



**DHR**Health



**2025 EMPLOYEE BENEFITS**



## Introduction

DHR Health is committed to your overall health and well-being, and we're pleased to offer a quality, competitive benefits package that provides valuable health care and financial protection for you and your family. Your benefits are a significant part of your total compensation at DHR Health, and it's your responsibility to make sure you understand them and use them wisely. This easy-to-use handbook, which features important information about our health and welfare benefit plans, is designed to help you do just that.



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# For Full-Time Eligible Employees Eligibility Period: 30 Days

## Benefits at-a-Glance 2025 Plan Year

BENEFITS	FUNDING	OPTIONS	PROVIDED BY
<b>Medical</b>	Partial Employee Contribution	Single Plan	DHR Administered by: UMR
<b>Dental</b>	Partial Employee Contribution	Single Plan Ameritas Classic and Plus Network	Ameritas
<b>Vision</b>	100% Employee Paid	Single Plan	VSP Administered by: Ameritas
<b>Disability</b>			
• Long Term	100% Employer Paid	60% of Monthly Salary Up to \$7,500 Per Month	Mutual of Omaha
• Short Term	100% Employee Paid	60% of Weekly Salary Up to \$1,250 Per Week	
<b>Life</b>			
• Basic Life/AD&D	100% Employer Paid	1x Salary Up to \$150K (50K Minimum)	Mutual of Omaha
• Voluntary Life	100% Employee Paid	Available Up to \$750K	
<b>FSA Account</b>	Employee Contribution	<ul style="list-style-type: none"> <li>Medical Spending Account</li> <li>Dependent Care Account</li> </ul>	UMR
<b>Voluntary Products</b>	100% Employee Paid	<ul style="list-style-type: none"> <li>Critical Illness</li> <li>Cancer</li> <li>Accident</li> <li>Hospital Indemnity</li> <li>Whole Life</li> <li>Term Life</li> <li>Pet Insurance</li> </ul>	<ul style="list-style-type: none"> <li>Colonial</li> <li>Colonial</li> <li>Colonial</li> <li>Colonial</li> <li>Aflac</li> <li>Combined</li> <li>FIGO</li> </ul>
<b>401K</b>	Voluntary Contributions With Employer Match	Option to Invest in Various Mutual Funds	Transamerica

- (1) **Qualifying Events:** Some examples of a Qualifying Event include marriage, divorce, legal separation, birth, adoption, change in custody, death of a spouse or child, change in your (or your spouse's) employment status, dependent child ceases to be eligible as a dependent, or change in employee or dependent's insurance status. All changes due to Qualifying Event must be made during the first 30 days of the event date. Otherwise, employee will have to wait until next Open Enrollment Period.
- (2) **Open Enrollment Period (OEP):** During Annual Open Enrollment Period, employees can make changes to existing benefits. The OEP for all policies, including medical, dental, and all supplemental products will be for an effective date of January 1st each year. Once elections are effective January 1st, they cannot be changed until next OEP unless there is a Qualifying Event.
- (3) **Required Documents for Insurance Coverage for All Dependents;**
- A.) Spouse - Certificate of Marriage or tax return for previous year (financial information can be redacted)<sup>1</sup>
  - B.) Common-Law-Spouse - Declaration of Informal Marriage<sup>1</sup>
  - C.) Dependent Children (Under Age 26) - Birth Certificate(s) and where applicable, a copy of the divorce decree mandating health coverage.
  - D.) Social Security Number is Required for All Coverages
  - E.) Legal Guardianship Documents for Non-Biological Children

### Footnote Reference: 1

#### Eligible Spouse Coverage

Your legal spouse, provided (1) he or she is not covered as an Employee under this Plan and (2) is not eligible for coverage under another employer health plan. An eligible Dependent does not include an individual from whom You have obtained a legal separation or divorce. Documentation on a Covered Person's marital status may be required by the Plan Administrator. The Plan Administrator may require that you certify and substantiate your spouse's eligibility for other employer health plan coverage in the form and manner acceptable to the Plan Administrator.



The information in this booklet is only a summary of coverage and is not a binding contract. A certificate of coverage will be made available to you that describes the benefit in greater detail. Should there be differences between the information in the booklet and the contract, the contract will govern.

# Medical Benefits

## Medical Plan Summary

For More Information About Your Coverage, or to Get a Copy of the Complete Terms of Coverage, Visit [www.umar.com](http://www.umar.com) or by Calling 1-800-826-9781. For General Definitions of Common Terms, Such as Allowed Amount, Balance Billing, Coinsurance, Copayment, Deductible, Provider, or Other Underlined Terms See the Glossary. You Can View the Glossary at [www.umar.com](http://www.umar.com) or Call 1-800-826-9781 to Request a Copy.

MEDICAL INSURANCE BENEFITS	TIER 1 DOCTORS HOSPITAL AT RENAISSANCE	TIER 2 RGV PHYSICIANS	TIER 3 UHC CHOICE PLUS (PHYSICIAN SERVICES ONLY)	TIER 4 NON PPO PROVIDERS OUT-OF-NETWORK (OON)
<b>Primary Care</b> <i>Visit to Treat an Injury or Illness</i>	100% No Copayment or Deductible for RMF Providers	\$25 Copayment	\$25 Copayment	50% After \$2,000 Deductible
<b>Specialist Visit</b>	100% No Copayment or Deductible for RMF Providers ( see limitations below)  *LIMITATIONS: Services performed at DHR Health Rheumatology Institute, DHR Health Urology Institute, DHR Health Gastroenterology, and DHR Health Heart Institute: \$35 copay per visit when self-referred. Copay is waived with referral from primary care physician.	\$35 Copayment	\$35 Copayment	50% After \$2,000 Deductible
<b>Calendar Year Deductible</b> <i>(Individual/Family)</i>	\$0 Person/ \$0 Family	\$750 Ind./\$2,250 Family. Does Not Apply for Preventive Care. Coinsurance & Copayment Does Not Count Toward the Deductible.	\$750 Ind./\$2,250 Family	\$2,000 Ind./\$6,000 Family
<b>Coinsurance</b> <i>(Percentage Paid After Deductible)</i>	80% Only Professional Service Fee Apply	80% Only Professional Service Fee Apply	80%	50%
<b>Out-of-Pocket Limit</b> <i>(Individual/Family)</i>	\$0 Person \$0 Family	\$3,000 Ind./\$9,000 Family. Only Professional Service Fee Apply.	For UHC Provider \$3,000 Ind./\$9,000 Family. Only Professional Service Fee Apply.	\$6,000 Ind./\$18,000 Family
<b>Routine Physical Exam/Preventative Care Routine Well Child Care</b>	100% No Deductible	100% No Deductible	100% No Deductible	50% After \$2,000 Deductible
<b>Outpatient Diagnostic Services</b> <i>(Including Imaging, X-Ray, and Lab)</i>	<b>FREE</b> Lab, X-Ray & Imaging Services Only Professional Service Fee will Apply to Deductible.	<b>FREE</b> Lab, X-Ray & Imaging Services Only Professional Service Fee will Apply to Deductible.	80% After Deductible	50% After Deductible <i>(Professional Services Only)</i> Out-of-Network Facilities Not-Covered
<b>Hospital Services Inpatient Confinement</b>	100% No Deductible	100% No Deductible	\$250 Per Confine Deductible Then 80% After Calendar Year Deductible.	Not Covered

# Medical Benefits (Continued)

## Medical Plan Summary

MEDICAL INSURANCE BENEFITS	TIER 1 DOCTORS HOSPITAL AT RENAISSANCE	TIER 2 RGV PHYSICIANS	TIER 3 UHC CHOICE PLUS (PHYSICIAN SERVICES ONLY)	TIER 4 NON PPO PROVIDERS OUT-OF-NETWORK (OON)
<b>Outpatient Services</b>	100% No Deductible. Only Professional Service Fee will Apply to Deductible.	100% No Deductible. Only Professional Service Fee will Apply to Deductible.	80% After Cal Yr. Deductible	Not Covered
<b>Emergency Room Care</b>	\$100 Copayment	\$100 Copayment	\$250 Co-Pay, then 50% Coverage. Non-True ER Not Covered.	\$250 Co-Pay, then 50% Coverage. Non-True ER Not Covered.
<b>Emergency Medical Transportation</b>	Not Applicable	20% Coinsurance	20% Coinsurance	50% Coinsurance
<b>Urgent Care</b>	100% No Deductible	20% Coinsurance	20% Coinsurance	50% Coinsurance
<b>Facility Fee</b> (e.g., Hospital Room) <i>*Precertification Required</i>	100% No Deductible	Not Applicable	\$250 Co-Pay, then 80% Coverage	50% Coinsurance
<b>Physician/Surgeon Fee</b> (e.g. Hospital Room) <i>*Precertification Required</i>	20% Coinsurance After Tier 2 Deductible	20% Coinsurance	20% Coinsurance	50% Coinsurance
<b>Facility Fee</b> (e.g. Ambulatory Surgery Center) <i>*Precertification Required</i>	0% Coinsurance	0% Coinsurance	20% Coinsurance	50% Coinsurance
<b>Physician/Surgeon Fee</b> (e.g. Ambulatory Surgery Center) <i>*Precertification Required</i>	20% Coinsurance After Tier 2 Deductible	20% Coinsurance	20% Coinsurance	50% Coinsurance
<b>Prenatal &amp; Postnatal Care/Delivery &amp; All Inpatient Services</b> (Dependent Daughters Not Covered)	20% Coinsurance After Tier 2 Deductible	20% Coinsurance	20% Coinsurance	50% Coinsurance
<b>Retail Prescription Program Up to 90 Day Supply</b>			Rx Preferred 888-666-7271 www.rxpreferred.com	<b>30 Days Supply (1-34 Days)</b> Tier 1: Generic \$5 Co-Pay Tier 2: Formulary \$25 Co-Pay Tier 3: Non-Formulary 50% Up to \$200 Max Per Script <b>60 Days Supply (35-63 Days)</b> Tier 1: Generic \$10 Co-Pay Tier 2: Formulary \$50 Co-Pay Tier 3: Non-Formulary 50% Up to \$400 Max Per Script <b>90 Days Supply (64-93 Days)</b> Tier 1: Generic \$15 Copay Tier 2: Formulary \$75 Copay Tier 3: Non-Formulary 50% Up to \$600 Max Per Script
<b>Specialty Drugs</b>	0% Coinsurance	0% Coinsurance	20% Coinsurance	50% Coinsurance
<b>Mail Order Program Up to 90 Day Supply</b>			Rx Preferred 888-666-7271 www.rxpreferred.com	Generic: \$10 Co-Pay Formulary: \$50 Co-Pay Non-Formulary: Not Covered

# Medical Benefits (Continued)

## Medical Plan Summary

MEDICAL INSURANCE BENEFITS	TIER 1 DOCTORS HOSPITAL AT RENAISSANCE	TIER 2 RGV PHYSICIANS	TIER 3 UHC CHOICE PLUS (PHYSICIAN SERVICES ONLY)	TIER 4 NON PPO PROVIDERS OUT-OF-NETWORK (OON)
<b>Home Health Care</b> <i>*30 Days Per Plan Year Year/Precertification is Required.</i>	Not Applicable	20% Coinsurance	20% Coinsurance	50% Coinsurance
<b>Rehabilitation Services</b> <i>*Precertification is Required</i>	0% Coinsurance	Not Applicable	20% Coinsurance	50% Coinsurance
<b>Habilitation Services</b>	Not Covered	Not Covered	Not Covered	Not Covered
<b>Skilled Nursing Care</b> <i>*120 Days Per Calendar Year</i>	Not Applicable	20% Coinsurance	20% Coinsurance	50% Coinsurance
<b>Durable Medical Equipment</b> <i>*Precertification is Required</i>	Not Applicable	20% Coinsurance	20% Coinsurance	50% Coinsurance

# Medical Benefits (Continued)

## Medical Plan Summary

MEDICAL INSURANCE BENEFITS	TIER 1 DOCTORS HOSPITAL AT RENAISSANCE	TIER 2 RGV PHYSICIANS	TIER 3 UHC CHOICE PLUS (PHYSICIAN SERVICES ONLY)	TIER 4 NON PPO PROVIDERS OUT-OF-NETWORK (OON)
<b>Hospice Services</b> <i>*Max of 6 Months in a 3 Year Period</i>	0% Coinsurance	20% Coinsurance	20% Coinsurance	50% Coinsurance

## 2025 Medical Rates

COVERAGE TYPE	RATES PER PAY PERIOD
<b>Employee Only</b>	\$12.00
<b>Employee and Child(ren)</b>	\$77.00 Dependent Children Covered to Age 26 Regardless of FT Student.
<b>Employee and Spouse</b>	\$96.00
<b>Employee and Family</b>	\$156.00

*\*Married Children Are Not Covered.*



### Maximize Your Benefits!

Office visits with any RMF provider is free of charge. Whether you visit a RMF provider for preventive care, acute care or disease management, your cost will be \$0. To find a RMF provider, visit <https://rgvpreferred.com/> or call 1 (800) 826-9781.

DHR Health Urgent Care is also free of charge. DHR Health Urgent Care is ideal for most injuries and illnesses that occur during inconvenient hours. No appointment is needed. Take advantage of this great benefit by visiting our DHR Health Urgent Care located on 1421 N. Col. Rowe Blvd., McAllen, TX 78501. For more information, call (956) 362-5030.

Bariatric surgery is a covered medical benefit if determined to be medically necessary. Employees will have a 365-day waiting period from the date of employment. Eligible dependents will have a 365-day waiting period from their respective effective date of coverage. To learn more about bariatric surgery, call (956) 362-5673.

*\*For contact information or to inquire about your Medical/Dental Plans see [Benefits Contact Information](#) located on the last page of this booklet.*



# Dental Benefits

DENTAL PLAN SUMMARY		
Dental Network	Ameritas Classic and Plus Network	
Deductible Per Calendar Year	\$50 Individual / \$150 Family	
Dental Calendar Year Maximum Benefit	\$1,500 Per Individual	
BENEFIT DESCRIPTION	ANNUAL DEDUCTIBLE	PLAN PAYS
<b>Preventative Services</b> Oral Exams, Cleanings - 2 Per Year X-Rays, Fluoride Treatments (Under Age 14) Sealants (Under Age 14)	No	100% Maximum Allowable Charge
<b>Basic Services</b> Fillings, Extractions Endodontics (Root Canal Therapy) Periodontics (Gingivectomy, Oral Surgery Limited to Removal of Teeth) Recementation of Crowns, Inlays, Bridges	Yes	100% Up to Schedule Amount
<b>Major Services</b> Inlays, Onlays, Gold Restorations, Crowns, Denture Adjustments, Repairs on Crowns, Dentures, Bridges Initial Dentures, Full and Partial	YES No Waiting Period	100% Up to Schedule Amount
<b>Orthodontic Services</b> Lifetime Maximum: \$1,500 Per Individual Ortho Applies to Adult and Child to Dependent Age Limit	YES No Waiting Period	50% Usual Customary Charges

1. Basic and Major Services are Based on the Schedule Charge
2. Preventive Services are Based on the Maximum Allowable Charge (MAC)

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# 2025 Dental Rates

COVERAGE TYPE	RATES PER PAY PERIOD
Employee Only	\$10.00
Employee +1	\$26.00
Employee +2	\$34.00
Employee +3 or More	\$42.00



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# Vision Plan

## Vision Plan Summary

VISION PLAN EYE CARE HIGHLIGHTS	
Exam Covered in Full	Every 12 Months
Prescription Glasses	Every 12 Months
Lenses Covered in Full <ul style="list-style-type: none"> <li>• Single-Vision, Lined Bifocal, and Lined Trifocal Lenses</li> <li>• Polycarbonate Lenses, Tints and Coating Extra</li> </ul>	Every 12 Months
Frame <ul style="list-style-type: none"> <li>• Frame of Your Choice Covered Up to \$150</li> <li>• Plus, 20% Off Any Out-of-Pocket Costs</li> </ul> -and-	Every 12 Months
Contact Lens Care <p>When You Choose Contacts Instead of Glasses, Your \$150 Allowance Applies to the Cost of Your Contacts and the Contact Lens Exam (Fitting and Evaluation). This Exam is in Addition to Your Vision Exam to Ensure Proper Fit of Contacts.</p>	Every 12 Months

CO-PAYS	
Exam	\$10
Prescription Glasses	\$25
Contact Lenses	No Co-Pay Applies



## 2025 Vision Rates

VISION PLAN COVERAGE TYPE	RATES PER PAY PERIOD
Employee Only	\$7.74
Employee and Spouse	\$12.55
Employee and Child(ren)	\$12.54
Employee and Family	\$20.25

### Extra Discounts and Savings

#### LASIK Advantage Plan Included

- Benefit for Both Eyes (Years 1 & 2 - \$350.00, Year 3 - \$700.00)  
Members Must Call 1-800-487-5553 to Use this Service.

#### Glasses and Sunglasses

- Average 30% Savings on Lens Options Such as Scratch Resistant and Anti-Reflective Coating
- 20% Off Additional Glasses or Sunglasses

#### Contacts

- 15% Off Cost of Contact Lens Exam (Fitting and Evaluation)

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# Flexible Spending Accounts (FSA)

A **Flexible Spending Account (FSA)** allows you to set aside pre-tax dollars from your paycheck and put them into a special account. By using an FSA, you pay for eligible expenses with pre-tax dollars. Doctors Hospital at Renaissance offers a Medical Spending Account and an Dependent Care Spending Account.

You may contribute a maximum annual election amount of \$3,200 for Medical Spending and \$5,000 for the Dependent Care Spending.

## Medical Spending Account

The Medical Spending Account helps save money on out-of-pocket health care expenses. You can save a percentage of each dollar you spend on eligible medical, dental and vision services that are not fully covered for payment under the health care plan. Now you can carry over up to \$640 from 2024 into the next plan year (2025) and use it for expenses incurred during 2025.

- Medical and Dental Care Plan Deductibles
- Medical and Dental Care Plan Co-Pays

- Amounts Over the Maximum Your Medical and Dental Plan Pays (e.g. Orthodontics Over the Dental Plan Maximum)
- Effective 1/1/11, OTC (over-the-counter) medicines and drugs will no longer be covered.
- Other expenses not covered by your medical and dental plan.

## Dependent Care Spending Account

The Dependent Care Spending Account helps you pay for childcare services, care of elderly parents, or care of a disabled spouse or dependent.

An eligible dependent is a qualifying individual who spends at least 8 hours a day in your home and is one of the following:

- Your dependent under age 13 for whom you claim an exemption
- A child under the age of 13 for whom you have custody if you are divorced or legally separated
- Your spouse who is physically or mentally incapable of self-care
- Your dependent who is physically or mentally incapable of self-care, even if you cannot claim an exemption for the person for income tax purposes.

# Group Life Insurance

## Summary of Benefits

Sponsored by: Doctors Hospital at Renaissance

### Life and AD&D

LIFE BENEFIT	EMPLOYEE
<b>Amount</b>	One Times Basic Annual Earnings, Rounded to the Next Higher \$1,000
<b>Minimum Amount</b>	\$50,000
<b>Maximum Amount</b>	\$150,000
<b>Guarantee Issue</b>	\$150,000
AD&D BENEFIT	EMPLOYEE
<b>Amount</b>	One Times Basic Annual Earnings, Rounded to the Next Higher \$1,000
<b>Minimum Amount</b>	\$50,000
<b>Maximum Amount</b>	\$150,000
<b>Guarantee Issue</b>	\$150,000
BENEFIT REDUCTION	EMPLOYEE
<b>Benefits will Reduce:</b>	65% at Age 70
	50% of the Original Amount at Age 75
	35% of the Original Amount at Age 80
	25% of the Original Amount at Age 85
ADDITIONAL BENEFITS	EMPLOYEE
	Accelerated Death Benefit
	Conversion
	Seat Belt, Airbag, and Common Carrier
ELIGIBILITY	EMPLOYEE
	All full-time active employees working 30 or more hours per week in an eligible class are eligible for coverage. A delayed effective date will apply if the employee is not actively at work.

# Group Long-Term Disability

## Summary of Benefits

Long-Term Disability is Intended to Protect Your Income for a Long Duration After You Have Depleted Short-Term Disability or Any Sick Leave Your Company May Offer.

<b>Eligibility</b>	All Full-time Active Employees Working 30 or More Hours Per Week in an Eligible Class are Eligible for Coverage
<b>Maximum Monthly Benefit</b>	60% of Salary Up to \$7,500 Per Month
<b>Maximum Benefit Duration</b>	Social Security Normal Retirement Age
<b>Own Occupation Period</b>	24 Months
<b>Elimination Period</b>	180 Days The Number of Days You Must be Disabled Prior to Collecting Disability Benefits.
<b>Accumulation of Elimination Period</b>	If You Recover While Satisfying the Elimination Period, and Then Become Disabled Again, You Will Not Have to Start a New Elimination Period as Long as the 180 Days of Disability is Satisfied Within 360 Days of the Date the Disability Originally Began.
<b>Pre-Existing Condition</b>	You May Not be Eligible for Benefits if You Have Received Treatment for a Condition Within the Past Three Months Until You Have Been Covered Under This Plan for 12 Months.
<b>Waiver of Premium</b>	You Will Not Be Required to Pay Premium During any Time of Approved Total or Partial Disability.
<b>Survivor Income Benefit</b>	A Survivor Benefit May be Paid to Your Beneficiary if You Should Die While Receiving Qualifying Disability Payments.
<b>Work/Life Balance EAP Program</b>	Access to an Employee Assistance Program for the Employee or an Immediate Household Family Member Who May be Experiencing Personal or Workplace Issues.
<b>Benefit Limitations</b>	Mental & Nervous, Drug/Alcohol and Special Conditions Limitation: 24 Months
<b>Definitions</b>	Definition of Disability, Conversion, Benefit Duration Reduction, Pre-Existing Condition, Benefit Exclusions, Benefit Reductions, and Benefit Termination. See these Additional Benefits/Definitions at InfoShare on DHR Website or Call Mutual of Omaha.



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# Voluntary Short-Term Disability Insurance

## Summary of Benefits

Short-term Disability is Intended to Protect Your Income for a Short Duration in Case You Become Ill or Injured.

<b>Eligibility</b>	All Full-time Active Employees Working 30 or More Hours Per Week in an Eligible Class are Eligible for Coverage														
<b>Maximum Weekly Benefit</b>	60% of Weekly Salary Up to \$1,250 Per Week														
<b>Maximum Benefit Duration</b>	<b>Option 1</b> 25 Weeks <b>Option 2</b> 24 Weeks														
<b>Elimination Period</b>	Benefits Begin on: <b>Option 1</b> 8th Day From an Accident 8th Day From an Illness 1st Day When Hospitalized <b>Option 2</b> 15th Day From an Accident 15th Day From an Illness 1st Day When Hospitalized														
<b>Pre-Existing Condition</b>	No Pre-Existing Clause														
<b>Enrollment</b>	At Your Initial Enrollment, You are able to Take Advantage of this Coverage Now Without a Health Examination or Pre-Ex.														
<b>Definitions</b>	Definitions Of: Disability, Benefit Exclusions, Benefit Reductions, and Benefit Termination. See These Additional Benefits/Definitions At InfoShare on DHR Website or Call Mutual of Omaha.														
<b>Bi-Weekly Premium Calculation</b>	<p>Example: John Doe is 33 and Earns \$500 Per Week</p> <p>\$500 x 0.0302 = \$15.10    Bi-Weekly Premium for Option 1 (Less Than 50)</p> <p>\$500 x 0.0269 = \$13.45    Bi-Weekly Premium for Option 2 (Less Than 50)</p> <table border="1" style="margin-left: 40px;"> <thead> <tr> <th rowspan="2">ATTAINED AGE</th> <th colspan="2">Premium Factors</th> </tr> <tr> <th>OPTION 1</th> <th>OPTION 2</th> </tr> </thead> <tbody> <tr> <td>Less than 50</td> <td>0.0302</td> <td>0.0269</td> </tr> <tr> <td>50-59</td> <td>0.0371</td> <td>0.0318</td> </tr> <tr> <td>60 and Over</td> <td>0.0570</td> <td>0.0476</td> </tr> </tbody> </table>	ATTAINED AGE	Premium Factors		OPTION 1	OPTION 2	Less than 50	0.0302	0.0269	50-59	0.0371	0.0318	60 and Over	0.0570	0.0476
ATTAINED AGE	Premium Factors														
	OPTION 1	OPTION 2													
Less than 50	0.0302	0.0269													
50-59	0.0371	0.0318													
60 and Over	0.0570	0.0476													

$$\text{Weekly Salary} \times \text{Premium Factor} = \text{Your Bi-Weekly Cost for Option 1 or Option 2}$$



\*Maximum covered payroll is \$2,083.33 weekly. This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

# Voluntary Life Insurance

## Summary of Benefits

Sponsored by: Doctors Hospital at Renaissance

LIFE BENEFIT	EMPLOYEE	SPOUSE	DEPENDENT
<b>Amount</b>	Choice of \$10,000 Increments	Choice of \$5,000 Increments. Employee Must Elect Coverage for Spouse to be Eligible. Employee can Elect Spouse Coverage Up to \$250,000, Not to Exceed 100% of the Employee Coverage Amount.	\$1,000 Child: Live Birth to 13 Days. \$10,000 Child: 14 Days to Age 26.
<b>Minimum Amount</b>	\$20,000	\$5,000	\$10,000
<b>Maximum Amount</b>	8x's Salary Up to \$750,000	\$250,000	\$10,000
<b>Guarantee Issue For New Hire</b>	\$500,000	\$50,000	\$10,000
BENEFIT REDUCTION	EMPLOYEE	SPOUSE	
<b>Benefits Will Reduce</b>	65% at Age 70 50% of the Original Amount at Age 75 35% of the Original Amount at Age 80 25% of the Original Amount at Age 85	65% at Age 70 50% of the Original Amount at Age 75 35% of the Original Amount at Age 80 25% of the Original Amount at Age 85	
<b>Additional Definitions/ Benefits</b>	Accelerated Death Benefit, Portability/Conversion, Guarantee Issue, Limited Activity, Waiver of Premium, Term Life, Exclusion: Suicide. See these Additional Benefits/Definitions at InfoShare on DHR Website or Call Mutual of Omaha.		
<b>Eligibility</b>	<b>Employee</b> All Full-Time Active Employees Working 30 or More Hours Per Week in an Eligible Class are Eligible for Coverage. A Delayed Effective Date will Apply if The Employee is Not Actively at Work.	<b>Spouse and Dependent</b> Cannot be in a Period of Limited Activity on the Day Coverage Takes Place.	

**Notes:**

- Employees and Spouse will be allowed to increase their limits in increments of \$10,000 annually up to \$500,000 and \$50,000 respectively during future open enrollment periods without a medical questionnaire as long as they have chosen to participate with at least the minimum limits during this current open enrollment period. Coverage amounts exceeding the guaranteed issue amount will require a statement of health
- Grandfather Clause – Employees and spouses who currently have higher limits than the new \$500,000/max employee and \$50,000/max spouse for plan year 2011 will be grandfathered and allowed to keep those limits.

# Voluntary Life Insurance Rate Tables

## Employee and Spouse Bi-Weekly Rates Per \$1,000

Age	0-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
<b>Bi-Weekly Rate Per \$1,000</b>	0.0295	0.0295	0.0388	0.0522	0.0591	0.0937	0.1486	0.2862	0.4445	0.864	1.4077	1.4077

\* Dependent Children Rate = 0.50 Bi-Weekly Per \$10,000  
Premium Covers All Dependent Children Regardless of the Number of Children.

The information in this booklet is only a summary of coverage and is not a binding contract. A certificate of coverage will be made available to you that describes the benefit in greater detail. Should there be differences between the information in the booklet and the contract, the contract will govern.

# AFLAC GROUP WHOLE LIFE INSURANCE

Policy Form C60100TX



While we all know that life insurance helps protect our loved ones for the long term, sometimes we don't consider that there are other benefits of a whole life insurance plan as well.

Priced to fit most budgets, Aflac Group Whole Life insurance can give your family a financial cushion when they need it. And, unlike some kinds of life insurance, a whole life insurance plan won't be canceled just because you reach a certain age.

**Aflac Group Whole Life insurance doesn't only look out for your family's tomorrow--it also works hard for you today.**

What you may not realize is that in addition to offering valuable life insurance protection, Aflac Group Whole Life is designed to build cash value—at a guaranteed rate of return. It's a feature that could come in handy down the road for short-term or unplanned expenses.

There are other advantages, as well:

- You may apply for benefit amounts by answering only a few medical questions.
- Once your Whole Life insurance application has been approved and payroll deductions have started, the coverage is yours to keep as long as you continue to pay premiums.
- Aflac Group Whole Life builds cash value that you can access for life's challenges and life's opportunities.

Aflac Group Whole Life insurance is flexible, too. You can apply for coverage that fits your budget and lifestyle.

## **Whole Life Benefit Coverage Options:**

- Employee
- Spouse
- Children ages 15 days through 25 years may be covered in either of these two ways:
  - A Child Term Rider for dependent children (the rider will cover all of your dependent children), or
  - A separate Whole Life plan for each of your dependent children

## **Additional Benefits:**

- Accelerated Benefit Rider (employee and spouse only)
- Accidental Death Benefit Rider (employee and spouse only)
- Waiver of Premium Benefit Rider (employee only)

## **Features:**

- Premiums will not increase.
- Benefits may be paid directly to your named beneficiary.
- Coverage is portable, which means you can take it with you if you change jobs or retire.
- Premiums are paid through convenient payroll deduction.

**Here's why the Aflac Group Whole Life insurance plan may be right for you.**

For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. The Aflac Group Whole Life plan is just another innovative way to help make sure you're well protected.

## Benefits Overview

### **WHOLE LIFE BENEFIT** (Employee, Spouse, Child and Grandchild (see eligibility) coverage available)

The Whole Life Benefit pays proceeds upon the insured's death. Proceeds are defined as the total of the benefits payable upon the insured's death. Proceeds will be the sum of the amount of insurance in force, any insurance on the life of the insured provided by benefit riders, any premium paid that applies to a period of time beyond the certificate month in which the insured dies, less any certificate loan and loan interest, and any unpaid premium, except the first premium, that applies to a period before and including the certificate month in which the insured dies.

### **ACCELERATED BENEFIT RIDER** (Employee and Spouse only)

The Accelerated Benefit Rider pays a lump sum benefit up to one-half of the eligible death benefit when the insured is diagnosed with one or more Qualifying Life Events.

The insured may choose the amount of the Accelerated Benefit, subject to these limitations: The maximum Accelerated Benefit is 50% of the eligible death benefit subject to state limitations. Refer to your certificate for benefit details. The insured may also choose to take the Accelerated Benefit as a monthly benefit. See certificate for details.

### **ACCIDENTAL DEATH BENEFIT RIDER** (Employee and Spouse only)

The Accidental Death Benefit Rider provides an additional benefit equal to the face amount if the insured dies within 90 days of direct accidental bodily injuries. The maximum coverage available under this rider is \$300,000. Employees and spouses, ages 18-60, are issued this benefit, which terminates at age 65.

### **WAIVER OF PREMIUM BENEFIT RIDER** (Employee only)

The Waiver of Premium Benefit Rider waives entire premium amount for employee coverage after the insured has been totally disabled due to bodily injury or disease for 4 consecutive months and continues throughout the duration of the disability. Any recurrence of a prior disability will be covered, provided the prior disability continued for at least 6 consecutive months, began within 30 days of recovery, and was due to the same or related causes. The Waiver of Premium Benefit Rider is also available for loss of sight or loss of limbs even though the employee may be able to engage in an occupation. Only employees, ages 18-55, are eligible to be issued this benefit, which terminates at age 60.

### **CHILDREN'S TERM INSURANCE RIDER** (Children only)

The Children's Term Rider pays a benefit upon receipt of due proof of death of an insured child if coverage is in force, it is before the expiration date, and it is before the rider anniversary following the insured child's 26th birthday. The children's term insurance may be converted to a whole life plan without evidence of insurability subject to the maximum shown in the certificate. Refer to your certificate for details.

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations and exclusions.

**For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit [aflacgroupinsurance.com](http://aflacgroupinsurance.com).**



## LIMITATIONS AND EXCLUSIONS

### WHOLE LIFE EXCLUSIONS

If an insured takes his own life within two years from the date of issue of his certificate, our liability will be limited to all premiums paid, without interest, less any certificate loan and loan interest.

### ACCELERATED BENEFIT RIDER EXCLUSIONS

We will not pay the Accelerated Benefit until we receive proof of the insured's qualifying event and the following conditions are met:

- We have received the owner's written request for an Accelerated Benefit;
- We have received written consent from all irrevocable beneficiaries waiving their rights to any death benefit required to pay off the lien at the time of death. At our discretion, we may require written consent from a spouse of the insured, or other beneficiaries, or any other person whom we believe to have a potential interest in the proceeds of the certificate; and
- We have received as assignment form making us the assignee of the certificate for the amount of the lien.

The rider is not intended to provide health, nursing, home or long term care insurance. Benefit payments may affect the insured's eligibility to receive Medicaid and other government benefits or entitlements.

Receipt of accelerated benefits may be taxable. The insured should consult with his personal tax advisor. This benefit is subject to an administrative expense charge not to exceed \$150.

We will not pay the Accelerated Benefit:

- If either the owner or the insured is required by a government agency to use the Accelerated Benefit in order to apply for, obtain, or otherwise keep a government benefit or entitlement;
- If either the owner or the insured is required by law to use the Accelerated Benefit to meet the claims of creditors, whether in bankruptcy or otherwise;
- If the qualifying event results from intentionally self-inflicted injuries;
- If the certificate is in force as either extended term insurance or reduced paid-up insurance;
- If the certificate is legally or equitably assigned, except to us as security for the lien;
- If any part of the Death Benefit under the certificate is contestable;
- If the certificate is not in force or the Death Benefit under the certificate is not payable for any reason.
- If the amount of the Accelerated Benefit, plus the amount of all Accelerated Benefits on the insured from all certificates issued by us, exceeds \$250,000; or
- If there has already been an Accelerated Benefit paid on the certificate.

### ACCIDENTAL DEATH RIDER EXCLUSIONS

The Accidental Death Benefit provided will not be payable if the insured's death results from any of the following causes:

- War, or an act of war (including any armed aggression resisted by the armed forces of any country or combination of countries), whether such war is declared or undeclared;
- Suicide;
- Any bodily or mental infirmity (or disease, except a bacterial infection occurring with or through an accidental injury);
- Committing or attempting to commit an assault or felony;
- The voluntary taking of any drug, medication, or sedative unless as prescribed by a physician; or any poison (except for food poisoning), including carbon monoxide;
- Operating, riding in, or subsequent drowning from, any kind of aircraft, if the insured:
  - Is a pilot, officer, or member of the crew; or
  - Is giving or receiving any kind of training or instructions; or
  - Has any duties aboard such aircraft
- Skydiving

### WAIVER OF PREMIUM RIDER EXCLUSION

No benefit will be provided by the rider if a total disability is caused by:

- An intentionally self-inflicted injury; or
- Results from an act of war (declared or undeclared) while the insured is in the military service of any country.

Approval for Waiver of Premium requires:

- That the total disability be caused by bodily injury or by disease;
- That the total disability has continued for four consecutive months; and
- That the rider and certificate were in force when the total disability began.

### CHILDREN'S TERM INSURANCE RIDER EXCLUSIONS

The Children's Term Insurance Rider is part of the certificate and is subject to all certificate provisions that are not inconsistent with it. It is issued in consideration of the application for and the payment of premiums for this rider.

### YOUR COVERAGE MAY BE CONTINUED

When an employee is no longer a member of an eligible class and coverage would otherwise terminate, coverage may be continued. See certificate for details.

### TERMS YOU NEED TO KNOW

**Beneficiary** means the person (or entity) named in the application, or later changed by the plan owner, who will receive proceeds upon the death of the insured.

**Eligible Person** means the following individuals who are eligible for coverage:

1. A person who is employed and paid for services by his employer on a regular basis. The eligible person must work for the employer:
  - a. At such person's usual place of work, or such other places as required by the employer in the course of such work;
  - b. For the full number of hours and full rate of pay, as set by the employment practices of the employer.
2. The employed person's spouse.
3. The employed person's child under 26 years of age.
4. A child under 26 years of age the eligible person will be adopting pursuant to an interim court order of adoption.
5. The employed person's grandchild under 26 years of age, who is legally dependent on the employed person.

Note: "Child" as used above includes adopted children and stepchildren. However, eligible person will not include a foster child. An eligible child or grandchild must be under age 26 to be issued coverage, but whole life coverage under the certificate does not end after age 26.

Child eligibility definitions vary by state.

**Spouse** is your legal wife, husband, or partner in a legally recognized union. Refer to your certificate for details.

**Total Disability** means the incapacity of the primary insured, as a result of bodily injury or disease or mental disease, to engage, for remuneration or profit, in an occupation or profession. During the first 24 months of such disability, **occupation or profession** means the primary insured's occupation or profession at the time the disability began; thereafter it means any occupation or profession for which he is, or becomes, reasonably suited by education, training, or experience.

**Eligible Death Benefit** means the death benefit payable under the certificate and any riders by reason of death of the insured, not reduced by certificate loans excluding accidental death benefit riders, and any death benefit that is within five years of its expiration date on the benefit date.

**Qualifying Event** means one or more of the following:

- A non-correctable illness or physical condition that, with a reasonable degree of medical certainty, will result in the death of the insured in less than 12 months from the date of a written statement by a physician.
- A condition that causes the insured to lose the ability to perform, without substantial assistance from another person, at least two activities of daily living due to a loss of functional capacity. This condition must be expected to last for the rest of the insured's life.
- A condition which causes the Insured to require substantial supervision to protect himself from threats to health and safety due to severe cognitive impairment. This condition must be expected to last for the rest of the insured's life.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites Group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. Continental American Insurance Company • Columbia, South Carolina  
The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to the plan for complete details, definitions, limitations, and exclusions.

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies.

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center. This brochure is subject to the terms, conditions, and limitations of Policy Form C60100TX.

## Group Accident

- Base plan covers a wide variety of injuries and accident-related expenses such as hospitalization, physical therapy, hospital intensive care, transportation, lodging, and more.
- Fully Guarantee Issue
- Benefits are paid for accidents that occur on & off the job
- Dislocation or fracture
- Ambulance Services
- Accidental Death Coverage Included – Employee \$25K; Spouse \$25K; Child(ren) \$5K
- Wellness Benefit \$100

PLAN TYPE	BI-WEEKLY RATES
Employee	\$6.51
Employee and Child(ren) up to Age 26	\$9.98
Employee and Spouse	\$10.43
Employee, Spouse, and Child(ren) up to Age 26	\$13.89

## Hospital Indemnity

### Hospital Insurance

Can Pay Benefits that Help You with the Costs of a Covered Hospital Visit.

Hospital Admission	\$500 Per Insured Per Calendar Year
Daily Hospital Confinement	\$100 Per Day, to a Maximum of 365 Days Per Calendar Year
Hospital ICU Confinement	\$100 Per Day, to a Maximum of 365 Days Per Calendar Year
Wellness	\$50 Per Insured Per Calendar Year
Pre-Ex	12/12 Pre-Ex May Apply

PLAN TYPE	BI-WEEKLY RATES
Employee Only	\$6.36
Employee and Spouse	\$10.66
One-Parent Family	\$9.20
Two-Parent Family	\$13.57

### Pre-Existing Conditions

Benefits for a pre-existing condition (*defined as a sickness or injury, or symptoms of a sickness or injury, whether diagnosed or not, for which you received medical treatment, medical advice, care or services, including diagnostic measures, took prescribed drugs or medicine, or had been prescribed drugs or medicine to be taken during the 12 months prior to your effective date*) will not be paid if the date of the covered loss occurs during the first 12 months after your effective date.



BASE BENEFITS	LEVEL 3	LEVEL 4
Cancer Screening/Wellness Benefit, Per Calendar Year	\$75	\$100
Hospital Confinement/Hospital Intensive Care Unit Confinement		
Per Day for First 30 Days of Hospital Confinement in a Calendar Year	\$200	\$300
Per Day After First 30 Days of Hospital Confinement in a Calendar Year	\$400	\$600
Per Day After Hospital Intensive Care Unit Confinement Maximum of 180 Days Per Calendar Year for Hospital and Hospital Intensive Care Unit Confinement	\$400	\$600
Hospital Confinement/Hospital Intensive Care Unit Confinement in a US Government Hospital		
Per Day for First 30 Days of Hospital Confinement in a Calendar Year	\$200	\$300
Per Day After First 30 Days of Hospital Confinement in a Calendar Year	\$400	\$600
Per Day for Hospital Intensive Care Unit Confinement Maximum of 180 Days Per Calendar Year for Hospital and Hospital Intensive Care Unit Confinement	\$400	\$600
Private Full-Time Nursing, Per Day	\$200	\$300
Radiation/Chemotherapy, Per Day Calendar Year Maximum	\$225 \$7,500	\$300 \$10,000
Antinausea, Per Day Calendar Year Maximum	\$50 \$200	\$50 \$200
Blood/Plasma/Platelets/Immunoglobulins, Per Day Calendar Year Maximum	\$225 \$7,500	\$300 \$10,000
Supportive or Protective Care Drugs and Colony Stimulating Factors, Per Day Calendar Year Maximum	\$150 \$1,200	\$200 \$1,600
Bone Marrow Stem Cell Transplant, Per Lifetime	\$10,000	\$10,000
Peripheral Sem Cell Transplant, Per Lifetime	\$5,000	\$5,000
Transportation (Per Mile) Up to 700 Miles Per Round Trip	\$0.40	\$0.40
Transportation for Companion (Per Mile) Up to 700 Miles Per Round Trip	\$0.40	\$0.40
Lodging, Per Day, Up to 70 Days Per Calendar Year	\$50	\$50
Surgical Procedures-Unit Value Maximum Per Procedure	\$60 \$3,000	\$90 \$4,500
Anesthesia		
General Anesthesia % of Surgical Procedure	25%	25%
Local Anesthesia Per Procedure	\$50	\$75
Second Medical Opinion, Per malignant Condition	\$300	\$300
Reconstructive Surgery-Unity Value Maximum Per Procedure Including Anesthesia, Limit 2 Per Site	\$60 \$3,000	\$90 \$4,500

## Group Cancer (Continued)

BASE BENEFITS	LEVEL 3	LEVEL 4
Outpatient Surgical Center, Per Day Calendar Year Maximum	\$500 \$1,500	\$750 \$2,250
Waiver of Premium	Yes	Yes
ADDITIONAL BENEFITS		
Ambulance, Per Trip. Limit 2 Trips Per Confinement	\$100	\$100
Attending Physician, Per Day, Max 180 Days Per Calendar Year	\$50	\$50
Experimental Treatment, Per Treatment Lifetime Maximum	\$300 \$10,000	\$300 \$10,000
Hair, External Breast, Voice Box Prosthesis, Per Calendar Year	\$200	\$200
Prosthesis, Artifical Limb Per Device, Limit 1 Per Site, \$4,000 Lifetime Maximum	\$2,000	\$2,000
Skilled Nursing Care Facility, Per Day Up to Days Confined	\$300	\$300
Hospice, Per Day, No Lifetime Limit	\$300	\$300
Home Health Care Services, Per Day, Up to Greater of 30 Days/Calendar Year or 2x Days Confined	\$300	\$300

### Specified Diseases

Pays Up to \$125,000 During the Insured's Lifetime for Covered Specified Diseases for any Covered Person in the Following Benefits:

- Hospital Confinement - Up to \$300 Per Day, Up to the Lifetime Limit
- Ambulance - \$100 for each Trip, Up to the Lifetime Limit, to or from a Hospital where Confined
- Attending Physician - Up to \$50 Per Day, Up to the Lifetime Limit, while Confined to a Hospital

### Initial Diagnosis

- Paid for the First Diagnosis of Internal (Not Skin) Cancer
- Pays 1.5 Times Amount for Children on Family Coverage
- Available in a \$5,000 Lump Sum Benefit

### Features

- Benefits are Paid Directly to the Insured Unless they Specify Otherwise
- Benefits are Paid in Addition to Other Insurance Your Employees may have with Other Insurance Companies

### Bi-Weekly Rates

	LEVEL 3	LEVEL 4
Employee	\$10.73	\$13.78
Family	\$17.82	\$22.87

# Critical Illness

- Pays Lump-Sum Benefit Based on Diagnosis of a Covered Critical Illness

## Employee Can Purchase from \$5,000 to \$30,000

- Spouses Covered Under Employee’s Plan will be Covered at 50% of Employee’s Coverage
- Covered Dependent Children will be Covered at 25% of Employee’s Coverage

COVERED SPECIFIED CRITICAL ILLNESSES	
For This Illness..	We will Pay this Percentage of the Face Amount:
Heart Attack	100%
Stroke	100%
Major Organ Failure	100%
End Stage Renal (Kidney) Failure	100%
Permanent Paralysis Due to a Covered Accident	100%
Coma	100%
Blindness	100%
Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D	100%
Coronary Artery Bypass Graft Surgery	25%

The Maximum Benefit Amount for this Policy is 3x the Face Amount for the Named Insured for all Covered Persons Combined. The Policy will Terminate when the Maximum Benefit Amount for Specified Critical Illness Has Been Paid.

## Subsequent Diagnosis...of a Different Specified Critical Illness

If you receive a benefit for a Specified Critical Illness, and later you are diagnosed with a **different** Specified Critical Illness, we will pay the percentage of the original face amount.

## Subsequent Diagnosis...of the Same Specified Critical Illness

If you receive a benefit for a Specified Critical Illness, and later you are diagnosed with the **same** Specified Critical Illness we will pay 25% of the original face amount. (Critical illnesses that do not qualify are: Coronary Artery Bypass Graft Surgery and Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D.)

Dates of diagnoses of specified critical illnesses must be separated by at least 180 days.

# Diagnosis of Cancer Benefit (Included in Critical Illness Plan)

All Benefits are Payable Once per Covered Person per Lifetime

Benefits are Paid as a Lump Sum when the Covered Person is Diagnosed with One of the Following:

CONDITION	WE WILL PAY
Cancer (Internal or Invasive)	100% of Face Amount
Carcinoma in Situ	25% of Face Amount
Skin Cancer	\$500 Flat Amount
Cancer Vaccine Benefit	\$60 Payable if a Covered Person Incurs a Charge for and Receives any Cancer Vaccine Approved by the FDA for the Prevention of Cancer.

# Group Critical Care for TX

Full CI Benefit, with Subsequent Diagnosis, Diagnosis of Cancer Benefit,  
\$100 Health Screening Benefit

## Bi-Weekly Non Tobacco Rates

	ISSUE AGE	NAME INSURED	EMPLOYEE + SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$5,000	16-29	\$3.66	\$5.67	\$3.77	\$5.76
	30-39	\$4.39	\$6.73	\$4.49	\$6.84
	40-49	\$5.96	\$9.11	\$6.10	\$9.22
	50-59	\$8.50	\$13.05	\$8.64	\$13.17
	60-74	\$11.92	\$18.24	\$12.03	\$18.36
\$10,000	16-29	\$4.39	\$6.80	\$4.62	\$6.98
	30-39	\$5.87	\$8.92	\$6.06	\$9.15
	40-49	\$9.01	\$13.68	\$9.29	\$13.91
	50-59	\$14.09	\$21.57	\$14.36	\$21.80
	60-74	\$20.92	\$31.95	\$21.15	\$32.18
\$15,000	16-29	\$5.13	\$7.93	\$5.48	\$8.21
	30-39	\$7.35	\$11.11	\$7.62	\$11.46
	40-49	\$12.06	\$18.24	\$12.47	\$18.59
	50-59	\$19.67	\$30.08	\$20.09	\$30.43
	60-74	\$29.92	\$45.66	\$30.26	\$46.01
\$20,000	16-29	\$5.87	\$9.06	\$6.33	\$9.43
	30-39	\$8.82	\$13.31	\$9.19	\$13.77
	40-49	\$15.10	\$22.81	\$15.66	\$23.28
	50-59	\$25.26	\$38.60	\$25.81	\$39.06
	60-74	\$38.92	\$59.37	\$39.38	\$59.83
\$30,000	16-29	\$7.35	\$11.32	\$8.04	\$11.88
	30-39	\$11.78	\$17.69	\$12.33	\$18.38
	40-49	\$21.19	\$31.95	\$22.02	\$32.64
	50-59	\$36.42	\$55.63	\$37.26	\$56.32
	60-74	\$56.92	\$86.78	\$57.61	\$87.48



# Group Critical Care for TX (Continued)

Full CI Benefit, with Subsequent Diagnosis, Diagnosis of Cancer Benefit,  
\$100 Health Screening Benefit

## Bi-Weekly Tobacco Rates

	ISSUE AGE	NAME INSURED	EMPLOYEE + SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$5,000	16-29	\$4.12	\$6.34	\$4.26	\$6.45
	30-39	\$5.22	\$7.987	\$5.32	\$8.07
	40-49	\$7.74	\$11.76	\$7.86	\$11.90
	50-59	\$11.76	\$18.11	\$11.89	\$18.22
	60-74	\$17.46	\$26.76	\$17.57	\$26.90
\$10,000	16-29	\$5.32	\$8.14	\$5.59	\$8.37
	30-39	\$7.53	\$11.41	\$7.72	\$11.60
	40-49	\$12.56	\$18.98	\$12.79	\$19.26
	50-59	\$20.59	\$31.68	\$20.87	\$31.91
	60-74	\$31.99	\$48.98	\$32.22	\$49.26
\$15,000	16-29	\$6.52	\$9.94	\$6.93	\$10.28
	30-39	\$9.84	\$14.85	\$10.12	\$15.13
	40-49	\$17.39	\$26.21	\$17.73	\$26.62
	50-59	\$29.43	\$45.24	\$29.85	\$45.59
	60-74	\$46.53	\$71.21	\$46.88	\$71.62
\$20,000	16-29	\$7.72	\$11.74	\$8.27	\$12.20
	30-39	\$12.15	\$18.29	\$12.52	\$18.66
	40-49	\$22.21	\$33.43	\$22.67	\$33.98
	50-59	\$38.27	\$58.81	\$38.82	\$59.28
	60-74	\$61.07	\$93.43	\$61.53	\$93.98
\$30,000	16-29	\$10.12	\$15.34	\$10.95	\$16.03
	30-39	\$16.76	\$25.17	\$17.32	\$25.72
	40-49	\$31.86	\$47.88	\$32.55	\$48.71
	50-59	\$55.95	\$85.95	\$56.78	\$86.64
	60-74	\$90.15	\$137.88	\$90.84	\$138.71



**Life Insurance—Powerful Family Protection Plus Benefits for Long Term Care**

LifeTime Benefit Term (LBT) is Combined Insurance’s new group hybrid product developed for employers to champion life insurance for their employees.

LBT’s innovative design provides Life Time Guarantees at a fraction of the cost of whole life insurance. And flexibility allows you to customize benefits for Long Term Care (LTC) and double or triple the policy value.

**Innovative Guarantees**

**Guaranteed Benefits**

**During the Working Years**

Death Benefit is guaranteed 100% when it is needed most—during the working years when a family is relying on income. Through age 70 (or 25 years if greater) the death benefit is 100% guaranteed.

**Guaranteed Benefits**

**After Age 70**

Even after age 70, when income is less relied upon, the death benefit is guaranteed to never be less than 50% of the original death benefit. And based on current credited interest rates and non-guaranteed mortality, the full death benefit is designed to last a lifetime.

**Innovative Benefits**

**Long Term Care (LTC) Acceleration**

When employees need LTC, death benefits can be paid early for home health care, assisted living, adult day care and nursing home care. After the required elimination period, early payments equal 4% of the death benefit per month for up to 25 months. Premiums are waived while this benefit is being paid.

**Contingent Benefit†**

If your LTC rider premiums were to be increased and would cause you to lapse your coverage within 120 days of an increase, you may reduce your benefit amount without any increase in premium or convert LTC coverage to paid up status equal to 100% of all LTC rider premiums paid, or 30 times the daily nursing home benefit allowed under the LTC rider.

**Guaranteed Premiums**

Life insurance premiums will never increase and are guaranteed through age 100. Thereafter no additional premium is due while the coverage can continue to age 121.

**Paid-up Benefits†**

After 10 years, paid-up benefits begin to accrue. At any point thereafter, if premiums stop, a reduced paid up benefit is guaranteed. Flexibility is perfect for retirement.

**Guaranteed Insurability**

Allows for scheduled automatic increases to the death benefit coverage, subject to eligibility requirements, without requiring evidence of insurability.

Let LifeTime Benefit Term be their Champion!

LifeTime Benefit Term is a great way to help protect their most important asset and help provide the peace of mind their family deserves.

† Additional premium required.



## Let LifeTime Benefit Term be Your Champion

### As Life Insurance

LifeTime Benefit Term helps protect families with money that can be used any way they need. Often it is used to pay for mortgage or rent, education for children and grandchildren, family debt and final expenses.

### For Long Term Care

Long Term Care is expensive, and LifeTime Benefit Term can help. It pays death benefits in advance for home health care, assisted living, adult day care and nursing home and waives life insurance premiums.

### For Terminal Illness

After the employee's coverage has been in force for two years, they can receive 50% of their death benefit, up to \$100,000, if they are diagnosed as terminally ill.

## Additional Benefit Options

(additional premiums required)

### Accidental Death Benefit

Doubles the death benefit if death results from an accident.

### Child Term Benefit

Death Benefits available up to \$25,000. Guaranteed conversion to individual coverage at age 26—up to 5 times the benefit amount.

### Level Term

Provides additional insurance to maximize your premium dollar.

### Waiver of Premium and Payor Waiver of Premium

Waives premium if employee becomes totally disabled.

## Features

### Strong Guarantees

Guaranteed life insurance\* Premium and Death Benefits last a lifetime.

### Fully Portable and Guaranteed Renewable\* for Life

Employee coverage cannot be cancelled as long as premiums are paid as due.

### Highly Competitive Rates

For the same premium, LifeTime Benefit Term provides higher benefits than whole life and lasts to age 121.

### Death Benefits up to \$250,000—No Medical Exams

Coverage is issued based on answers to simple health questions. When LTC Benefit is chosen, the maximum death benefit is \$150,000.

### Family Coverage

Coverage available for spouse, children and dependent grandchildren.

\* LTC premiums may be adjusted based upon the experience of the group or other group characteristics that may affect results. Premiums cannot be increased solely because of an independent claim. New premiums will be based on the Insured's age and premium class on the rider's coverage date.



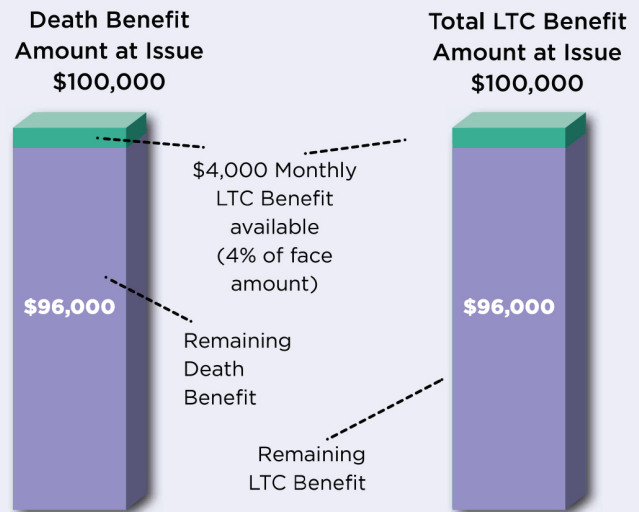
## Flexible Benefit Choices

Once you make the promise to help protect your family with Lifetime Benefit term, there are several ways it can work for you. You don't have to make any decisions on how you use your benefits until you actually need them.

Here is an example of how LifeTime Benefit Term can be your Champion.

### \$100,000 LifeTime Benefit Term Coverage\*\*

- A 35-year-old non-smoker can purchase \$100,000 of coverage including the Accelerated Death Benefit for Long Term Care and Terminal Illness.
- Long Term Care benefit of \$4,000 (4% of \$100,000) per month would be available for up to 25 months.
- Long Term Care benefit reduces the death benefit by an equal amount.



### While in Long Term Care Status, premiums are waived.

Depending on your needs

- 100% of the Death Benefit amount can be paid to your beneficiary if no Long Term Care benefits are used, or
- 100% of the Long Term Care benefit amount can be paid to you, if care is needed, or
- Any remaining Death Benefit less any Long Term Care benefits received will be paid to your beneficiary.

The monthly LTC payment equals 4% of the initial death benefit. The maximum LTC payments equals 1 times the current death benefit. The current death benefit at time of LTC payment may differ from original death benefit. The certificate contains a guarantee ensuring that the initial death benefit will last for the longer of 25 years or to age 70 and thereafter can never be less than 50% of your initial death benefit. Premiums are payable to age 100.

\*\* This example is only an illustration. Do not send money to the insurer in response to this advertisement; one needs to complete an application to obtain coverage. Benefit exclusions and limitation may apply to the coverage.



## Because pets are family, too

It's easier to get pet insurance plans now that UnitedHealthcare has teamed up with Figo Pet Insurance.\* Choose from customized care plans—designed to help take good care of your dog or cat if unexpected injuries and illnesses occur—including the deductible and reimbursement levels that best meet your needs, as well as optional add-ons like dental coverage.

### Advantages for pet parents

- Freedom to see any veterinarian for your pet's care
- 24/7 access to live veterinary professionals
- An easy claims process with personalized, caring customer service
- Direct-deposit reimbursements

United  
Healthcare



\*Pet insurance policies are underwritten by Independence American Insurance Company (IAIC), a Delaware Insurance Company.

continued

## Head-to-tail coverage for your pet

- Surgeries
- Laboratory and diagnostic testing
- Chronic conditions
- Emergency services
- Hospitalization
- Knee conditions (including ACL) \*
- Cancer treatments
- Prescription medications
- Laboratory and diagnostic testing
- Non-routine dental (accident only)
- Prosthetic and orthotic devices
- Behavioral
- Rehabilitation
- Hereditary and congenital conditions\*\*
- No upper-age limit on pets
- All breeds included

## Powerup coverage\*\*\*

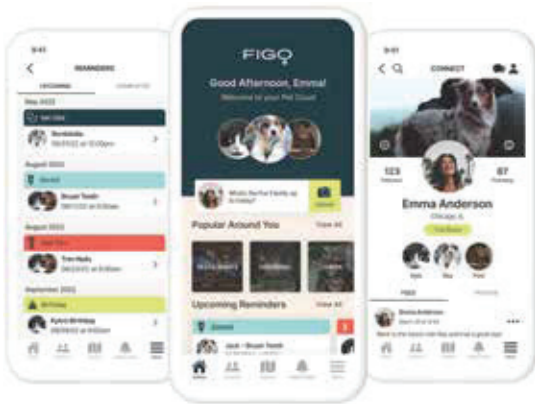
- Wellness with dental
- Veterinary exam fees \*\*\*\*  
for accident and illness

## Customize your plan in 2 steps

- 1 Choose a plan with the deductible and reimbursement levels that meet your needs
- 2 Add optional Powerups like wellness with dental coverage

## Connect and explore with the Pet Cloud

Be in the know—and know where to go—with the Pet Cloud app, designed to help make pet parenting a breeze with tips, reminders and search tools. You can download it from the App Store® or Google Play®.



United  
Healthcare

**FIGO**  
Underwritten by Independence  
American Insurance Co.

## Enroll in Figo today

Scan the code



or

Click here

Questions?

888-246-6918

[support@figopetinsurance.com](mailto:support@figopetinsurance.com)

\*Orthopedic conditions coverage may be subject to a 6-month waiting period.

\*\*Covered if no signs or symptoms were evident during the waiting period of the plan.

\*\*\*Powerups are an optional coverage, available to add on for an additional charge.

\*\*\*\*Not intended to cover exam fees related to routine, wellness or preventive visits.

App Store is a registered trademark of Apple, Inc. Google Play is a registered trademark of Google LLC.

Some benefits and features may not apply to your State. Please check quote site for specific benefits and options.

Pet insurance is considered a type of Property and Casualty insurance and UnitedHealthcare is solely referring certain members to Figo. In compliance with insurance regulations, UnitedHealthcare is not permitted to transact, sell, negotiate, or solicit Property and Casualty insurance on behalf of Figo Pet Insurance, LLC, or make any representations or warranties to consumers with respect to, plan information, product-specific benefits, terms, conditions and exclusions of the Figo Pet Insurance, LLC products. The information contained in this document is for illustrative purposes only and coverage under any pet insurance policy is expressly subject to the conditions, restrictions, limitations, exclusions and terms of the policy documentation issued by the insurer. Availability of this program is subject to each state's approval and coverage may vary by state. Pet insurance policies are underwritten by Independence American Insurance Company (IAIC), a Delaware Insurance Company. Insurance plans and the Figo Pet Cloud are administered by Figo Pet Insurance, LLC. Live Vet is a separate non-insurance service unaffiliated with IAIC.

Coverage underwritten by Independence American Insurance Company, 11333 North Scottsdale Road Suite 160. Scottsdale, AZ 85254.

B2C EI21511259. 2 1/23 © 2023 United HealthCare Services, Inc. All Rights Reserved. 22-1827681

# Available Services When You Need Help the Most

Doctors Hospital at Renaissance  
GoooCDQ5



Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times, it's important to have someone to talk with to let you know you're not alone.

With Mutual of Omaha's Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Learn more about the Employee Assistance Program services available to you.

We are here for you

Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics.

[mutualofomaha.com/eap](https://mutualofomaha.com/eap)  
or call us: 1-800-316-2796

## Enhanced EAP Services

Features	Value to Company and Employees
Employee Family Clinical Services	<ul style="list-style-type: none"> <li>• An in-house team of Master's level EAP professionals who are available 24/7/365 to provide individual assessments</li> <li>• Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters</li> <li>• Access to subject matter experts in the field of EAP service delivery</li> </ul>
Counseling Options	<ul style="list-style-type: none"> <li>• Three sessions per year (per household) conducted by face-to-face* counseling or telehealth (text, chat, phone or video) via a secure, HIPAA compliant portal</li> </ul>

\*California Residents: Knox-Keene Statute limits no more than three face-to-face sessions in a six-month period per person.

Continued on back.

## Enhanced EAP Services (continued)

Features	Value to Company and Employees
<b>Exclusive Provider Network</b>	<ul style="list-style-type: none"> <li>National network of more than 10,000 licensed clinical providers for face-to-face counseling</li> <li>National network of more than 30,000 licensed clinical providers for telehealth counseling</li> <li>Network continually expanding to meet customer needs</li> <li>Flexibility to meet individual client/member needs</li> </ul>
<b>Access</b>	<ul style="list-style-type: none"> <li>1-800 hotline with direct access to a Master's level EAP professional</li> <li>24/7/365 services available</li> <li>Telephone support available in more than 120 languages</li> <li>Online submission form available for EAP service requests</li> <li>EAP professionals will help members develop a plan and identify resources to meet their individual needs</li> </ul>
<b>Employee Family Legal Services</b>	<ul style="list-style-type: none"> <li>Valuable resources — legal libraries, tools and forms — available on EAP website</li> <li>A counseling session may be substituted for one legal consultation (up to 30 minutes) with an attorney</li> <li>25% discount for ongoing legal services for same issue</li> </ul>
<b>Employee Family Financial Services</b>	<ul style="list-style-type: none"> <li>Inclusive financial platform powered by Enrich that includes financial assessment tools, personalized courses, articles and resources, and ongoing progress reports to help members monitor their financial health</li> <li>A counseling session may be substituted for one financial consultation (up to 30 minutes) with an attorney</li> </ul>
<b>Employee Family Work/Life Services</b>	<ul style="list-style-type: none"> <li>Child care resources and referrals</li> <li>Elder care resources and referrals</li> </ul>
<b>Online Services</b>	<ul style="list-style-type: none"> <li>An inclusive website with resources and links for additional assistance, including:               <ul style="list-style-type: none"> <li>Current events and resources</li> <li>Family and relationships</li> <li>Emotional well-being</li> <li>Financial wellness</li> <li>Substance abuse and addiction</li> <li>Legal assistance</li> <li>Physical well-being</li> <li>Work and career</li> </ul> </li> <li>Bilingual article library</li> </ul>
<b>Employee Communication</b>	<ul style="list-style-type: none"> <li>All materials available in English and Spanish</li> </ul>
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>Full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee</li> </ul>
<b>Coordination with Health Plan(s)</b>	<ul style="list-style-type: none"> <li>EAP professionals will coordinate services with treatment resources/providers within the employee's health insurance network to provide counseling services covered by health insurance benefits, whenever possible</li> </ul>

Insurance products and services are offered by Mutual of Omaha Insurance Company or one of its affiliates. Mutual of Omaha Insurance Company is licensed nationwide. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Companion Life Insurance Company is licensed in New York. Each underwriting company is solely responsible for its own contractual and financial obligations. Some exclusions or limitations may apply. Not all services available in New York.

# 401(k) Retirement Savings Plan

## Transamerica

Phone: 1-800-755-5801

www.dhrretire.trretire.com

Also Available: My TRS Retire App

## 401(k) Basics

Eligibility - 18 Years of Age and 30 Days of Employment. Entry Dates - 1st of the Month Following 30 Days of Employment

## Employee Contribution Limits

- Minimum 1%
- Maximum \$22,500 and Over 50 Years of Age \$30,000 (Plus an Index for Inflation)

Rollover - Allowed from Previous 401(k)'s, 403(b)'s, 457(b)'s and IRA's\*  
Changing Amount of Contributions (Increasing or Decreasing) - Quarterly

- Plan Allows You to Stop Saving at Anytime

Company Match - 25% of Your Contribution on First 6%.

- Vesting (On Company Match Only)
  - Year 1 20%
  - Year 2 40%
  - Year 3 60%
  - Year 4 80%
  - Year 5 100%

## Access to 401(k)

- Retirement
- Termination of Employment
  - Rollover to Next Employer
  - Rollover to IRA\*
  - Cash Out- Penalty and Taxes Would Apply
- Withdrawals on Any Amounts Rolled in from Previous Retirement Plans
- Death - Beneficiary will Receive 401(k)
- Disability (No Penalty)
- After Age 59 ½ (Both Employee and Employer Contributions)
- Hardship Withdrawals - Limited to Purchase Home or Prevention of Foreclosure/Eviction, Excessive Medical Cost, College or Funeral Expenses
- Loans - Minimum is \$1,000 & Maximum is 50% of Vested Account Balance



# Retiremap Financial Wellness Program

## Basics

Retiremap is a holistic financial wellness program that extends beyond just helping employees with retirement decisions. It helps employees assess their overall financial wellness, including immediate and long-term goals, debt management, savings, as well as retirement savings and investing. The program includes:

## Ongoing Financial Wellness Education and Tools

- Employer branded microsite that has educational webinars and articles on financial wellness topics
- Online Dashboard with retirement calculators and “what if” scenario planning tools
- Personalized Starter Roadmap that maps out employees’ financial goals
- Customized offers designed to help employees achieve their financial goals and maximize employee benefits
- Employees can sign up for group workshops on a variety of financial wellness topics



A UnitedHealthcare Company



**DHRHealth**

What's Covered By My Insurance?  
Who's In Network?  
Why Was My Claim Denied?

For answers to these questions or other Health Plan assistance contact:

**UMR Customer Service**

**Phone: 1-800-826-9781**



## Notice of Privacy Practices

Effective Date: 8/29/2013  
Revised: 02/05/2014

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices (“NPP”) is being provided to you as a requirement of federal law, the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). Doctors Hospital at Renaissance (“DHR”) recognizes that your health information is confidential, and DHR is committed to protecting the privacy of your information. Therefore, this Notice describes how DHR may use and disclose your protected health information (“PHI”) to carry out treatment, payment or other health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI in some cases. Your PHI, as defined by HIPAA, means your personal health information that is found in your medical and billing records, and which relates to your past, present, or future physical or mental health conditions. This may also include information created or received by health care providers, insurance companies and/or your employer as it relates to the course of treatment and payment for your medical services.

### Your Patient Rights

Although your health record is the physical property of DHR, the information belongs to you. You have the following rights regarding your Health Information:

- **A Copy of this Notice.** You have the right to a copy of this Notice. You may obtain a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You do not have to submit a written request to obtain the Notice. Paper copies of this Notice may be obtained from any DHR registration or admissions desk. You may also obtain an electronic copy of this Notice on our website at [www.dhr-rgv.com](http://www.dhr-rgv.com).
- **Inspect and Copy your Medical Records.** You have the right to inspect and obtain a copy of your medical records maintained by DHR, subject to certain limited exceptions. This information includes your medical and billing records. DHR may charge you a reasonable fee for copying/providing your records to you. To inspect or obtain a copy of your medical records, you must make your request, in writing to the Medical Records Department at (956) 362-3431.
- **Request Confidential Communications.** You have the right to request that DHR communicate with you about medical matters in a certain way or at a certain location. For example, you may prefer to receive mail regarding your health information at an address other than your usual mailing address. You must specify how and where you wish to be contacted and we will accommodate reasonable requests.
- **Request Restriction.** You have the right to request limitations on how DHR uses and/or discloses your health information. However, DHR is not required by law to agree to a requested restriction. If DHR agrees to your request, DHR will comply with your request unless the use or disclosure is necessary in order to provide you with emergency treatment or otherwise is required by law.
- **Out-of-Pocket-Payments.** If you paid out-of-pocket (*or in other words, you have requested that we not bill your health plan*) in full for a specific item or service, you have the right to ask that your health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
- **Request Amendment to your Medical Records.** If you believe your health information maintained by DHR is incorrect or incomplete, you may request an amendment to your information. DHR can only correct information that we have created or that was created on our behalf. DHR is not required to agree with your request. If your health information is accurate and complete, or if the information was not created by DHR, we may deny your request; however, if we deny any part of the request, we will provide a written explanation of our reasons for doing so.
- **Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
- **Accounting of Hospital Disclosures of your Health Information.** You have the right to request a list of certain disclosures made by DHR of your PHI. The first accounting in any 12 month period is free; however, you will be charged a reasonable fee as allowed by law for each subsequent accounting you request within the same 12 month period.

**Contact Information:** To obtain information about how to request a copy of your medical records, receive an accounting of disclosures, or request an amendment to your health information, please contact our Medical Records Department at (956)-362-3448 or (fax) 956-362-3449.

### Use and Disclosure of your Protected Health Information

The following categories describe the ways DHR may use and disclose your health information. Except for the purposes described below, we will use and disclose health information only with your written permission. You may revoke such permission at any time by writing to the DHR Medical Records Department located at Del Prado, Attn: Medical Records Department, 101 Paseo Del Prado, Edinburg, Texas 78539.



## Notice of Privacy Practices

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**FOR TREATMENT:** DHR may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose health information to doctors, nurses, technicians, medical students or other personnel who are involved in your care while at DHR. We may also provide your physician or a subsequent healthcare provider with health information to assist in treating you once you are discharged from care at DHR.

**FOR PAYMENT:** DHR may use or disclose your health information to obtain payment from your insurance company or a third party. For example, DHR may need to provide your health plan with information about treatment you received so that your health plan will pay us or reimburse you for the treatment. Or DHR may need to provide your health plan with information regarding a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

**FOR HEALTHCARE OPERATIONS:** DHR may use or disclose your health information for routine health care operations that are necessary to run the Hospital and assure that all of our patients receive quality care. Health care operations at DHR include, but are not limited to, training and education programs, reviewing the quality of care provided by health care professionals, obtaining health insurance, conducting legal services and auditing services, conducting business planning and development activities, conducting risk management activities and investigations, and managing the business and general administrative activities of DHR.

**APPOINTMENTS and TREATMENT ALTERNATIVES:** DHR may use or disclose your health information to contact you as a reminder that you have an appointment for treatment or medical care at DHR. Also, we may use or disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. Further, we may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

**BUSINESS ASSOCIATES:** DHR contracts with outside companies that perform business services for us, such as billing companies, management consultant, quality assurance reviewers, accountants or attorneys. In certain circumstances, we may need to share your medical information with a business associate so it can perform a service on our behalf. DHR will limit the disclosure of your information to a business associate to the amount of information that is “minimum necessary” for the company to perform such services for DHR. In addition, we will have a written contract in place with the business associate requiring him/her to protect the privacy of your health information.

**DIRECTORY:** DHR may include your name, location in the facility and general condition (*but not specific health information about you*) in DHR’s patient directory while you are receiving care as an inpatient. We make this information available so that individuals can contact or visit you in the hospital. Unless you specifically request that your information be excluded from the directory, DHR may release this directory information to people who ask for you by name. This does not apply to patients who are receiving treatment for certain conditions, such as mental health problems. Further, DHR may disclose your name and location in the hospital to your clergy even if you are not asked for by name. In the event that you do not wish your information to be included in the directory, you may notify DHR at the time of your admission.

**INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE:** When appropriate, DHR may disclose health information to a family member, other relative, or close personal friend who is involved in your medical care or payment for your care, unless you tell us otherwise. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

**DATA BREACH NOTIFICATION PURPOSES:** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

**RESEARCH:** DHR participates in clinical research studies that have been approved through a special review process to protect patient safety, welfare, and confidentiality. Your medical information may be important to further research efforts and the development of new knowledge. To determine your eligibility for these studies, DHR may need to obtain patients’ basic and clinical information. DHR may use and disclose medical information about our patients for research purposes, subject to the confidentiality provisions of federal and state law. Basic information includes: name, age, gender, race, ethnic background, and potentially family history. Clinical information includes your medical records, diagnoses, test results, and prescribed medications. This information is subject to change from time to time. DHR may contact you in the future regarding your eligibility for these clinical studies, unless you decide to opt out of receiving this information. Enrollment in these studies can only occur after you have been informed about the study, had an opportunity to ask questions, and indicated your willingness to participate by signing a consent form. Other approved studies may be performed using your de-identified medical information without requiring your consent. For example, a research study may involve a chart review to compare the outcomes of patients who received different types of treatment.

**FUNERAL DIRECTORS:** DHR may disclose health information to funeral directors consistent with applicable law to carry out their duties.

**ORGAN PROCUREMENT ORGANIZATIONS:** Consistent with applicable law, DHR may disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

**MARKETING:** We may contact you to provide appointment reminders, treatment alternative information, other health-related benefits, and goods and services provided by DHR that may be of interest to you.

**FUNDRAISING:** DHR may use or disclose your PHI, as necessary, in order to inform you about fundraising opportunities. You have the right to opt out of receiving fundraising communications. If you do not want to receive this information, please submit a written request to the DHR Privacy Officer, or call (956) 362-3431 for more information.

**LAWSUITS AND DISPUTES:** DHR may disclose your health information in response to a court or administrative order. In addition, DHR may disclose your health information in response to a valid subpoena, discovery request, or other lawful process provided that efforts have been made to tell you about the request or to obtain an order protecting the information requested, as required by law.

## Notice of Privacy Practices

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**HEALTH OVERSIGHT ACTIVITIES:** DHR may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government benefit programs and compliance with civil rights laws.

**WORKER'S COMPENSATION:** DHR may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**PUBLIC HEALTH:** As required by law, DHR may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

**ABUSE, NEGLECT OR DOMESTIC VIOLENCE:** As required by law, DHR may disclose health information to a governmental authority authorized by law to receive reports of abuse, neglect or domestic violence.

**JUDICIAL, ADMINISTRATIVE AND LAW ENFORCEMENT PURPOSES:** Consistent with applicable law, DHR may disclose health information about you for judicial, administrative and law enforcement purposes. This may include disclosures to avert a serious threat to your or a third party's health or safety as well as victims of crime or criminal conduct at DHR.

**TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** DHR may use and disclose your health information when we believe it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or lessen the threat or to law enforcement authorities in particular circumstances.

**NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES:** DHR may release your health information to authorized federal officials for lawful intelligence, counterintelligence and other national security activities authorized by law.

**MILITARY AND VETERANS:** If you are a member of the armed forces, DHR may release health information about you as required by military authorities. DHR may also share information about foreign military personnel to the appropriate foreign military authority.

**CUSTODIAL SITUATIONS:** If you are an inmate in a correctional institution and if the correctional institution or law enforcement authority makes certain representations to DHR, DHR may disclose your health information to a correctional institution or law enforcement official.

**REQUIRED OR ALLOWED BY LAW:** DHR will disclose your PHI when required or allowed to do so by federal, state or local law.

**OTHER USES OF YOUR HEALTH INFORMATION:** Other uses and disclosures of health information not covered by this Notice will be made only with your written authorization. If you give DHR permission to use or disclose your health information, you may cancel that permission, in writing, at any time. If you cancel your permission, DHR will no longer use or disclose health information about you for the reasons covered by your written authorization. DHR is unable to take back any disclosures we have already made with your permission.

**Changes to this Notice:** DHR reserves the right to change this Notice and to make the revised Notice effective for PHI DHR already has about you as well as any information DHR receives in the future. A copy of the current Notice or a summary of the current Notice will be posted at various locations at DHR and on our website at [www.dhr-rgv.com](http://www.dhr-rgv.com). In addition, each time you register at or are admitted at any DHR facility for treatment or health care services as an inpatient or outpatient, DHR will have available for you, at your request, a copy of the current Notice in effect.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with the DHR Privacy Officer at (956) 362-3431, or with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint.

**Contact:** If you have any questions about this Notice or your privacy rights, or wish to obtain a form to exercise your rights as described above, you may contact the DHR Medical Records Department at (956) 362-3431.

### **NOTICE TO PATIENT: DESTRUCTION OF MEDICAL RECORDS**

In accordance with Texas Health and Safety Code, Section 241.103, this notice is given to you regarding the destruction of medical records

It is the policy of Doctors Hospital at Renaissance ("DHR") to authorize the disposal of any medical records on or after the tenth (10th) anniversary of the date on which you, the patient, were last treated at this facility.

If you, the patient, are younger than 18 years of age when you were last treated, DHR may authorize the disposal of medical records relating to you, the patient, on or after your twentieth (20th) birthday, or after the tenth (10th) anniversary of the date on which you were last treated, whichever date is later.

DHR will not destroy medical records that relate to any matter that is involved in litigation if the hospital knows the litigation has not been fully resolved.

### **PATIENT NOTIFICATION OF DATA COLLECTION**

This document shall provide notice to patients that the Texas Department of State Health Services, Texas Healthcare Information Collection program (THCIC) receives patient claim data regarding services performed by the named Provider. The patients claim data is used to help improve the health of Texas, through various methods of research and analysis. Patient confidentiality is held to the highest standard and your information is not subject to public release. THCIC follows strict internal and external guidelines as outlined in Chapter 108 of the Texas Health and Safety Code and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

For further information regarding the data being collected, please send all inquiries to:

Chris Aker, THCIC Dept. of State Health  
Services Center for Health Statistics, MC 1898  
PO Box 149347, Austin, Texas 78714-9347

Location: Moreton Building, M-660  
1100 West 49th Street, Austin, TX 78756  
Phone: 512-776-7261 Fax: 512-776-7740 Email: [thcichelp@dshs.state.tx.us](mailto:thcichelp@dshs.state.tx.us)

## Aviso de las Prácticas de Privacidad

Fecha de Vigencia: 8/29/2013  
Revisada: 02/05/2014

**ESTE AVISO DESCRIBE CÓMO Y CUÁNDO EL HOSPITAL PUEDE USAR Y COMPARTIR SUS DATOS PERSONALES Y CÓMO USTED PUEDE LLEGAR A TENER ACCESO A TODOS ESTOS INFORMES MÉDICOS. FAVOR DE LEER DETENIDAMENTE.**

Compartimos este Aviso de las Prácticas de Privacidad con usted porque lo requiere la ley federal llamada Código de Portabilidad y Contabilidad del Seguro de la Salud (conocida como "HIPAA"). Este Aviso describe como DHR puede usar y compartir la información personal y protegida ("PHI") suya para llevar a cabo su tratamiento médico, para recibir pago, para llevar a cabo nuestras actividades administrativas, y para otros propósitos permitidos ó requeridos por la ley. También describe como usted, en algunos casos, puede acceder a y controlar su PHI. Según HIPAA, su PHI abarca toda información personal relacionada a sus condiciones físicas y mentales, ocasionadas en el pasado, en el presente, ó en el futuro, que se encuentra en su expediente médico al igual que los pagos por servicios relacionados a estas condiciones médicas que se encuentran en su registro de facturación ó cargos. Esta también puede incluir la información generada ó recibida por los proveedores de servicios de la salud, las compañías aseguradoras de la salud, y/ó su empleador durante el transcurso de su tratamiento médico.

### Los Derechos del Paciente

A pesar de que su expediente médico es la propiedad física de DHR, la información le pertenece a usted. Usted tiene los derechos siguientes:

- **Derecho a Recibir Copia en Papel de Este Aviso.** Usted puede obtener una copia en papel de este Aviso en cualquier momento, aún si acepta recibir una copia en forma electrónica. Usted no tiene que presentar por escrito su petición por una copia en papel. Usted puede obtener copias en papel de este Aviso donde se inscribe ó ingresa al hospital. Usted también puede obtener copia de este Aviso en nuestra página del Internet [www.dhr-rgv.com](http://www.dhr-rgv.com).
- **Derecho a Inspeccionar y Copiar su Expediente Médico.** Usted tiene el derecho a examinar y copiar su expediente médico manejado por DHR, sujeto a ciertas limitaciones, al igual que su registro de facturación ó cargos por su cuidado médico. Puede ser que DHR le cobre una cuota razonable por copiar y/ó proporcionarle estos documentos. Para inspeccionar y obtener una copia de su expediente médico, favor de comunicarse con nuestro departamento de expedientes médicos (Medical Records Department) al (956) 362-3431.
- **Derecho a Solicitar Comunicaciones Confidenciales.** Usted tiene el derecho a solicitar que nos comuniquemos con usted de cierta manera ó en cierto lugar sobre asuntos del cuidado de su salud. Por ejemplo, usted puede solicitar que mandemos correo relacionado a su información de la salud a una dirección que no sea la de costumbre. Su petición debe especificar cómo y dónde quiere que nos comuniquemos con usted. Acomodamos toda petición razonable.
- **Derecho a Solicitar Restricciones.** Usted tiene el derecho a solicitar la limitación ó restricción en el uso ó la divulgación de su información de la salud. No obstante, la ley no requiere que DHR acepte la restricción que usted solicita. Si DHR accede a su petición, cumpliremos con ella al menos que necesitemos utilizar la información en ciertas situaciones de tratamiento de emergencia ó cuando la ley nos permite.
- **Gastos Extras.** Si usted pagó de su bolsillo (o en otras palabras, usted pide que no facture a su plan de salud) de la totalidad de un tema específico, o servicio, usted tiene el derecho de pedir que su información de salud con respecto a este tema o servicio no será revelada a un plan de salud para fines de pago o las operaciones de la asistencia médica, y cumpliremos con esa petición.
- **Derecho a Corregir su Expediente Médico.** Si usted cree que su información de la salud es incorrecta ó incompleta, usted puede pedir que la corregimos. DHR solamente puede corregir la información generada por nosotros ó por otros de parte del hospital. De nuevo, DHR no tiene ninguna obligación a cumplir con su petición. Si su información de la salud es precisa y correcta ó si la información no ha sido generada por nosotros, podemos negar a cumplir con su petición. No obstante, si eso pasa, le daremos una explicación por escrito sobre porque lo negamos.
- **Aviso de Una Violación.** Usted tiene el derecho de ser notificados de la violación de cualquiera de la información protegida de la Salud no respaldada.
- **Derecho a Informarse del Uso y la Divulgación de Su Información de la Salud.** Usted tiene el derecho a pedir un informe donde se listan las ocasiones cuando DHR ha compartido su información de la salud con otros. El primer informe que recopilamos abarca cualquier período de 12 meses que usted especifica y es gratis; pero, reservamos el derecho de cobrarle una cuota razonable, permitida por la ley, por cualquier otra recopilación dentro del mismo período que usted solicita en adelante.

**Cómo Ponerse en Contacto con DHR:** Para obtener información acerca de cómo solicitar una copia de su historial médico, recibir una contabilidad de divulgaciones, o solicitar una enmienda a su información de salud, por favor póngase en contacto con nuestro Departamento de Registros Médicos (956)-362-3448 o (fax) 956-362-3449.

### Cómo y Cuando Podemos Usar y Revelar Su Información Personal y Protegida

Las siguientes categorías describen las maneras DHR puede usar y divulgar su información médica. Excepto para los fines descritos a continuación, nosotros usaremos y revelaremos información médica solamente con su permiso por escrito. Usted puede revocar dicha autorización en cualquier momento dirigiéndose por escrito al Departamento de registros médicos DHR localizado en el Del Prado, Attn: Departamento de registros médicos, 101 Paseo Del Prado, Edinburg, Texas 78539.

## Aviso de las Prácticas de Privacidad

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**Para Darle Tratamiento Médico:** Podemos revelar su información de la salud a los médicos, a las enfermeras, a los técnicos, a los estudiantes médicos, y a otros abastecedores que pueden estar involucrados en su asistencia médica dentro del hospital. Por ejemplo, podemos compartir su información para coordinar los diferentes tratamientos que usted recibe, tales como las recetas médicas, pruebas de laboratorio, y rayos-x. También podemos entregar a su médico u otro futuro personal médico copias de varios informes para asistirle en su cuidado médico en cuanto usted esté dado de alta del hospital.

**Para Facturar y Recibir Pagos:** Podemos usar y compartir su información para recibir pago de su compañía aseguradora de la salud u otra entidad. Por ejemplo, es posible que DHR comparta información sobre su tratamiento a su compañía aseguradora para que nos pague ó le reembolse a usted. También es posible que el hospital comparta esta información de antemano para recibir la autorización necesaria para iniciar su tratamiento o para determinar lo que aprobará su plan de la salud. La información o las facturas que mandamos pueden incluir datos que le describe al igual que información sobre su diagnóstico y los suministros y procedimientos usados.

**Para Nuestras Actividades Administrativas:** Es posible que compartamos su información de la salud para llevar a cabo las actividades administrativas rutinarias del hospital y para asegurar que todo paciente reciba un cuidado médico de alta calidad. Entre estas actividades se incluyen los programas de capacitación y educación, la reseña de la calidad del cuidado médico que proveemos a nuestros pacientes, el conseguimiento de aseguranza médica, la realización de servicios legales ó de la auditoría, actividades administrativas y de planificación, la realización de investigaciones y el estudio de la minimización de riesgos, y el manejo del hospital como negocio.

**Para Comunicarse con Usted acerca de Sus Citas y Tratamientos Alternativos:** DHR puede usar y compartir su información de la salud para recordarle de sus citas y/o tratamientos médicos. También podemos usar y compartirla para presentarle con posibles tratamientos alternativos ó con los beneficios ó servicios de la salud que le puedan interesar.

**Para Manejar las Relaciones con Nuestros Contratistas:** DHR contrata con negocios externos que nos provee servicios como los de facturación, la gestión administrativa, los examinadores del control de calidad, los contadores públicos, y los abogados. Para proteger la confidencialidad de sus datos, establecemos un límite a la cantidad de información que usamos ó compartimos al "mínimo necesario" para que ese contratista pueda lograr el propósito de sus servicios.

**Para Incluir Su Nombre en Nuestro Directorio:** Es posible que DHR incluya en nuestro directorio de pacientes su nombre, el número de su cuarto, y su condición general mientras esté internado en el hospital. Damos estos datos para que sus familiares ó amistades pueden ponerse en contacto con usted ó venir a verlo. Al menos que usted nos deje instrucciones específicos por lo contrario, divulgaremos esta información a personas que se nos pide, preguntando por usted por nombre. Pero no compartimos esta información acerca de pacientes que padecen de ciertas condiciones, tales como problemas con su salud mental. Además, es posible que compartamos su nombre y número de cuarto al personal religioso de DHR aunque estos no pregunten por usted por nombre. Si usted no quiere que estos datos estén incluidos en el directorio del hospital, favor de avisarnos al ingresarse.

**Para Notificar a los Individuos Involucrados en Su Cuidado Médico:** Es posible que DHR use ó comparta su información a un familiar, otro pariente, ó íntimo amigo involucrado en su atención médica o a la persona que le ayuda en pagar sus gastos médicos si esta información pertenece directamente a su involucramiento en su atención médica. Si no lo desea así, favor de avisarnos.

**OBJETIVOS DE LA NOTIFICACIÓN DE VIOLACIÓN DE DATOS:** Podemos usar o revelar su Información de salud Protegida para proporcionar avisos legalmente requeridos de acceso no autorizado a o revelación de su información de salud.

**Estudios de Investigación.** DHR participa en estudios clínicos que han sido aprobados a través de un proceso de revisión especial para proteger la confidencialidad, bienestar y seguridad del paciente. Su información médica puede ser importante para esfuerzos de investigación y el desarrollo de nuevos conocimientos. Para determinar su elegibilidad para estos estudios, DHR quizá necesite obtener información básica y clínica de los pacientes. DHR puede usar y divulgar información médica acerca de nuestros pacientes para propósitos de investigación, sujeto a las disposiciones de confidencialidad de leyes estatales y federales. Información básica incluye: nombre, edad, sexo, raza, origen étnico y potencialmente, historia familiar. Información clínica incluye registros medicos, diagnósticos, resultados de pruebas medicas y medicamentos recetados. Esta información está sujeta a cambios de vez en cuando. DHR puede contactarlo en el futuro sobre su elegibilidad para estos estudios clínicos, a menos que usted decide optar por no recibir esta información. La inscripción en estos estudios sólo puede ocurrir después de haber sido informado acerca del estudio, tuvieron la oportunidad de hacer preguntas y señaló su deseo de participar con la firma de un formulario de consentimiento. Otros estudios aprobados se pueden realizar usando su información médica anónima sin requerir su consentimiento. Por ejemplo, un estudio de investigación puede implicar una revisión de la carta para comparar los resultados de los pacientes que recibieron diferentes tipos de tratamiento.

**Para Comunicarse con los Directores Funerarios:** Es posible que DHR comparta su información de la salud con directores funerarios para que puedan ejercer sus deberes, según permitido por la ley.

**Para Comunicarse con Organizaciones que Procuran Donaciones de Órganos:** De acuerdo con la ley aplicable, DHR pueda divulgar su información personal de la salud a las organizaciones u otras entidades que procuran, almacenan, ó trasplantan los órganos para propósitos de donar ó trasplantar a los tejidos.

**Para Llevar a Cabo Actividades de Mercadotecnia:** Es posible que nos comuniquemos con usted referente a los recordatorios de citas, ó con información sobre tratamientos alternativos u otros beneficios, bienes, o servicios de la salud ofrecido por Doctors Hospital at Renaissance que le pueda interesar.

**Para Recaudar Fondos:** Es posible que DHR use cierta información suya, como su nombre, dirección, sus números de teléfono, y las fechas cuando usted recibió su tratamiento médico u otro servicio del hospital para comunicarse con usted referente a la recaudación de fondos que apoyan nuestros programas y actividades administrativas. (No revelaremos ningún dato médico.) Si usted no quiere que nos comuniquemos con usted con este propósito, favor de comunicarse con nuestro Oficial de Privacidad al (956) 362-3431.

**Para Participar en Acciones Legales y Disputas:** Es posible que DHR comparta su información personal de la salud en caso de demanda legal u otro procedimiento legal al igual que en caso de orden administrativa. Podemos revelar su información en respuesta a una citación o un emplazamiento válido, una solicitud legal de descubrimiento, ó cualquier otro procedimiento legal siempre y cuando hemos tomado todo esfuerzo para informarlo de la solicitud ó para obtener una orden de protección de su información, según se requiere la ley.

## Aviso de las Prácticas de Privacidad

**Para Participar en Actividades de Monitoreo de Salud:** Podemos divulgar su información personal de la salud a una agencia de monitoreo de la salud para llevar a cabo actividades autorizadas por la ley. Estas actividades incluyen auditorías, investigaciones, inspecciones, y licenciatura. Estas actividades son necesarias para que el gobierno monitoree el sector dedicado al servicio de la salud, los programas gubernamentales de beneficios, y para que nos conformemos a los derechos civiles.

**Subsidios de Trabajadores:** Es posible que DHR revele su información personal de la salud hasta el punto autorizado y necesario para cumplir con las leyes relacionadas a los subsidios de trabajadores u otros programas semejantes.

**La Salud Pública:** Según lo que permite la ley, DHR puede divulgar su información a las autoridades de la salud pública o legales que son responsables por prevenir y controlar enfermedades.

**Para Reportar el Abuso, la Negligencia, ó la Violencia Doméstica:** Conforme a la ley, DHR puede compartir su información a una autoridad gubernamental autorizada a recibir informes del abuso, la negligencia, ó la violencia doméstica.

**Propósitos Judiciales, Administrativos, y del Orden Público:** Conforme a las leyes aplicables, DHR puede revelar su información de la salud para propósitos judiciales, administrativos, y del orden público. Esto incluye divulgaciones para evitar una amenaza grave contra la salud o seguridad de usted u otra persona al igual que las víctimas de crimen ó conducta criminal aquí en el hospital.

**Para Evitar una Amenaza Grave contra la Salud o la Seguridad:** Es posible que DHR comparta su información de la salud cuando creemos que sea necesario para evitar una amenaza contra su salud o seguridad ó la del público u otra persona. Solamente compartiríamos a la persona capaz de evitar o reducir esa amenaza ó a las autoridades de orden público en ciertas circunstancias.

**Para Llevar a Cabo Actividades de Seguridad e Inteligencia Nacionales:** Es posible que DHR comparta su información de la salud a las autoridades federales para llevar a cabo actividades legales de seguridad é inteligencia nacionales.

**Veteranos y Personal Militar:** Si usted es miembro de una fuerza armada, el hospital puede compartir su información personal de la salud como se requieren las autoridades militares. También podemos compartir los datos personales del personal militar extranjero a las autoridades militares extranjeras apropiadas.

**En Situaciones de Custodia:** Si usted está preso en una institución correccional y si esa institución ó autoridad de orden público presenta ciertas representaciones a DHR, el hospital puede divulgar su información de la salud a esas entidades.

**En Situaciones Permitidas por la Ley:** DHR puede compartir su información cuando se lo permite la ley federal, estatal, o municipal.

**Otros Usos de su Información de la Salud:** El hospital necesitará recibir su permiso escrito para usar y compartir su información para cualquier otro uso no permitido por este Aviso ó por las leyes que apliquen a DHR. Si nos da su permiso, lo puede cancelar por escrito en cualquier momento. En ese caso, DHR ya no podría usar ó divulgar su información personal de la salud, pero no podremos retirar la información que ya se compartió con su autorización previa.

**Cambios a este Aviso:** DHR reserva el derecho de cambiar este Aviso y de aplicar estos cambios a información ya mantenida por DHR ahora mismo y recibida en el futuro. Habrá una copia del Aviso actual ó un resumen del aviso actual en varios lugares dentro del hospital y en nuestra página Internet. Además, cada vez que usted inscribe en cualquiera de las instalaciones de DHR, sea como paciente externo ó interno, usted puede pedir una copia del Aviso que está en vigencia.

**Quejas:** Si usted cree que sus derechos de confidencialidad y privacidad han sido violados, usted puede poner una queja con el Oficial de Privacidad de DHR (*Privacy Officer*) marcando al (956) 362-3431 o con el Secretario de la Secretaría de Servicios Humanos y de Salud. No habrá ningún castigo ni ninguna represalia contra usted por haber presentado la queja.

**Cómo Ponerse en Contacto con DHR:** Si tiene cualquier pregunta sobre este Aviso a sus derechos de privacidad, ó si quiere recibir un formulario donde usted puede ejercer sus derechos como descritos arriba, usted puede ponerse en contacto al (956) 362-3431.

### **AVISO AL PACIENTE: LA DESTRUCCIÓN DE LOS EXPEDIENTES MÉDICOS**

**Le damos esta notificación sobre la destrucción del expediente médico de acuerdo a la ley estatal,  
Texas Health and Safety Code, Section 241.103**

**Es la política del Doctors Hospital at Renaissance (“DHR”) autorizar la destrucción de cualquier expediente médico cumpliendo ó sobrepasando los diez años después de la última fecha cuando usted haya sido tratado en este hospital.**

**Si usted el paciente era menor de 18 años de edad cuando le tratamos por última vez, es posible que DHR autorize la destrucción de su expediente médico cuando ó después de que cumpla los 20 años de edad ó después de los 10 años que usted haya sido tratado por este hospital--la que sea la fecha más reciente.**

**DHR no destruirá ningún expediente médico relacionado a cualquier asunto involucrado en un litigio legal siempre y cuando el hospital sepa que el litigio no haya sido resuelto por completo.**

### **NOTIFICACIÓN DEL PACIENTE DE RECOPIACIÓN DE DATOS**

El presente documento servirá de aviso a los pacientes de que el programa de Recolección de Información sobre la Atención a la Salud de Texas (THCIC) del Departamento Estatal de Servicios de Salud de Texas recibe datos de reclamaciones del paciente respecto a los servicios prestados por el Proveedor médico mencionado. Los datos de las reclamaciones de los pacientes se utilizan con el fin de mejorar la salud de Texas, a través de diversos métodos de investigación y análisis. La confidencialidad del paciente se mantiene dentro de los más altos estándares, y la información que usted proporcione no está sujeta a la divulgación pública. El THCIC cumple de manera estricta con las directrices internas y externas, según se estipulan en el Capítulo 108 del Código de Salud y Seguridad de Texas y la Ley de Transferibilidad y Responsabilidad de Seguros Médicos de 1996 (HIPAA).

Para obtener más información con respecto a los datos que se recaban, envíe por favor sus preguntas a:

**Chris Aker, THCIC Dept. of State Health**  
Services Center for Health Statistics, MC 1898  
PO Box 149347, Austin, Texas 78714-9347

Ubicación: Moreton Building, M-660  
1100 West 49th Street, Austin, TX 78756  
Teléfono: 512-776-7261 Fax: 512-776-7740 Email: thcichelp@dshs.state.tx.us

# Benefits Contact Information

**Third Party Administrator: Medical & Dental****Group: 76-414438**

UMR

P.O. Box 30541 | Salt Lake City, UT 84130-0541

Phone: 1-800-826-9781

**Paper Claims Should be Sent to:**

UMR

P.O. Box 30541 | Salt Lake City, UT 84130-0541

**Electronic Claims Should be Sent to:**

Payer ID# 39026

**DHR Customer Service:**

Phone: 1-800-826-9781

**Hidalgo County PPO Network:****RGV Preferred Health Care**Phone: 1-800-826-9781 | [www.rgvpreferred.com](http://www.rgvpreferred.com)**Outside Hidalgo County Network:****United Healthcare Choice Plus Network**Phone: 1-800-826-9781 | [www.umar.com](http://www.umar.com)**Retail and Mail Order Prescription Vendor:****Generic and Formulary Rx Preferred**

BIN Number: 610269

RxPCN: RXPREF

Group Number: 76414438

Member Support Phone: 888-666-7271

Member Support Email: [support@rxpreferred.com](mailto:support@rxpreferred.com)[www.rxpreferred.com](http://www.rxpreferred.com)**Ameritas:**

P.O. Box 82520 | Lincoln, NE 68501-2520

Phone: 1-800-487-5553

[www.ameritas.com](http://www.ameritas.com)Claims Email: [group@ameritas.com](mailto:group@ameritas.com)**VSP Vision Plan:**Phone: 1-800-877-7195 | [www.vsp.com](http://www.vsp.com)**Mutual of Omaha****Disability Claims Customer Service/Telephonic Filing**

Toll Free: 800-877-5176

Fax: 402-997-1865

Submit Claims Via Email: [Newdisabilityclaim@mutualofomaha.com](mailto:Newdisabilityclaim@mutualofomaha.com)

Life Claims Customer Service

Toll Free: 800-775-8805

Fax: 402-997-1835

Email: [Submitgrplife@mutualofomaha.com](mailto:Submitgrplife@mutualofomaha.com)

Employee Portal-Claims submissions

[www.mutualofomaha.com/my-benefits](http://www.mutualofomaha.com/my-benefits)Forms: <https://www.mutualofomaha.com/support/forms>Evidence of Insurability Electronic Submittal: [www.Mutualofomaha.com/Eoi](http://www.Mutualofomaha.com/Eoi)**Colonial**

P.O. Box 100195

Columbus, S.C. 29202-3195

Customer Service: 1-800-325-4368

Fax Claim Phone: 1-800-880-9325

[www.coloniallife.com](http://www.coloniallife.com)**Aflac**

Phone: 1-800-433-3036

[www.aflacgroupinsurance.com](http://www.aflacgroupinsurance.com)**Combined**

Phone: 1-800-225-4500

Fax: 312-351-6930

**Transamerica**

Phone: 1-800-755-5801

[www.dhrretire.trsrretire.com](http://www.dhrretire.trsrretire.com)

Also Available: My TRS Retire App

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**Noel Flores, Benefits Coordinator**

Phone: (956) 362-3247 | Fax: (956) 362-3643

Email: [noel.flores@dhr-rgv.com](mailto:noel.flores@dhr-rgv.com)**Corina Cortez, Benefits Coordinator**

Phone: (956) 362-3248 | Fax: (956) 362-3643

Email: [cc.cortez@dhr-rgv.com](mailto:cc.cortez@dhr-rgv.com)

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**Ruben Garza, CIC**

Agent, Lone Star Insurance Services, Inc.

Phone: (956) 682-1722 | Fax: (956) 682-1742

Email: [garzar@lonestar-ins.com](mailto:garzar@lonestar-ins.com)**Elsa Guerrero**

Client Service Agent, Lone Star Insurance Services, Inc.

Phone: (956) 682-1722 | Fax: (956) 682-1742

Email: [guerreroe@lonestar-ins.com](mailto:guerreroe@lonestar-ins.com)**Lone Star Insurance Services**(956) 682-1722 • 520 E. Nolana Avenue, Suite 110 • McAllen, TX 78504  
[www.lonestarnationalbank.com](http://www.lonestarnationalbank.com)

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NOT GUARANTEED BY THE BANK • MAY LOSE VALUE