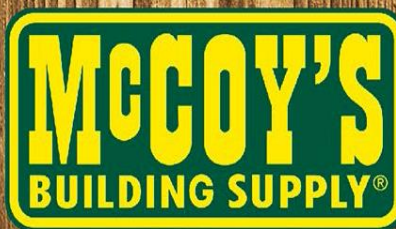
Contact Jan Blex RN, McCoy's Occupational Health Nurse, at (512) 395-6644 x6670 for more information.



McCoy's Precious Cargo Club is committed to helping women have healthy babies. When you find that you are expecting, contact Jan Blex RN, McCoy's Occupational Health Nurse, at (512) 395-6644 x6670 to enroll in this free program. Please make sure to supply your correct mailing address when you call to enroll.

As a member of the Precious Cargo Club, you will receive printed information each trimester concerning your pregnancy. Please keep in touch with Jan during your pregnancy so your gifts can be sent prior to your baby's birth.

If you wish to add the newborn to your medical plan, please make sure the paperwork for adding your baby is completed and submitted within 30 days of his or her birth.



**FREE** GOODIES FOR EXPECTING MOMS

See inside for more details.



For women with high-risk pregnancies, BlueCross BlueShield of Texas will provide support via maternity specialists. If you have a high-risk pregnancy, please contact BlueCross Blue Shield of Texas.

Additionally, the Well on Target platform houses self-guided courses on pregnancy related topics, and the Ovia Health app is available to any employees who enroll in the BCBSTX medical plan which can help track ovulation and/or fetal development.

## LEAVE/TIME OFF

### MATERNITY/PATERNITY LEAVE

Bonding is an important human instinct that gives babies a sense of security and self-esteem. It also helps parents feel connected to their newest family member according to a recent study done by WebMD.

McCoy's offers paid maternity/paternity leave to eligible employees for the birth of an employee's own child or the placement of a child with the employee in connection with adoption or foster care.

Regular full-time employees, with at least one year of service are eligible to request up to 10 days (80 hours) of paid leave within a rolling 12-month period. Maternity/paternity leave runs concurrent with Family Medical Leave.

Employee requests for medical leaves need to be submitted to the Benefits department at least 30 days in advance. This allows McCoy's ample time to plan for the employee's possible absence. In an unexpected situation, requests should be submitted as soon as possible, but no later than 31 days after the leave was taken.

After the maternity/paternity leave has been exhausted, the employee may use PTO, which will also run concurrently with Family Medical Leave.

### OTHER LEAVES OFFERED

- Family Medical Leave
- Military Leave
- Bereavement Leave
- Jury & Witness Duty Leave
- Voting Leave

Please refer to the Employee Handbook or contact a member of The Benefits Team to learn more.

### TIME OFF

#### Holidays

Each year during which McCoy's is closed for business for a recognized holiday, full-time employees are eligible for 8 hours and part-time employees are eligible for 4 hours of paid holiday leave. The recognized holidays are as follows:

- New Year's Day
- Independence Day
- Thanksgiving Day
- Christmas Eve Day
- Christmas Day

When a company holiday falls on a weekend, it may be observed on either the preceding Friday or following Monday at the company's discretion.

To be eligible for holiday pay, employees must work their regular shifts prior to the holiday and after the holiday, unless management grants approval for a pre-arranged excused absence.

## EMPLOYEE ASSISTANCE PROGRAM – RESOURCES FOR LIVING

Life is full of ups and downs. Now, you have a great source for health information and support with Resources for Living's Employee Assistance Program (EAP). You may have health concerns, personal or family issues, or work-related challenges. This program is paid for by McCoy's and many of the services such as the face-to-face counseling sessions and phone consultations for legal and financial will be available at no cost to you.

<b>What is an EAP?</b>	An EAP offers confidential services to you and your family at no cost to you. All members of your household, as well as dependent children up to age 26 (whether or not they live at home) have access.
<b>Counseling Sessions Offered at No Cost to You</b>	Up to 6 face-to-face counseling sessions per problem per year. This service can successfully help you manage life's challenges. Some of the issues that can be addressed through an EAP are stress management, depression, family issues, workplace issues, alcohol & drug abuse.
<b>Talkspace</b>	Part of the per-visit-per-issue model, Talkspace is a unique text-therapy solution that will allow you to text with your counselor for an entire week in lieu of a face-to-face or telephonic session. Texting is unlimited and your assigned counselor will respond during their business hours.
<b>Other Services That Are Offered</b>	Legal Services, Financial Services & Worklife Services. 1 free consultation by phone or in person for legal and financial services.

### Employee Assistance Program (EAP)

To access services:

888-238-6232 (TTY: 711)

[resourcesforliving.com](https://resourcesforliving.com)

Username: McCoy's

Password: EAP

**Resources for Living®**



## DENNIS P. MCCOY EMPLOYEE CRISIS FUND

*Dennis P. McCoy*  
*employee crisis fund*

Making a Change for the Better!

Our mission: The Dennis P. McCoy Employee Crisis Fund provides limited financial assistance and emotional support to employees of McCoy's Building Supply in times of economic hardship due to emergency situations.

The Dennis P. McCoy Employee Crisis Fund is supported primarily by McCoy's employees' charitable donations, which are made using an automatic payroll deduction, as well as private donations, proceeds from fund raising events and awards from philanthropic organizations.

Employees can add a payroll deduction to their open enrollment elections, complete an on-line payroll deduction form or send a check to:

The Dennis P. McCoy Employee Crisis Fund, Inc.  
1350 North Interstate 35  
San Marcos, TX 78666

All donations are tax deductible.

For more information, please visit our website at [www.mccoyemployeeecrisis.org](http://www.mccoyemployeeecrisis.org)

## BI-WEEKLY EMPLOYEE CONTRIBUTIONS

<b>Medical Plan – BlueCross BlueShield of Texas Blue Choice PPO Network</b>				
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
<b>Buy Up Plan</b>	\$90.00	\$402.00	\$221.00	\$434.00
<b>Base Plan</b>	\$67.00	\$359.00	\$193.00	\$389.00
<b>HDHP/HSA Plan</b>	\$57.00	\$320.00	\$174.00	\$345.00
<b>Tobacco Usage Fee<sup>1</sup></b>	\$40 per pay period; waived if a tobacco user and/or their covered spouse participates in the tobacco cessation assistance program.			

<sup>1</sup>Please note tobacco usage includes all forms of tobacco including the use of e-cigarettes, vaporizers, and any other electronic devices.

<b>Dental Plan – Guardian PPO</b>			
Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$9.08	\$17.86	\$24.77	\$33.54

<b>Vision Plan – Guardian (VSP Network)</b>			
Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$2.94	\$5.55	\$5.82	\$8.73

### **Short Term Disability – McCoy’s Self Funds this Benefit**

#### **Officers and Managers Rate Calculation**

<i>Annual Salary</i> x 0.7	/ 12	X \$1.06	/ 100	X 12	/ 26	=	pay period contribution
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#### **All Other Employees**

<i>Hourly Rate</i> X 2080	X 0.7	/ 12	X \$0.574	/ 100	X 12	/ 26	=	pay period contribution
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### **Long Term Disability – NY Life**

#### **Officers and Managers Rate Calculation**

<i>Annual Salary</i>	/ 12	X \$0.52	/ 100	X 12	/ 26	=	Your pay period contribution
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#### **All Other Employees**

<i>Hourly Rate</i> X 2080	X 0.7	/ 12	X \$0.52	/ 100	X 0.5	X 12	/ 26	=	pay period contribution
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### **Voluntary Life – NY Life**

Age	Employee Rate per \$1,000	Spouse Rate per \$1,000
20 – 24	\$0.023	\$0.018
25 – 29	\$0.028	\$0.023
30 – 34	\$0.037	\$0.028
35 – 39	\$0.051	\$0.037
40 – 44	\$0.065	\$0.046
45 – 49	\$0.088	\$0.065
50 – 54	\$0.143	\$0.106
55 – 59	\$0.245	\$0.166
60 – 64	\$0.332	\$0.286
65 – 69	\$0.614	\$0.498
70 – 74	\$0.992	\$0.831
75 – 79	\$0.992	\$0.831

**Child Rate** \$5,000 = \$0.277 or \$10,000 = \$0.554

To calculate your bi-weekly premium - Step 1) Select the rate from the table. Step 2) (units) = bi-weekly premium. To get the # of units take your annual salary & divide by \$1,000. (ex: \$30,000 salary / 1,000 = 30 units) Step 3) Then multiple Step 1 (rate) by Step 2 (units) = bi-weekly premium. Ex: (age 36) \$.051x 30 = \$1.53 bi-weekly premium.

## ELECTION CHANGES

### WHEN YOU CAN MAKE CHANGES TO YOUR BENEFITS

The benefit choices you make upon initial enrollment and during our annual enrollment period will remain in place until the next open enrollment, or when you experience a qualified change in family status. These changes include:

- Marriage, divorce, or legal separation
- Birth or adoption
- Change in spousal employment status
- Child reaches age limit

Should one of these events apply to you, it is your responsibility to login to Workday within 30 days of the qualifying event to request a change and upload any required documentation. It is in your best interest to make the request as soon as possible. Medical premiums may begin accruing based on benefit change date.

#### When your employment terminates

The life, disability, and flexible spending account plans end on your date of termination. Your medical, dental, and vision plans end on the last day of the month following the date of termination. You may continue your medical, dental, vision and medical flexible spending account plans for a limited period of time after termination through Federal COBRA rights.

#### How to enroll or make changes

McCoy Corporation uses an online registration system for benefit enrollment selections. The system, called Workday, provides access to useful forms and links to websites, and allows you to view the specifics of the plans.

- New Hires – New hires must enroll within 60 days of hire date and will be offered the opportunity to enroll during the onboarding process
- Family Status Change Event – If you have a change in family status you may update your benefits within 30 days of the event by logging in to workday and completing a life event. You may reach out to Benefits with any questions.

You may enroll your eligible children in the following benefits up to the ages shown below.

Coverage	Age
Medical	Up to 26
Dental	Up to 26
Vision	Up to 26
Voluntary Life	Unmarried; up to 26

The information in this Benefits Guide is intended for illustrative and informational purposes only. The information contained herein was taken from various summary plan descriptions, certificates of coverage and benefit information. While every effort was taken to accurately report your benefits, discrepancies and errors are always possible. It is not intended to alter or expand rights or liabilities set forth in the official plan documents or contracts. It is not an offer to contract, nor are there any expressed or implied guarantees. In the case of a discrepancy between this information and the actual plan documents, the actual plan documents will prevail. If you have questions about this summary, please contact the Benefits Team.

## NEW IN 2023

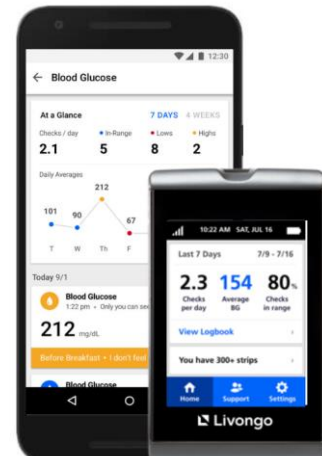
### LIVONGO DIABETES MANAGEMENT FOR MEMBERS COVERED BY BCBS MEDICAL :

**Livongo** is a digital tool that lets you manage your diabetes with the help of a certified coach and other resources. You will be contacted by Livongo if you are determined to be eligible for the program.

## Smarter care, anytime, anywhere

### The Livongo diabetes program includes:

- Access to an advanced blood glucose meter
- Unlimited test strips and supplies, right from your meter
- Expert advice from Certified Diabetes Educators
- Summary reports that you can send directly from your meter
- Optional family alerts keep everyone in the pool
- Automatic uploads of blood glucose measurements



FOR MORE INFORMATION CONTACT THE BENEFITS TEAM

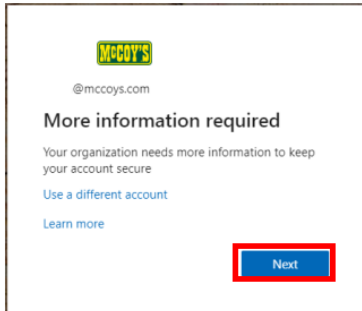
[BENEFITS@MCCOYS.COM](mailto:BENEFITS@MCCOYS.COM) OR (512) 395-6696

# WORKDAY APP – MICROSOFT AUTHENTICATION

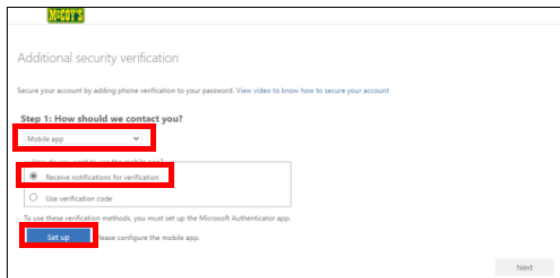
*Adding your Office 365 account to Microsoft Authenticator only takes a few minutes.  
To set up your account, **you will need your computer and your mobile device.***

1. This step **requires you to use a computer**. Using any browser, go to **aka.ms/mfasetup** and once you have completed the login process, this window will appear. If you don't get this window is because you're already enrolled and just need to adjust preferences.

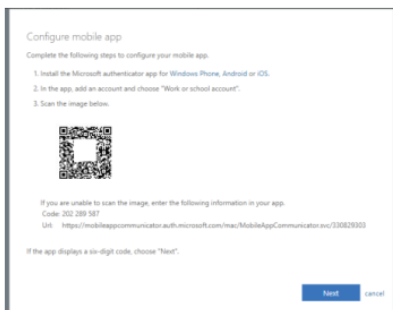
2. Click **Next**. The **Additional security verification** screen appears.



3. Make sure to choose **Mobile app** from the drop down and click to select **Receive notifications for verification**. Click **Set up**

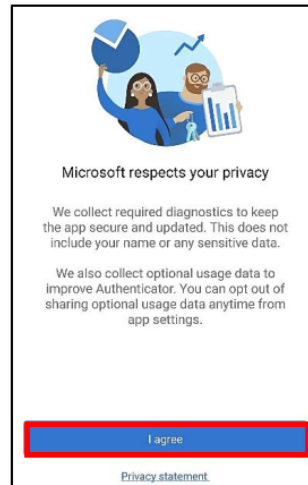


4. This window appears. Go to step #5.

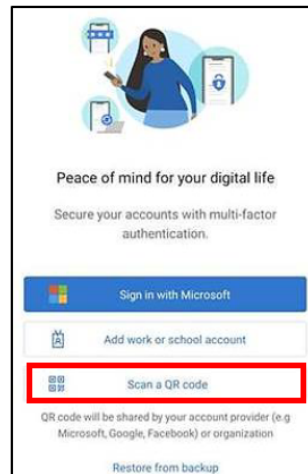


5. On your device, open the Microsoft Authenticator app. If it is not installed, install it. (It is available in the IOS App and Google Play stores.) Then, open it.

This screen appears on your device.

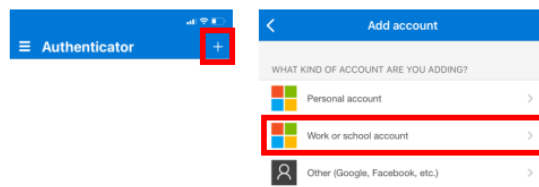


6. Tap **I agree**. This screen appears.

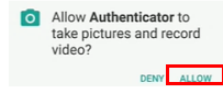


7. Tap **Scan a QR code**.

**Note:** *If you had the Microsoft Authenticator app already installed, you may need to tap on the "+" located on top right corner, then select "Work account".*



**Additional Note:** Authenticator needs permissions for taking pictures. If you see any window, tap **ALLOW** or **OK**. This is an example of a window on an Android phone.

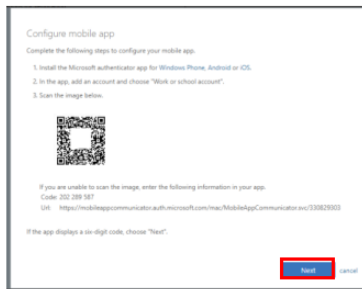


8. Using your device, scan the QR code displayed on your computer.

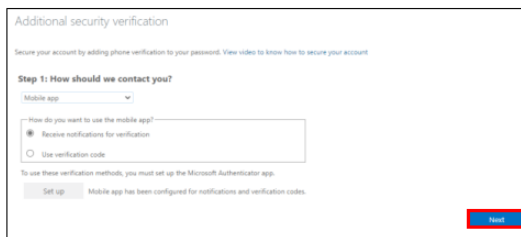
9. Once the code is scanned, an account should appear on your app.



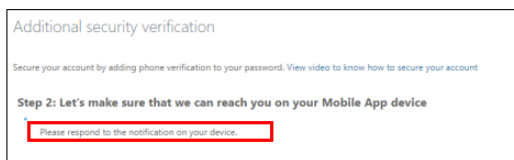
10. Back to your computer, click **Next**.



11. Click **Next**.

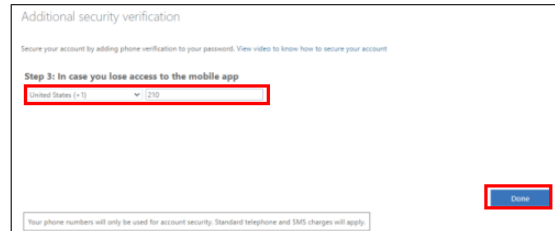


12. On your device, you will receive a notification to approve your sign-in. Tap **Approve**. In the meantime, you'll see a window like this.

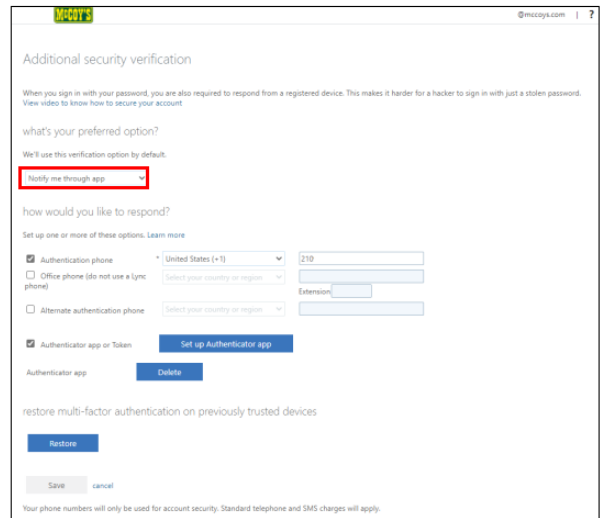


13. After approval and verification is successful, the message will temporarily change to "Verification successful". Taking you to the next step..." and the next window will appear.

14. From the dropdown menu, select the country, then type your cellular phone number. Once completed click **Done**.

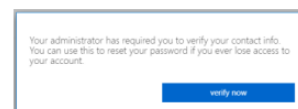


15. This screen appears. One more time, make sure that the "Notify me through app" option is set as your default.

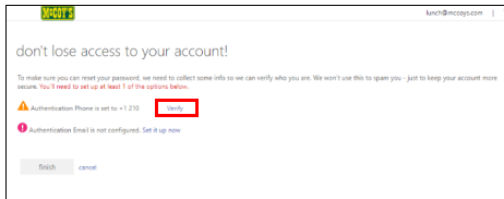


16. Review the information. If you make changes, click **Save**. Otherwise, click **Cancel**.

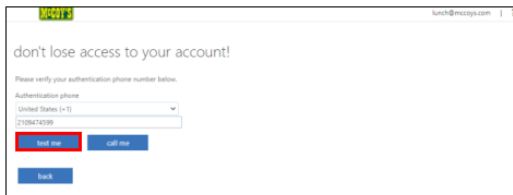
17. If you see this window, click on **Verify now**. Otherwise, the process is complete.



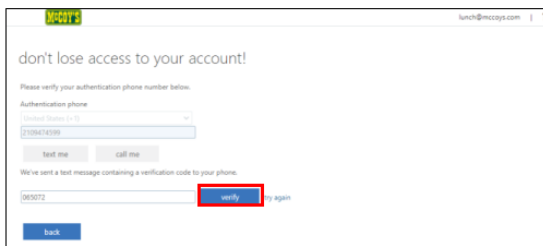
18. Click on **Verify**.



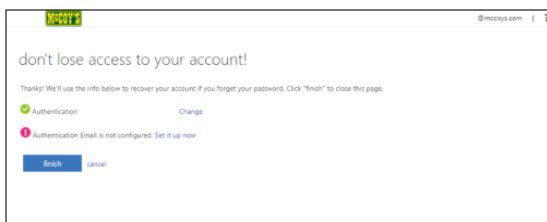
19. Click on **Text me**.



20. Once you receive the text message, type the 6-digit code and click **Verify**.



21. This window will appear.

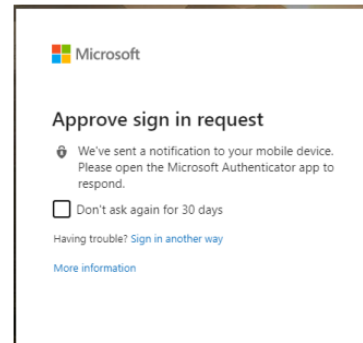


We strongly encourage you to use a personal email for password recovery purposes, but it's not required. If you decide you enter it, you need to hit on **Set it up now** and follow the prompts, otherwise, you can hit **Finish**.

**Your account has been successfully configured with Microsoft Authenticator.**

Whenever you have a new sign-in to your Office 365 account, you will get a pop-up window requesting you approve the request. You will need to go to Microsoft Authenticator and approve the request.

If you're using a trusted computer, you can enable the "Don't ask again for 30 day" checkbox. If you're using a public computer, please **don't enable** this.



If you need to make changes on your preferences, you can always go back to [aka.ms/mfasetup](https://aka.ms/mfasetup).

NEED HELP LOGGING INTO  
WORKDAY? USE THE QR CODE  
BELOW, OR REACH OUT TO THE  
MCCOY'S HELP DESK: EXT. 5100



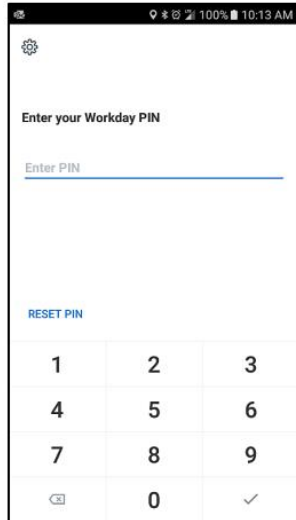
# ● WORKDAY APP – LOG IN

## On Smart Device

1. Tap the Workday icon



- If you set up a PIN, this screen appears.



Type your PIN number and tap ✓.

- If using facial, iris or fingerprint recognition, respond as needed.
- If not using facial, iris or fingerprint recognition or a PIN, this window appears.



Type your **Username** and **Password** and tap **Sign In**.

Username format is:  
Preferredfirstname.lastname@mccoys.com

2. If asked to authenticate, enter the code you received or respond to the Duo Push.

Workday opens.

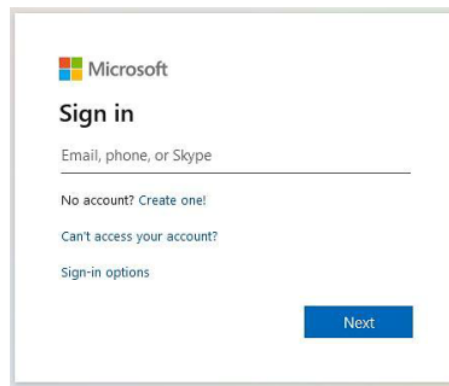
## On PC or Laptop

To Access Workday Directly:

1. Click this link:  
<https://www.myworkday.com/mccoys/login.html>
2. Log in with your network username and password.  
Username format is:  
Preferredfirstname.lastname@mccoys.com
3. If asked to authenticate, enter the code you received or respond to the Duo Push.  
Workday opens.

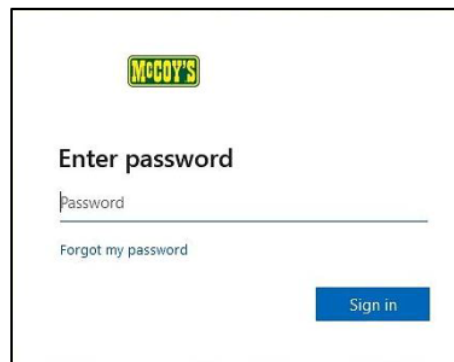
To Access Workday through Office:

1. Go to [office.com](https://office.com). The **Sign in** window may appear.



2. Type your username and click **Next**.  
Username format is:  
Preferredfirstname.lastname@mccoys.com

The **Enter password** window appears.



3. Type your password and click **Sign in**.
4. If asked to authenticate, enter the code you received or respond to the Duo Push.

Workday opens.



# McCOY CORPORATION HEALTH AND WELFARE BENEFITS NOTICES

Should you have any questions regarding the content of the notices, please contact Human Resources at 512-395-6644 ext. 6599.

## Premium Assistance Under Medicaid and The Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

<p align="center"><b>GEORGIA – Medicaid</b></p> <p>GA HIPP Website:  <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>  Phone: 678-564-1162, Press 1  GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>  Phone: (678) 564-1162, Press 2</p>	<p align="center"><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>  Phone: 1-800-862-4840  TTY: (617) 886-8102</p>
<p align="center"><b>INDIANA – Medicaid</b></p> <p>Healthy Indiana Plan for low-income adults 19-64  Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>  Phone: 1-877-438-4479  All other Medicaid  Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  Phone 1-800-457-4584</p>	<p align="center"><b>MINNESOTA – Medicaid</b></p> <p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>  Phone: 1-800-657-3739</p>
<p align="center"><b>IOWA – Medicaid and CHIP (Hawki)</b></p> <p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>  Hawki Phone: 1-800-257-8563  HIPP Website:  <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>  HIPP Phone: 1-888-346-9562</p>	<p align="center"><b>MISSOURI – Medicaid</b></p> <p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>
<p align="center"><b>KANSAS – Medicaid</b></p> <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884</p>	<p align="center"><b>MONTANA – Medicaid</b></p> <p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084  Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>
<p align="center"><b>KENTUCKY – Medicaid</b></p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a>  KCHIP Website:  <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p align="center"><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>
<p align="center"><b>LOUISIANA – Medicaid</b></p> <p>Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or  <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center"><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>
<p align="center"><b>MAINE – Medicaid</b></p> <p>Enrollment Website:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-442-6003  TTY: Maine relay 711  Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: -800-977-6740  TTY: Maine relay 711</p>	<p align="center"><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p align="center"><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 609-631-2392  CHIP Website:  <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710</p>	<p align="center"><b>SOUTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>

<b>NEW YORK – Medicaid</b>	<b>TEXAS – Medicaid</b>
Phone: 1-800-541-2831 Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>	Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493
<b>NORTH CAROLINA – Medicaid</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>NORTH DAKOTA – Medicaid</b>	<b>VERMONT – Medicaid</b>
Phone: 1-844-854-4825 Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
<b>OREGON – Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Phone: 1-800-699-9075 Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>PENNSYLVANIA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HI_PP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HI_PP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>RHODE ISLAND – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>SOUTH CAROLINA – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

## **Women's Health Cancer Rights Act (WHCRA) Notice**

Do you know that your Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 512-395-6644 ext.

## **Newborns' And Mothers' Health Protection Act (NMHPA) Notice**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## **USERRA Continuation**

Your right to continued participation in a group health plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your plan participation will not be interrupted. If the absence is for more than 31 days and not more than 12 weeks, you may continue to maintain your coverage under a group health plan by paying premiums in the manner specified by the Plan Sponsor.

If you do not elect to continue to participate in a group health plan during an absence for military duty that is more than 31 days, or if you revoke a prior election to continue to participate for up to 12 weeks after your military leave began, you and your covered family members will have the opportunity to elect COBRA continuation coverage under a group health plan for up to the 24-month period that begins on the first day of your leave of absence. You must pay the premiums for continuation coverage with after-tax funds, subject to the rules that are set out in the applicable Plan features.

USERRA continuation coverage is considered alternative coverage for purposes of COBRA. Therefore, if you elect USERRA continuation coverage, COBRA coverage will generally not be available.

## **Genetic Information Nondiscrimination Act (GINA)**

Gina prohibits group health plans from discriminating on the basis of genetic information. Genetic information is:

1. Information about an individual's genetic tests;
2. Genetic tests of an individual's family members; and
3. The manifestation of a disease or disorder of an individual's family members.

The group health plan may collect genetic information after initial enrollment, it may not do so in connection with the annual renewal process. The group health plan may not adjust premiums or increase contributions based on genetic information, nor request or require genetic testing or use genetic information for underwriting purposes.

## **HIPAA Special Enrollment Rights Notice**

If you are declining enrollment in McCoy Corporation group health coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance (“CHIP”) program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact Human Resources at 512-395-6644 ext 6599.

## **Medicare Part D Creditable Coverage Notice**

### **Important Notice from McCoy Corporation About Your Prescription Drug Coverage and Medicare McCoy Corporation Group Health Plan**

**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with McCoy Corporation and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.**

**There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:**

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. McCoy Corporation has determined that the prescription drug coverage offered by the McCoy Corporation Group Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

## **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan while enrolled in McCoy Corporation coverage as an active employee, please note that your McCoy Corporation coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits will be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in McCoy Corporation coverage as a former employee.

You may also choose to drop your McCoy Corporation coverage. If you do decide to join a Medicare drug plan and drop your current McCoy Corporation coverage, be aware that you and your dependents may not be able to get this coverage back.

## **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with McCoy Corporation and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through McCoy Corporation changes. You also may request a copy of this notice at any time.

## **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: 01/01/2023

Name of Entity/Sender: McCoy Corporation

Contact--Position/Office: Director of People Development & Benefits

Address: 1350 N IH 35 San Marcos, TX

Phone Number: 512-395-6644 ext 6599

## Availability of HIPAA Notice of Privacy Practices

The McCoy Corporation's Group Health Plan (Plan) maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact Human Resources at 512-395-6644 ext. 6599.

## HIPAA Wellness Program Reasonable Alternative Standards

Your group health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all eligible employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 512-395-6644 ext 6599 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

## Family Medical Leave Act

The Family and Medical Leave Act (FMLA) provides certain employees with up to 12 weeks of unpaid, job-protected leave per year. It also requires that their group health benefits be maintained during the leave.

FMLA is designed to help employees balance their work and family responsibilities by allowing them to take reasonable unpaid leave for certain family and medical reasons. It also seeks to accommodate the legitimate interests of employers and promote equal employment opportunity for men and women.

Covered employers must provide an eligible employee with up to 12 weeks of unpaid leave each year for any of the following reasons:

- for the birth and care of the newborn child of an employee;
- for placement with the employee of a child for adoption or foster care;
- to care for an immediate family member (spouse, child, or parent) with a serious health condition; or
- to take medical leave when the employee is unable to work because of a serious health condition.

Employees are eligible for leave if they have worked for their employer at least 12 months, at least 1,250 hours over the past 12 months, and work at a location where the company employs 50 or more employees within 75 miles. Whether an employee has worked the minimum 1,250 hours of service is determined according to FLSA principles for determining compensable hours or work.

When an employee requests FMLA leave due to his or her own serious health condition or a covered family member's serious health condition, the employer may require certification in support of the leave from a health care provider. An employer may also require second or third medical opinions (at the employer's expense) and periodic recertification of a serious health condition.

Upon return from FMLA leave, an employee will be restored to his or her original job or to an equivalent job with equivalent pay, benefits, and other terms and conditions of employment. Group health insurance coverage for an employee on FMLA leave is maintained under the same terms and conditions as if the employee had not taken leave.

For additional information regarding your benefits under FMLA, please contact Human Resources at: 512-395-6644 ext 6599