

ANCIRA

2023-24 Benefits Guide



Ancira-Winton Chevrolet



Ancira Volkswagen of San Antonio



Ancira VW Laredo



South Park Nissan, IH-35 San Antonio



Ancira Ford, Floresville



Ancira Nissan, IH-10 San Antonio



Ancira RV, Boerne



Ancira Kia, San Antonio



Ancira Chrysler Jeep Dodge Ram
San Antonio



Ancira Buick-GMC



Ancira Ford, Eagle Pass



Ancira Chrysler Dodge Jeep Ram
Eagle Pass

The Benefits Resource Center Specialists can assist you Monday through Friday
8am to 5 pm Central TOLL FREE: 855-874-0110
For questions, please contact the Benefit Resource Center.

The information in this Benefits Guide is designed to provide an overview of the benefits offered through Ancira Auto-RV. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These official documents govern your benefits program. If there is any discrepancy between the Benefits Guide and the official documents, the official documents prevail. These documents are available upon request. Information provided in this brochure is not a guarantee of benefits. Ancira Auto-RV reserves the right to modify, change, revise, amend or terminate these benefits plans at any time. If you have any questions about this summary, contact Human Resources.



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Welcome to Your Annual Benefits Enrollment

Ancira Auto-RV offers a competitive benefits program to support you and your dependent's overall health and financial security.

Review Your Options and Make Your Choices

This Employee Benefits Enrollment Guide is designed to familiarize you with the health and welfare benefits that are available to you so that you can make the best choices for you and your family.

What is Open Enrollment and What do You Need to do?

Open Enrollment is your once-a-year opportunity to make elections for your employee benefits and to also elect coverage for any eligible dependents you wish to cover during the new plan year.

Approved changes will take effect June 1, 2023.

Submitting enrollment changes after May 2nd may bear additional premium deductions to 'catch up' to the effective date of coverage. It's best to submit your changes before May 2nd.

ELIGIBILITY

Employees who consistently work an average of 30 or more hours weekly and 130 hours per month are eligible to apply for Health Insurance benefits which can be verified only after the initial measurement period has been confirmed.

ELIGIBLE DEPENDENTS

Subject to requirements explained under Dependent Restrictions for the purpose of the Ancira Auto-RV Group benefits program, dependents are defined as:

- Your legal spouse
 - **(Eligible for Medical, Dental, Vision, Life. Excluded from Medical if coverage is available through his/her employer.)**
- Dependent* "child" up to age 26

LIFE STATUS CHANGE EVENTS

Generally, you may only change your benefit elections during the annual enrollment period. However, you can change benefit elections during the year if you experience a Qualified Life status change.

Life Status Changes include:

- Marriage
- Change of employment
- Entitlement to Divorce
- Birth of a child
- Death of your spouse or dependent child
- Adoption of/placement for adoption of your child
- Termination or commencement of your spouse's employment status by you or your spouse
- A significant change in health coverage for you or your spouse due to your spouse's employment
- Qualification by the plan administrator of a medical Child Support Order
- Medicare or Medicaid* (See 60 day HR notification below)

*If you experience a life status change event and wish to make a change to your coverage, you **MUST** notify Human Resources **within 30 days of the date of the event**. *You have 60 days to notify Human Resources for the life event of Entitlement to Medicare or Medicaid.*

You have 31 days from the date of the event to report and update your benefits with the Ancira Team Services Office (form is provided at www.ancira.org> Forms/Reference). If you miss that date, you must wait until the following Open Enrollment period.

MEDICAL BENEFITS

Ancira Auto-RV's health plan is administered by 90-Degee Benefits (formerly Caprock Health Plans), which partners with Valenz/Methodist Network and other contracted providers to bring you a wide variety of medical services including preventive care, office visits, prescriptions drugs and inpatient care. These include the Ancira Direct Contract Providers (view at Home Page of ancira.org) and all UTHSC and University Health doctors/facilities/labs to make sure that Ancira members get great care without the worry of balance billing.

**For more information on contracted providers, please visit, <http://www.90degedirectory.com>
(Username:1700, Password: Ancira)**

Networks: Ancira Direct Contract Providers & Valenz, a Methodist Network	In-Network Benefits	Out of Network Benefits
Calendar Year Deductible		
Individual	\$1,500	\$5,000
Family	\$4,500	\$15,000
Out-of-Pocket Max		
Individual	\$6,350	\$12,700
Family	\$12,700	\$25,400
Member Coinsurance	20%	50%
Plan Coinsurance percentage is payable after Calendar Year Deductible has been satisfied		
	You Pay	You Pay
Primary Care Physician	\$35 copay	50% after deductible
Specialist	\$50 copay	50% after deductible
Preventive Care	0%	50% after deductible
Diagnostic Lab X-Ray	20%; deductible waived	50% after deductible
Hospital Services	\$250 copay+20%; ded. waived	50% after deductible
Emergency Room	\$250 copay + 20%; Deductible waived	
Urgent Care Facility	\$35 copay	50% after deductible
Benefit provided by MaxorPlus		
Prescription Drugs	30-Day Supply Copay	Mail Order 90-Day Supply
Generic	\$10	\$20
Brand <i>(DAW or no generic therapeutic equivalent)</i>	\$35 or 50% to a max of \$750	\$70 or 50% to a max of \$750
Generic Specialty	\$20 (limit 30-day supply max)	N/A
Brand Specialty See next page also!	\$70 or 50% to a max of \$750	N/A
If the member chooses the brand when generic is available and the Dr. allows it, the cost differential must be paid by the member.		

Medical Premiums	Monthly Premium	With Good4U Wellness Club [†]
Employee Only	\$201/mo.	\$151/mo.
Employee + Spouse	\$602/mo.	\$502/mo.
Employee + Child(ren)	\$484/mo.	\$434/mo.
Employee + Family	\$826/mo.	\$726/mo.

[†]Good4Wellness Club provides access for you and your covered spouse to receive discounted premiums for ongoing participation. Health status or diagnosis has NO bearing on incentive eligibility. Wellness Club participants receive subsidized premium plus \$25 per month for active participation. *Spouse is eligible for health insurance ONLY if s/he does not have it available through other employer-sponsored coverage.

DID

YOU

KNOW?



Pharmaceutical costs can be astronomical! Help protect your Health Plan from runaway costs!

Skyrizi: \$19,715 for 1 prescription
Erleada: \$14,104 for 1 prescription
Humira: \$12,331 for 1 prescription
Ozempic: \$1,100 for 1 prescription
Aimovig: \$1,267 for 1 prescription
Trulicity: \$825 for 1 prescription

Your Brand Name Prescriptions May Be FREE!!

\$0 Copay for Brand-Name RX

If you have found a prescription, brand-name medication that's not yet available as generic and has no therapeutic equivalent/s, but it's working for you and you intend to continue using it beyond your initial trial period*, remember your plan offers CRX! Because brand-name medications that are available through CRX have higher cost-sharing under MaxorPlus, you are urged to obtain your refills through the \$0 Copay option through CRX.

Once you have acquired your prescription and obtained a refill using the standard MaxorPlus prescription service, you become eligible to apply for the Zero Copay option through CRX if the medication is covered under the CRX plan (the list is updated regularly at ancirabrandnamerx.com). Drugs available through CRX at a \$0 copay will not be available for \$0 copay through the standard MaxorPlus provider and are only available at a higher cost-sharing basis.

*Doctors recommend with most maintenance meds, the patient have a trial period to evaluate dosage and effects and whether continued use is necessary. If you have decided with your doctor to continue a maintenance RX after 60 days, and it is available through CRX, your coinsurance maximum is no longer capped (you pay more).

**Similar to a number of states in the US, some CRX pharmacies require a copy of photo ID be provided prior to dispensing the medications. In order to prevent order delays we encourage patients to include a clear copy of their photo identification with their enrollment form or upload directly to our secure site www.CRXDocs.com. If not included, a CRX representative will contact you when required by the pharmacy dispensing your medications.*

Start Saving Money Today!

Ask your doctor for a prescription for a **3 month supply** with **3 refills**. To place your first order, submit the following:

- A completed enrollment form - available online at www.ancirabrandnamerx.com
- A new prescription for each medication
- A copy of your photo identification

Submit Your Completed and Signed Enrollment Form and Original Prescription

By Toll-Free Fax:

1-866-215-7874

Faxed prescriptions are ONLY accepted directly from the physician's office.

By Mail:

AnciraBrandNameRX

235 Eugenie St. West Suite 105D -or- PO Box 46650

Windsor, ON, Canada

Detroit, MI 48244-0650

For Help Call
866-488-7874

AnciraBrandNameRx - \$0 COPAY BRAND NAME RX

The **AnciraBrandNameRx** program is offered to eligible members and dependents of Ancira Auto & RV Group Health Insurance in addition to your current prescription benefit plan. Save on medications such as: Eliquis, Nasonex, Premarin, Stribild, Tecfidera, Trintellix, Viread, Zytiga. Average annual copay savings per script are \$280 for Tier 2 and \$1,000 for Tier 3.

Note: The full formulary contains over 325 medications! Medications are dispensed and shipped directly to members from government-licensed pharmacies located in Canada, the United Kingdom, Australia and New Zealand (Tier One Countries). For more information call: **1-866-488-7874** or visit **www.ancirabrandnamerx.com**

VALENZ NETWORK FACILITIES

Creates a flexible PPO network that provides convenient access to Methodist Health System facilities across the greater San Antonio area. Insureds continue to have access to all of the doctors and facilities with UTHSC and University Health Networks, in addition to all facilities listed in the Direct Contract Provider Directory (linked at the Ancira.org Home Page).

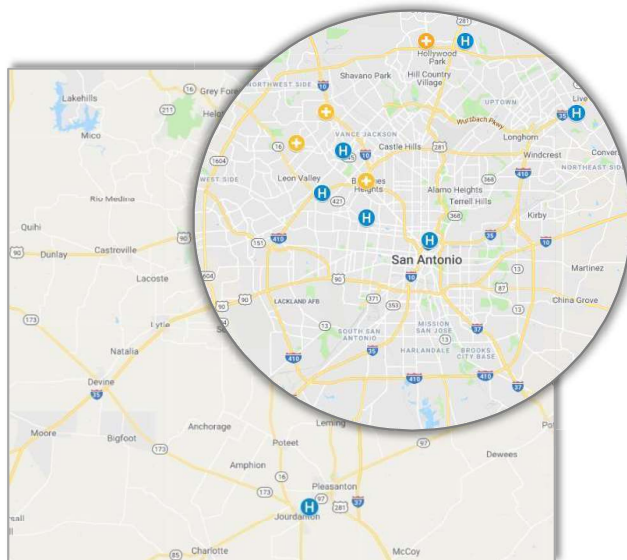
For more information on contracted providers, please visit www.caprockdirectory.com (**Username:**1700 and **Password:**1700)

Hospitals:

- Methodist Hospital
- Methodist Children's Hospital
- Metropolitan Methodist Hospital
- Northeast Methodist Hospital
- Methodist Specialty & Transplant Hospital
- Methodist Stone Oak Hospital
- Methodist Texan Hospital
- Methodist Hospital South

Ambulatory Surgery Centers:

- Methodist Ambulatory Surgery Center-North Central
- Methodist Ambulatory Surgery Center– Medical Center
- San Antonio Surgery Center
- Methodist Ambulatory Surgery Hospital-Northwest



ADVANCED MEDICAL PRICING SOLUTIONS (AMPS)

If you are balance-billed by a facility, AMPS is your best friend. Here's what you need to know:

1. Immediately inform 90-Degree Benefits (formerly Caprock Health Plans) if you receive a bill from a facility that is for the balance above what was shown to be due on your Explanation of Benefits.
2. AMPS will need to send you a packet that explains the process and authorizes them to assume management of this "balance billing" issue.
3. AMPS will also contact you after you receive the EOB to let you know that they are there to help if you receive any balance billing from a facility. This reminder call is a courtesy Ancira has requested to help ensure you are informed/reminded of the program and to let you know that if you receive any balance billing, this valuable service is provided at no cost to you.
4. Remember that Advance Medical Pricing Solutions (AMPS) **is safe to talk to**.
5. AMPS is paid to be at your service to prevent facility balance billing.
6. If you report a balance billing, the information packet you receive from AMPS is color coded so that you can easily tell what parts to return to AMPS and what to do next.
7. You must open your mail and respond to the information timely to protect yourself from any collection issues with the facility that is billing you!
8. Once you assign AMPS to represent you negotiating with the facility, you are protected through your relationship with AMPS and any communication by the facility should be directed exclusively through AMPS.

Talk to a anytime

Teladoc® gives you 24/7/365 access to U.S. board-certified doctors through the convenience of phone or video consults. It's an affordable alternative to costly urgent care and ER visits when you need care now.

WHEN CAN I USE TELADOC?

Teladoc does not replace your primary care physician. It is a convenient and affordable option for quality care.

- When you need care now
- If you're considering the ER or urgent care center for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short-term prescription refills

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Respiratory infection
- Sinus problems
- And more!

MEET OUR DOCTORS

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 15 years experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA standards

With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.

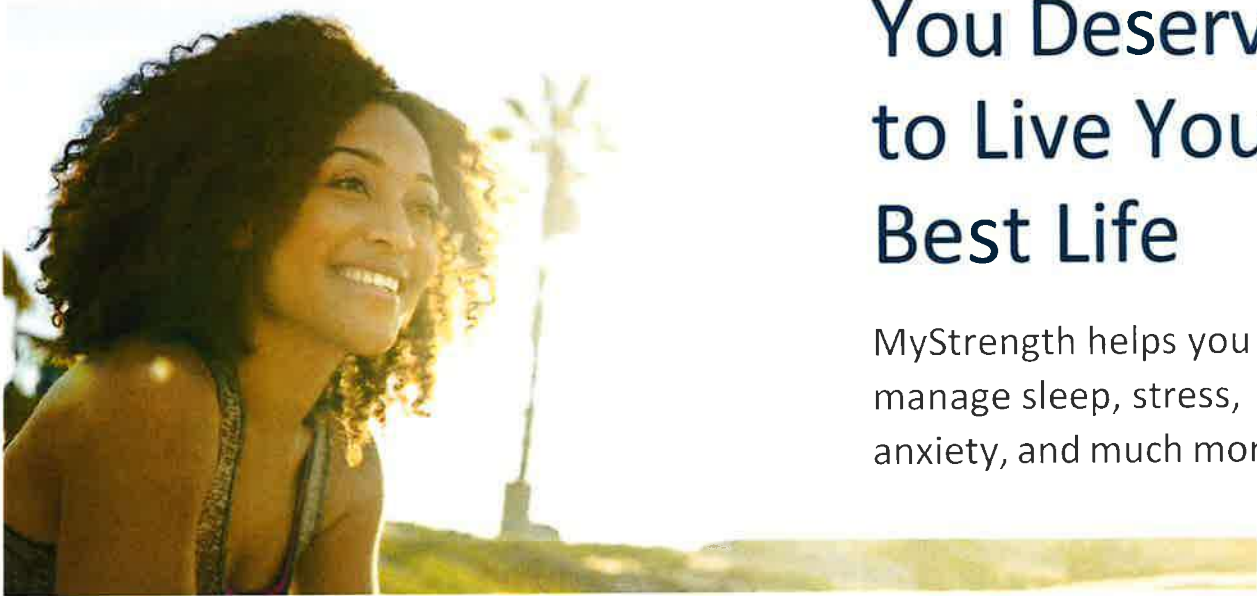
Talk to a doctor anytime for Free

 Teladoc.com

 Facebook.com/Teladoc

 **1-800-Teladoc**

 Teladoc.com/mobile



You Deserve to Live Your Best Life

MyStrength helps you manage sleep, stress, anxiety, and much more.



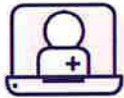
A simple place to start getting support, no matter what your needs are.



Ongoing care that adjusts as your needs evolve.



A clinically based digital assessment so we can create a plan designed just for you.



Teletherapy your way. Connect with a licensed therapist of your choice by appointment and seven days a week from the comfort of home.

Start Now:

Use your existing Teladoc account to download the myStrength Complete Application

MyStrength is not a healthcare provider and does not provide medical advice, diagnosis or treatment. Coaches have National Board for Health & Wellness Coaching certification and guides have a bachelor's degree and training in evidence-based mental health engagement; coaches and guides are not licensed mental health professionals. Mental health consultations are performed by licensed mental health professionals employed by or contracted with Teladoc Health Medical Group, P.A. Crisis management services are performed by Vibrant Emotional Health or another third-party partner of Teladoc Health, Inc. See the myStrength Terms of Service for more information.

20 Ways to Use Your EAP

Interface Employee Assistance Program (EAP) is a valuable resource designed to help you and your family members deal with life's challenges that make you feel stuck and confined.

Here are 20 ways you and your family can take advantage of your EAP benefit. There are many more reasons you might utilize EAP counseling and resources. Your EAP is not just for people in crisis, but also to help employees and their family members with the everyday problems that we all face in life. Your EAP can help with:

- 1) Personality conflicts at home or on the job
- 2) Money management and financial problems
- 3) Completing your will
- 4) An adolescent who is using drugs or alcohol
- 5) Support in deciding on proper care for elderly parents
- 6) A child with behavioral problems at home or at school
- 7) Anxiety or depression
- 8) Domestic Violence
- 9) Feelings of being overwhelmed
- 10) Improving your communication skills
- 11) Clarifying important life decisions and problem solving
- 12) Dealing with grief
- 13) Managing stress
- 14) Feelings of loneliness
- 15) Recognizing a substance abuse problem
- 16) Resources for marital counseling
- 17) Ways to improve your self-esteem
- 18) A gambling problem
- 19) Support when living with a person with chronic illness
- 20) Adjusting to a divorce or separation



EAP participation is voluntary and strictly confidential. Your EAP Counselor will help you define the issues, sort things out and develop a plan of action. This is the core of what EAP does, helping you get in control of the situation so that it is more manageable.

Interface EAP is Your EAP!

For free and confidential assistance, call your
Employee Assistance Program and speak with a Care Coordinator:

(713) 781-3364
(800) 324-4327

www.4eap.com

Se Habla Español
(800) 324-2490



ANCIRA'S GOOD4U WELLNESS PROGRAM

CONGRATULATIONS if you are insured with the Ancira Medical and have decided to join the Good4U Wellness Club. You (and covered spouse) must meet participation requirements to be eligible for incentives (worth \$75—\$125 monthly to you!).

How it Works:

As a NEW ELIGIBLE (freshly offered the benefits), unless you Waive membership, you are automatically set up to begin receiving the \$25 monthly reward (AND are paying the lower/subsidized premium for the coverage you selected). The \$25 will show in the earnings section of your pay statement on the FIRST PAYCHECK of each month. You will see it coded as "GOOD4U".

* YOU (AND YOUR COVERED SPOUSE) HAVE 60 DAYS* FROM WHEN COVERAGE TAKES EFFECT FOR YOU TO DEMONSTRATE PARTICIPATION:

1. Register with TelaDoc (access the website through www.ancira.org ->Benefits or phone TelaDoc at 800-362-2667). You simply call them and provide your basic medical history information (if not done so previously)
2. Schedule a (choose 1 below to be considered "COMPLIANT"):
 - Option 1 – WELL-VISIT with an in-network Primary Care Physician (free to you!)
 - Option 2 – WELL-VISIT INTERNAL MEDICINE doctor (these physicians are also covered free-to-you under your medical plan when it is a WELL-VISIT)
 - Option 3 – WELL-VISIT with DERMATOLOGIST (get that weird mole inspected!)
 - Option 4 – (Guys) Obtain a Prostate-Specific-Antigen ("PSA") test with a covered Lab or Doctor / (Gals) Have a Well-Visit with OB/GYN

ALREADY A GOOD4U WELLNESS MEMBER?

If you are currently enrolled as Good4U Wellness member and have completed one of the options above in #2 within the last 12 – 18 months, you are considered complaint and there is nothing more you need to do. There will be future challenges that will be beneficial to your time.

Finally: *Failure to complete minimum participation requirements within the required time will result in cancellation of Good4U membership and related pricing and/or incentives for the balance of the policy year. If you don't complete your participation requirements to maintain membership, you are paying \$50 - \$100 more monthly for your health insurance and you're ineligible for other incentives.

Note that this benefit automatically ends when employment ends and if you cancel/are not in the MED17 health insurance.

Note: This program's participation is only available to the insured Employee and his/her Covered Spouse (no participation requirements for children). Health status or diagnosis has no bearing on incentive eligibility. Incentives are based solely on participation.

DENTAL BENEFITS

The PPO dental plan allows you the freedom to select a network provider. If you receive services out-of-network, Sun Life will apply the coinsurance percentages shown to 90th Percentile of the usual and customary charge for covered services and you will be responsible for the difference up to the provider's charge.

Sun Life Dental Network	In-Network (You Pay)
Deductible	\$50 Individual \$150 Family
Annual Maximum Benefit	\$1,000 per person
Preventive	0%; no deductible
Basic Services (6 mo. waiting period)	20% after deductible
Major Services (12 mo. waiting period)	50% after deductible
Orthodontia (12 mo. waiting period)	50% after deductible
Coverage Tier	Premium
Employee Only	\$31/mo.
Employee + 1 Dependent	\$54/mo.
Employee + 2 or more	\$70/mo.

VISION BENEFITS

Your vision plan provided through VSP is a full-service plan that has a copayment schedule for in-network services as well as out-of-network allowances.

Network: VSP	In-Network	Out-of-Network
Wellness Vision Exam (once every 12 months)	\$10 copay	Up to \$45
Eyeglass Lenses (once every 12 months)		
Single		Up to \$30
Bifocal	\$10 copay	Up to \$50
Trifocal		Up to \$65
Contact lenses - In lieu of glasses (once every 12 months)	Exam - Up to \$60	
Elective	\$130 allowance	Up to \$105
Medically Necessary	\$10 copay	Up to \$210
Frame Retail Allowance (once every 24 months)	\$150 allowance; 20% discount above balance	Up to \$70
Coverage Tier	Premium	
Employee Only	\$11/mo.	
Employee + 1 Dependent	\$16/mo.	
Employee + 2 or more	\$23/mo.	

DISABILITY INCOME INSURANCE

This benefit is designed to enable you to cover necessary monthly expenses if you are disabled for a period of time that prevents you from earning a paycheck. This coverage is subject to a 2-year waiting period for existing/known diagnoses. You can elect one or both (or Decline/Waive).

If 60% of earnings falls in the following range	This Is the Benefit Amount	“STD” = Up to 6 months Disability Coverage	“XTD” = Extended Coverage 181 day – 18 month mark
Up to \$25,000	\$1,000	\$24/mo.	\$16/mo.
\$25,001 to \$35,000	\$2,000 Max (or lesser amount)	\$36/mo.	\$20/mo.
\$35,001 to \$60,000	\$3,000 Max (or lesser amount)	\$52/mo.	\$26/mo.
\$60,001 to \$75,000	\$4,000 Max (or lesser amount)	\$75/mo.	\$36/mo.
\$75,001 +	\$5,000 Max (or lesser amount)	\$96/mo.	\$54/mo.

LIFE INSURANCE BENEFITS

Life Insurance is voluntary and offered to only qualified, full-time employees. If you take the Ancira medical plan, you automatically have \$10,000 Life + \$10,000 AD&D free on yourself– but only if you provide beneficiary designation.

If you decline life insurance under the Group Policy now but later want it, or you want to increase your policy limits, you and your dependents are subject to underwriting and can be declined by the carrier.

Spouse: Benefit of up to ½ of your benefit amount to a MAX of \$100,000

Children: \$10,000 policy for each child named; \$1.90 per month, regardless of the number of dependent children age birth to 25 you name under the coverage

Employee Age	Spouse Only \$10,000	Spouse Only \$25,000	\$20,000 Emp. only	\$50,000	\$100,000	\$250,000 Emp. only	\$500,000 Emp. only
< 30	\$0.79	\$1.98	\$1.58	\$3.95	\$7.90	\$19.75	\$39.50
30-34	\$0.96	\$2.40	\$1.92	\$4.80	\$9.60	\$24.00	\$48.00
35-39	\$1.10	\$2.75	\$2.20	\$5.50	\$11.00	\$27.50	\$55.00
40-44	\$1.37	\$3.43	\$2.74	\$6.85	\$13.70	\$34.25	\$68.50
45-49	\$2.13	\$5.33	\$4.26	\$10.65	\$21.30	\$53.25	\$106.50
50-54	\$3.49	\$8.73	\$6.98	\$17.45	\$34.90	\$87.25	\$174.50
55-59	\$5.35	\$13.38	\$10.70	\$26.75	\$53.50	\$133.75	\$267.50
60-64	\$8.93	\$22.33	\$17.86	\$44.65	\$89.30	\$223.25	\$446.50
65-69	\$15.21	\$38.03	\$30.42	\$76.05	\$152.10	\$380.25	\$760.50
70+	\$28.44	\$71.10	\$56.88	\$142.20	\$284.40	\$711.00	\$1,422.00

USI MOBILE APP



Access ALL of your benefits, premium information, insurance policy details and contact information while on the go! After scrolling through the intro pages, enter this code when prompted: **F39231**

Highlights of the **MyBenefits2GO** app include:

- **Stay Organized:**
Access all of your plan information and cards in One place
- **Stay Up To Date –**
Receive the most updated plan information automatically
- **Lighten Up Your Wallet** - Store your cards in the app
- **Get In Touch** - Convenient contact information



Escalated Claims or Benefit Concerns

Contact the Benefit Resource Center Southwest

EMAIL: BRCSouthwest@usi.com

Our Benefit Specialists can assist you.

Monday through Friday | 8am to 5pm Central

TOLL FREE: (855) 874-0110

Notes

IMPORTANT CONTACTS



Benefit Type	Provider	Information
All Benefits	USI Benefit Resource Center	(855) 874-0110 Available Monday thru Friday 8 a.m. to 5 p.m. BRCSouthwest@usi.com
Medical	90 Degree Benefits (formerly Caprock Benefits) Group #1700	(888) 267-4445 https://portal.90degreebenefits.com
Non-Emergency on-call Physician Services	Teladoc	(800) 362-2667 Teladoc.com
Dental	Sun Life Group #955379	(800) 442-7742 sunlife.com
Vision	VSP Group #1700	(800) 877-7195 vsp.com
Life/AD&D	Sun Life Group #940328	(800) 786-5433 sunlife.com
Disability Income	90 Degree Benefits (formerly Caprock) Group #1700	(888) 267-4445 https://portal.90degreebenefits.com
Employee Assistance Program	Interface EAP Group #710	(800) 324-4327 Ancira.org > MyBenefits > EAP Password: GOTEAM, or see your paystub

This Benefits Guide is proudly presented by your Benefits Broker, USI