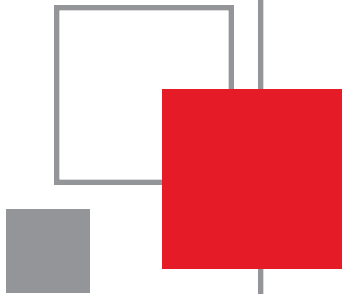


2014 Benefits and Wellness Guide



**Texas Children's
Hospital[®]**

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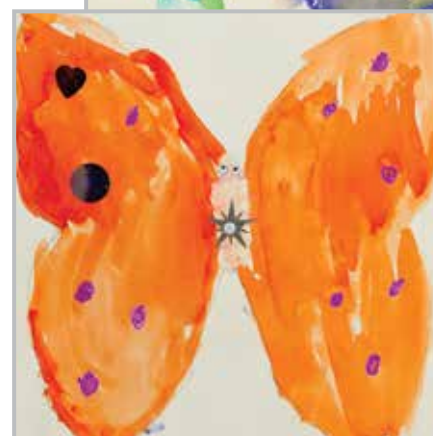
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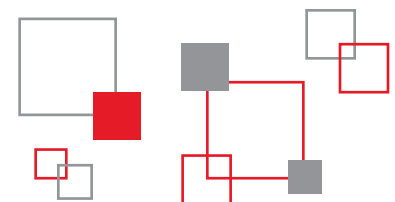
BENEFITS AT A GLANCE

Your Texas Children's Total Rewards package was designed in three parts to protect and enhance your physical, financial and personal health and well-being.

FOR PHYSICAL WELL-BEING		
Benefit	Description	Eligibility and Participation
Medical Benefits with Prescription Drug Coverage Page 8	<ul style="list-style-type: none"> • Comprehensive medical and prescription drug coverage. • Choice of two plans. • Administered by BCBSTX/Prime Therapeutics. • TCH shares in the cost of coverage for you and your family. 	<ul style="list-style-type: none"> • Eligibility on first day of pay period following 30 days of full-time or part-time employment. • Changes allowed only during Annual Enrollment or within 30 days of qualified life event.
Employee Medical Clinic Page 12	<ul style="list-style-type: none"> • Preventive care and treatment of minor illness. • \$10 copay for TCH BCBSTX members. • One-on-one health coaching and disease management programs. 	<ul style="list-style-type: none"> • Available to all employees beginning on date of hire.
Dental Benefits Page 14	<ul style="list-style-type: none"> • Choice of two plans. • Administered by BCBSTX. • 100% employee paid. 	<ul style="list-style-type: none"> • Eligibility on first day of pay period following 30 days of full-time or part-time employment. • Changes allowed only during Annual Enrollment or within 30 days of qualified life event.
Vision Benefits Page 16	<ul style="list-style-type: none"> • Comprehensive coverage. • Insured by VSP. • 100% employee paid. 	<ul style="list-style-type: none"> • Eligibility on first day of pay period following 30 days of full-time or part-time employment. • Changes allowed only during Annual Enrollment or within 30 days of qualified life event.



Cloe Caro, Cloee's Garden



Broyan Smith, Cohoto a Marte



FOR FINANCIAL WELL-BEING		
Benefit	Description	Eligibility and Participation
Select Dollars Page 17	<ul style="list-style-type: none"> As a supportive way to help you offset the cost of benefits coverage, additional dollars are paid based on years of service. 	<ul style="list-style-type: none"> Eligibility on the first day of the pay period following 30 days of full-time or part-time employment.
SelectPlus Dollars Page 17	<ul style="list-style-type: none"> Additional \$50 per month for employees enrolled in the medical plan and making less than \$14 per hour. 	<ul style="list-style-type: none"> Eligibility on the first day of the pay period following 30 days of full-time or part-time employment.
Flexible Spending Accounts Page 18	<ul style="list-style-type: none"> Pay for eligible expenses with pre-tax dollars. Healthcare account debit card available, elect up to \$2,500. Dependent care account, elect up to \$5,000. 	<ul style="list-style-type: none"> Eligibility on first day of pay period following 30 days of full-time or part-time employment. Changes allowed only during Annual Enrollment or within 30 days of qualified life event.
Parking and Commuter Benefits Page 19	<ul style="list-style-type: none"> Free off-campus parking. Free bus passes. Vanpool subsidy up to \$75 per month. 	<ul style="list-style-type: none"> Available to all employees on the first day of employment. Monthly elections can be changed prior to the first of the month.
Life and AD&D Insurance Page 20	<ul style="list-style-type: none"> Life and AD&D insurance equal to your salary at no cost to you. Additional amounts available to purchase for you and your dependents. 	<ul style="list-style-type: none"> Eligibility on first day of pay period following 30 days of full-time or part-time employment. Changes allowed only during Annual Enrollment or within 30 days of qualified life event
Long Term Disability Page 21	<ul style="list-style-type: none"> Income replacement if you are not able to work. Coverage 50% of salary up to \$5,000 for two years at no cost to you. Buy-up option available covering 70% of salary up to \$10,000 until your SS retirement age. 	<ul style="list-style-type: none"> Eligibility on first day of pay period following 30 days of full-time or part-time employment. Changes allowed only during Annual Enrollment or within 30 days of qualified life event.
Retirement and Savings Plans Page 23	<ul style="list-style-type: none"> Plan matches up to 50% of the first 6% of your per pay period contribution. Cash Balance Pension Plan contributions based on years of service. 	<ul style="list-style-type: none"> All employees beginning on date of hire, subject to certain hour requirements can enroll in the 403(b) plan. Eligible employees are automatically enrolled in the Cash Balance Pension Plan on or the next entrance date following one year of service.

FOR PERSONAL WELL-BEING		
Benefit	Description	Eligibility and Participation
Paid Time Off and Holidays Page 26	<ul style="list-style-type: none"> A generous PTO program based on years of service. Includes six holidays and one My Day. 	<ul style="list-style-type: none"> Part time and full time employees beginning on date of hire.
Employee Assistance Program (EAP) Page 27	<ul style="list-style-type: none"> Confidential and professional consultation, counseling and educational services free to employees. 	<ul style="list-style-type: none"> All employees and their dependents beginning on date of hire.
Interim Backup Care Page 27	<ul style="list-style-type: none"> Child and adult care backup for when you need to be at work. 	<ul style="list-style-type: none"> All employees beginning on date of hire.
Adoption Assistance Page 27	<ul style="list-style-type: none"> Reimbursement of up to \$3,000 for adoption-related expenses. 	<ul style="list-style-type: none"> All employees beginning on date of hire.
Education Advising and Tuition Assistance Page 28	<ul style="list-style-type: none"> Tuition advising and reimbursement programs available. 	<ul style="list-style-type: none"> All employees beginning on date of hire.
Team Sports Subsidy Page 28	<ul style="list-style-type: none"> Sponsorship of up to \$600 provided at least half of players are Texas Children’s employees. 	<ul style="list-style-type: none"> All employees beginning on date of hire.
Ticket and Event Discounts Page 29	<ul style="list-style-type: none"> Reduced rates on movie tickets, seasonal events, cell phones and more. 	<ul style="list-style-type: none"> All employees beginning on date of hire.

CONTACT INFORMATION

BENEFIT	PROVIDER	WEBSITE/EMAIL	PHONE
Medical and Prescription Drugs	BlueCross BlueShield of Texas (BCBSTX)/Prime Therapeutics Group # 069712	bcbstx.com/tch	877-734-8924
Dental	BlueCross BlueShield of Texas (BCBSTX) Group # High: 071083 Low: 071084	bcbstx.com/tch	877-734-8924
Vision	VSP Group # 12318607	vsp.com/go/tch	800-877-7195
Flexible Spending Account	PayFlex	HealthHub.com	800-284-4885 877-736-0440 (Fax)
COBRA Administration	PayFlex	HealthHub.com	800-284-4885
Life and AD&D	Prudential Group # 5068	prudential.com	800-524-0542
Long Term Disability	The Hartford	thehartfordatwork.com	800-523-2233
Transportation Elections	HR Benefits	Form available on Connect	832-824-2421
Parking Garage Entrance/Exit Issues	Texas Medical Center (TMC)		713-791-6161
403(b) Retirement Savings Plan	Fidelity	fidelity.com/atwork	800-343-0860
Cash Balance Pension Plan	Mercer	ibenefitcenter.com	800-752-8230
Interim Backup Care	Bright Horizons	backup.brighthorizons.com UN: TexasChildrens PW: backup1	877-242-2737
Education Advising	Bright Horizons	tch@tuitionadvisory.com	855-222-2394
Tuition Assistance Program	Bright Horizons	TCH@edlinktuition.com tamsonline.org/TCH	888-797-2235 866-284-0859 (Fax)
HUMAN RESOURCES	LOCATION	EMAIL ADDRESS	PHONE/FAX
Employee Medical Clinic	5 Tower by the yellow elevators		832-824-2150
Employee Health/FML	5 Tower by the yellow elevators West Campus		832-824-2150 832-227-1365
Employee Assistance Program	Meyer Building basement, MB1201	eap@texaschildrens.org	832-824-3327
Benefits	Abercrombie Building (A-130) Meyer Building 3rd floor West Campus 2nd floor	totalrewards@texaschildrens.org	832-824-2421 832-825-2829 (Fax) WC: 832-227-1352

Keesha Raags, Untitled



Ana Lucia Ramirez, Montanas de Guatemala



COST PER PAY PERIOD

MEDICAL/DENTAL/VISION

	MEDICAL PLAN OPTIONS		DENTAL (DPPO) PLAN OPTIONS		VISION
	PPO Medical	EPO Medical	Dental Low	Dental High	VSP
Employee Only	\$38.83	\$72.18	\$9.14	\$19.31	\$3.83
Employee and Spouse	\$170.52	\$211.17	\$17.37	\$36.72	\$7.66
Employee and Child	\$122.95	\$161.45	\$17.37	\$36.72	\$7.28
Employee and Children	\$181.89	\$221.80	\$24.50	\$51.78	\$7.28
Employee, Spouse and Child	\$254.31	\$300.34	\$24.50	\$51.78	\$11.49
Employee and Family	\$313.61	\$360.80	\$24.50	\$51.78	\$11.49

OPTIONAL EMPLOYEE AND SPOUSE LIFE

AGE	EMPLOYEE	SPOUSE
	MONTHLY COST PER \$1,000 OF COVERAGE	MONTHLY COST PER \$1,000 OF COVERAGE
Under 25	\$0.044	\$0.052
25-29	\$0.048	\$0.060
30-34	\$0.066	\$0.080
35-39	\$0.075	\$0.090
40-44	\$0.088	\$0.112
45-49	\$0.132	\$0.189
50-54	\$0.202	\$0.324
55-59	\$0.378	\$0.480
60-64	\$0.581	\$0.678
65-69	\$1.074	\$1.270
70-74	\$1.760	\$2.060
75 and older	\$1.760	\$2.060

Initial rates based on employee age as of effective date of your coverage. Rates will change based on the following age schedule. Spouse rates based on employee age.

Joshua Day, My Van Gogh

OPTIONAL DEPENDENT (CHILD) LIFE

(Regardless of the number of children)

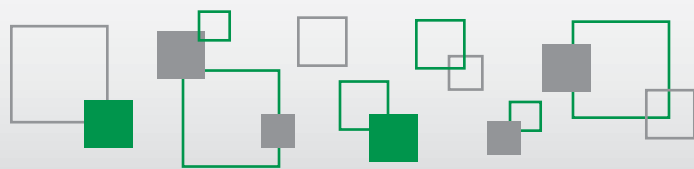
COVERAGE AMOUNT	PER MONTH
\$2,500	\$0.56
\$5,000	\$1.10
\$10,000	\$2.10

OPTIONAL AD&D

INSURED	MONTHLY COST RATES PER \$1,000 OF COVERAGE
Employee	\$ 0.018

OPTIONAL BUY-UP LTD PLAN

INSURED	MONTHLY COST RATES PER \$100 OF COVERAGE
Employee	\$ 0.43



ELIGIBILITY FOR BENEFITS

EMPLOYEES

All employees may access the Employee Medical Clinic and Employee Assistance Program (EAP) services starting on date of hire.

Full-time employees (at least 72 hours per pay period) are eligible to participate in most benefit programs on the first day of the full pay period following 30 days of employment.

Part-time employees (less than 72 hours per pay period) are eligible to participate in most benefit programs on the first day of the full pay period following 30 days of employment.

Per diem employees (under 35 hours per pay period) are eligible to participate in the parking and commuter benefits, retirement and savings plans, and various wellness initiatives.

DEPENDENTS

Eligible dependents are defined as any of the following:

Legal spouse. A person who is legally married to you or recognized as your spouse by the state of Texas.

Child(ren) under the age of 26. Your natural child, stepchild, adopted child, or child who has been placed for adoption with you, or a child for whom you are involved in a lawsuit in which you are seeking to adopt such child, a child for whom you have been appointed legal guardian, or a child who is recognized under a Qualified Medical Child Support Order.

Grandchildren under the age of 26 for whom you have custody and who reside in your household are eligible for the dental and vision plans only.

Incapacitated Child. Unmarried child, physically or mentally incapable of self-support is eligible under the Texas Children's Select Plan as long as they were deemed incapacitated prior to their 26th birthday.

When a spouse or dependent also works for Texas Children's:

If you and a dependent (spouse or child) are both employees and eligible for Texas Children's benefits, you cannot elect dual coverage; meaning one of the following:

You each need to elect individual coverage(s), or one employee may elect family coverage and the other elect to waive coverage since only one employee may cover a dependent on any plan.

WHEN COVERAGE BEGINS

New hire full- or part-time employees – Most coverages begin on the first day of the full pay period following 30 days of employment. You have 30 days from your hire date (initial period of eligibility) to complete your Online Enrollment election and click Submit through MOLI (My Online Information).

For employees currently eligible – Each year during the Annual Enrollment period, you choose benefit coverage(s) for the coming year. Your benefit election choices become effective on January 1 and remain in effect through December 31 unless you experience what is called a qualified life event at anytime throughout the year.

Employees in a non-benefit eligible status who transfer to a regular full- or part-time status – Provided you have been employed for 30 days or more and your election is made within 30 days of your status change, coverage will begin on the effective date you make your election and your Benefits Change Form is received by HR Benefits.

WHEN COVERAGE ENDS

Medical, Prescription Drug, Dental, Vision, Life, AD&D, LTD, Healthcare and Dependent Care Flexible Spending Accounts, Employee Medical Clinic, and EAP will end on: 1) the last day of the pay period containing the last day worked or, 2) the day a covered dependent becomes ineligible for coverage. Of the benefits listed above, when you transfer to an ineligible for benefits status, you maintain only Employee Medical Clinic and EAP benefits.

WAIVING MEDICAL COVERAGE

You have the option to waive medical benefits. If you elect no medical coverage and you lose your other coverage during the year, or if you elect no medical coverage and have a qualified life event, you may elect one of the medical plans for you and your dependents within 30 days of the loss of coverage. Proof of loss of coverage is required. Refer to Making Benefit Changes.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

CORE BENEFITS

Core benefits provide you with basic medical PPO coverage and basic life and accident insurance. Additionally, full-time employees also receive Long Term Disability insurance protection.

Eligible employees are automatically enrolled in Core benefits effective with your coverage begin date, unless you elect otherwise or waive.

EMPLOYEE ONLY CORE BENEFITS	FULL-TIME EMPLOYEE	PART-TIME EMPLOYEE
PPO Medical	✓	✓
Basic Life & AD&D	✓	✓
Long Term Disability	✓	

If you do not make your elections within 30 days, you will automatically be enrolled in Core benefits.

MAKING BENEFIT CHANGES

Under IRS Section 125 rules, you may only make changes to your benefit elections for pre-tax plans (medical, prescription drug, dental, vision and flexible spending accounts):

1. During Annual Enrollment; or

2. If you have a qualified life event such as:

- Change in legal marital status (marriage, divorce, etc.)
- Change in number of dependents due to birth, adoption, or death
- Change in employment status resulting in the gain or loss of coverage
- Change in coverage due to a court order which requires you to cover a dependent
- Changes in entitlement to Medicare or loss of Medicare eligibility
- Significant change in cost of coverage
- Change in coverage of employee, spouse or dependent under another employer’s plan
- Commencement or return from leave under FMLA, or an unpaid leave that affects eligibility
- Change in Medicaid, Children’s Health Insurance Program (CHIP) or State Premium Assistance Eligibility/Coverage for an employee or his/her eligible dependent who: loses Medicaid or CHIP coverage because he/she is no longer eligible, or becomes eligible for a state premium assistance program under Medicaid or CHIP (such as the Health Insurance Premium Payment Program in the state of Texas)

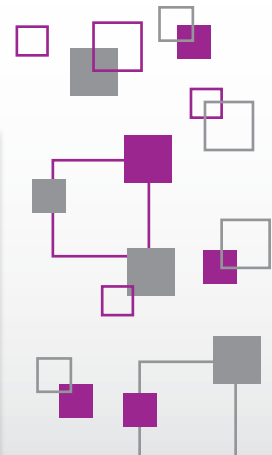
If you have a qualified life event, you may only submit changes to your pre-tax plans that are consistent with the event. You must submit changes that require a change in coverage level and/or a change in your contribution amount within 30 days of the date of the event to HR Benefits. If your change is not received within the required timeframe, you will not be able to make the change until the next Annual Enrollment period.

Please visit the Connect site for more information or contact the Total Rewards Mainline with questions at 832-824-2421 (option 1).

Oscar Armando Maldonado Chial, Mi Guranja



Yosi Ruit, Vaca



MEDICAL AND PRESCRIPTION DRUG

CONTACT:

BlueCross BlueShield of Texas/Prime Therapeutics

bcbstx.com/tch

877-734-8924

For cost information, see page 5.

MEDICAL PLAN OPTIONS THROUGH BCBSTX

For 2014, Texas Children's is pleased to offer a choice of two plans administered by Blue Cross and Blue Shield of Texas (BCBSTX) in partnership with Prime Therapeutics, your pharmacy benefits manager.

Medical Coverage:

- PPO Plan – offers network and out-of-network coverage; services subject to deductible and coinsurance.
- EPO Plan – offers network only coverage; no referrals needed; services subject to copay schedule.
- The network of providers is the same for both PPO and EPO plan options. You can view all participating providers at the bcbstx.com/tch website.

If you are a participant in either medical plan, you also have prescription drug coverage with Prime Therapeutics.

PPO PLAN OPTION

This medical option offers network and out-of-network coverage.

The PPO plan offers you the flexibility of choosing network or out-of-network providers. You pay less when you choose BCBSTX network providers because you are not responsible for amounts above the BCBSTX allowable amount.

NOTE: For any non-network hospitalizations, you are responsible to pre-certify with BCBSTX prior to receiving services.

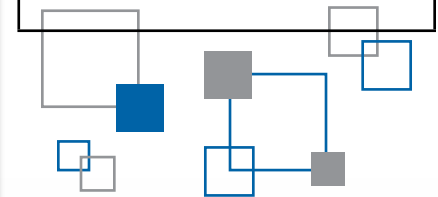
- Most covered services are subject to an annual calendar year deductible and require you to share in the cost of services through coinsurance. Your medical and pharmacy copay amounts along with medical coinsurance amounts apply to an annual out-of-pocket maximum. Copay and coinsurance amounts stop when the annual out-of-pocket maximum is reached.
 - The PPO plan includes copays for primary and specialist care.
 - All other services not billed by the physician will be subject to copay, deductible, and coinsurance.



Sykora Chapa, *The Lovely Park*

Notice of Pre-Existing Condition Limitation

As of the first day of the 2014 plan year, the plan does not impose limitations on coverage for pre-existing conditions.



Laura Cowling, *What a Wonderful World*



- Separate copays will be incurred for minor lab and x-ray services when those services occur:
 - on a different day than your office visit, or
 - on the same day as your office visit, but at a different facility or under a different billing system.
- Major diagnostics: MRI, CT and PET scans are subject to the annual deductible and coinsurance.

EPO PLAN OPTION

This medical option provides network only coverage.

- The EPO medical plan is an open access plan, meaning you do not need a referral from a Primary Care Physician to visit a specialist.
- Under the EPO plan, you must use network providers in order for services to be covered. There are no out-of-network benefits in the EPO plan.
- Services are paid for through copays each and every time you access care. The amount you pay will depend on the level and type of care you receive.
- New for 2014: \$3,000 individual out-of-pocket maximum; \$6,000 family out-of-pocket maximum. \$100 copay for ambulance services has been added.
- Your medical and pharmacy copay amounts apply to your annual out-of-pocket maximum. Copay amounts stop when the annual out-of-pocket maximum is reached.

ABOUT YOUR PRESCRIPTION DRUG PROGRAM

STEP THERAPY

How does the program work?

The step therapy program requires that you have a prescription history for a “first-line” medication before your benefit plan will cover a “second-line” drug.

- A first-line drug is recognized as safe and effective in treating a specific medical condition, as well as being cost-effective.
- A second-line drug is a less-preferred or sometimes more costly treatment option.

What should I do if I take a drug that is part of the step therapy program?

If you are already taking a medication that is part of the step therapy program: you may not be affected. Call the number on the back of your ID card to find out. If you start taking a medication that is included in the step therapy program after the program becomes part of your prescription drug benefit: your doctor will need to write you a prescription for a first-line medication or submit a prior authorization request for the prescription before you can receive coverage for the drug. Your doctor can find prior authorization forms on the provider portal at bcbstx.com. Doctors may also call 800-289-1525 with questions, or to get a form.

My Rx Coverage: Prior authorization

The prior authorization program encourages safe and cost-effective medication use. The program applies to certain high-cost drugs that have the potential for misuse.

If the prior authorization request is approved:

You will pay the appropriate amount based on your prescription drug benefit when you fill your prescription.

If the prior authorization request is not approved:

The medication will not be covered under your prescription drug benefit. You can still purchase the medication, but you will be responsible for the full cost. You can talk to your doctor to find out if another drug might be right for you. Remember, treatment decisions are always between you and your doctor. As always, the appeal rights provided by your benefit plan are available to you.

Log in to Blue Access for Members (BAM)

bcbstx.com/tch

- Check the status of a claim
- Request a new or replacement ID card or print a temporary ID card
- Confirm family members covered under your plan
- View and print Explanation of Benefits (EOB) statement for a claim
- Set your preferences to receive email or text alerts for notifications on claim status and wellness updates
- Join MyBlueCommunity, a social network for BAM members
- Find a doctor or hospital
- Access the Integrated Provider Finder tool

Why are only certain drugs included in the program?

The program's goal is to promote safe, cost effective medication use. Therefore, the prior authorization program includes drugs that are not only high-cost but sometimes are misused.

PRIME MAIL

PrimeMail delivers your maintenance or long-term medications right where you want them. No driving to the pharmacy. No waiting for your prescriptions to be filled.

SAVINGS

90-day supplies offer deeper discounts through bulk purchasing and no dispensing fees — that means lower out-of-pocket pharmacy costs for you.

CONVENIENCE

- Prescriptions delivered to the address of your choice
- Medications ordered your way — online, over the phone or through the mail
- Up to a 90-day supply of medication for each order
- Plain-labeled packaging protects your privacy

SERVICE

- Notification through email or over the phone — your choice — when your order is received and when your prescriptions are sent
- Member service representatives available 24/7
- Licensed, U.S.-based pharmacists available seven days a week
- Refill reminder notifications
- Regular delivery at no additional cost

SPECIALTY DRUGS THROUGH PRIME SPECIALTY PHARMACY

If you take a specialty medication, you may use Prime Specialty Pharmacy to get coverage for your specialty medications. You won't need to make a special trip to the pharmacy. Prime Specialty Pharmacy will deliver your medication where and when you need it. Injection supplies (syringes, disposal containers, etc.) are also sent at no extra cost. Call and receive:

- Answers to medication questions
- 24/7/365 access to a pharmacist for urgent medication issues
- Information about managing potential medication side effects
- Educational materials about your condition



Kateryn Molina, Untitled



MEDICAL AND PRESCRIPTION DRUG COVERAGE COMPARISON CHART

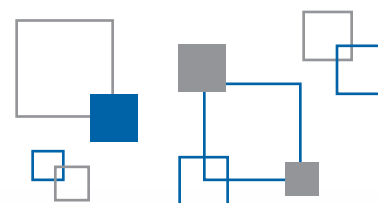
CHART REPRESENTS MEMBER COST

MEDICAL	PPO Plan		EPO Plan	
	Network	Out-of-Network	Network	Out-of-Network
Annual deductible	\$500 per person \$1,500 per family	\$1,500 per person \$4,500 per family	\$0 per person \$0 per family	No Coverage
Coinsurance	20%	40%	0%	No Coverage
Annual out-of-pocket maximum (includes deductible and all medical/rx expenses, including copays)	\$3,000 per person \$6,500 per family	\$5,000 per person \$14,500 per family	\$3,000 per person \$6,000 per family	No Coverage
Office visit • PCP • Specialist • Employee Medical Clinic	\$20 \$40 \$10	40% after deductible	\$25 \$45 \$10	No Coverage
Preventive care	100% covered	40% after deductible	100% covered	No Coverage
Inpatient hospital services	20% after deductible	40% after deductible	\$500 per day	No Coverage
Emergency room	20% after \$100 and deductible	40% after deductible	\$300 copay	No Coverage
PHARMACY	Network Pharmacy (Excludes Walgreens)			
Generic	\$10 copay			
Formulary Brand	\$35 copay			
Non-Formulary Brand	\$50 copay			
Specialty	10% copay, \$50 minimum, \$150 maximum per prescription			
Mail Order (90 day supply)	2x retail			
Contraceptives	Covered at 100%			

For a detailed list of services and coverage, please visit the BCBSTX website.



Nha Nguyen, Be Bright Like a Sun Flower and Happy as a Gnome



Alicia Komorowska, Funny Cats



EMPLOYEE MEDICAL CLINIC

CONTACT:

Texas Children's Employee Medical Clinic
832-824-2150

Location: Employee Health and Wellness Center; 5 Tower by the yellow elevators
Hours: Monday – Friday, 7:30 a.m. to 4:30 p.m. (Tuesday 10:00 a.m. to 7 p.m.)

The Employee Medical Clinic supports your personal health needs by offering access to primary, preventive and urgent care services. All employees are eligible to visit the clinic beginning on their date of hire.

SERVICES

- Minor acute care
- Urgent care for minor personal illness and injury
- Seasonal allergy symptoms
- Sinus infection
- Bronchitis
- Cold/cough
- Sore throat
- Influenza-like illness
- Ear infection

COORDINATION OF REFERRALS

- Specialty care services
- Occupational and physical therapy
- Radiology

PREVENTIVE CARE

- Well-woman exam
- Well-man exam
- Routine physical
- Biometric screening
- Medication for travel

CHRONIC HEALTH CONDITION MANAGEMENT

- Heart disease
- High blood pressure
- High cholesterol
- Asthma
- Depression
- Diabetes management program

SOME LABS AVAILABLE ON-SITE

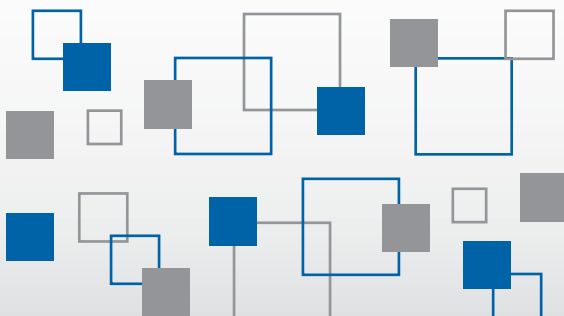
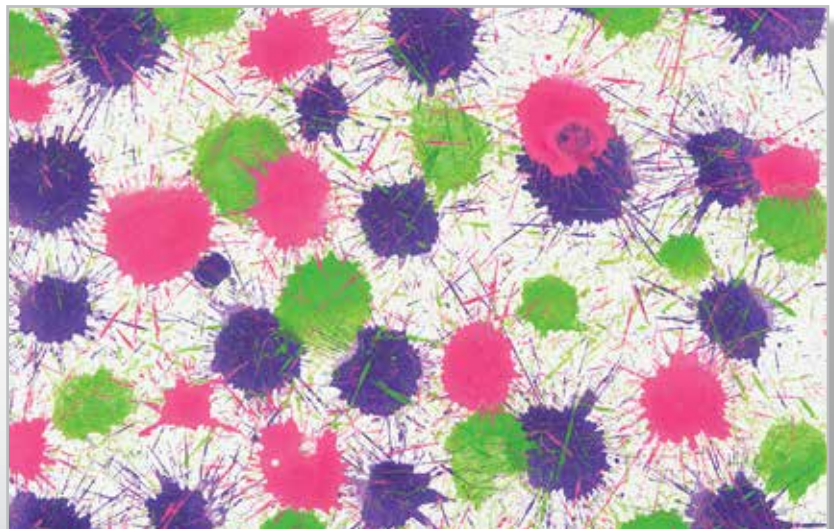
	Texas Children's PPO/EPO Medical Plan	Employees with other, Non-Texas Children's plan	Employees with no coverage
Eligible	✓	✓	✓
Cost	Preventive care: \$0 Office visit: \$10 copay Routine labs: • At clinic: \$0 • Other labs: \$20 PPO, \$25 EPO	Office visit and copay subject to your plan provisions	\$70 office visit copay Independent lab subject to fee schedule You will be billed directly for outside lab services

EMPLOYEE WELLNESS PROGRAMS

Texas Children's is committed to supporting you in achieving your optimal health and well-being by providing a variety of engaging and educational wellness programs. Services include:

- Weight Watchers At Work meetings
- Wellness challenges, events, and presentations
- Health education and coaching
- Fitness programs and fitness center discounts
- Healthy dining opportunities

Emily Freeman, Splash



EMPLOYEE HEALTH

CONTACT:

Texas Children's Employee Health
832-824-2150

MAIN CAMPUS

Location: Employee Health and Wellness Center;
5 Tower by the yellow elevators
Hours: Monday – Friday, 7:30 a.m. to 4:30 p.m.

WEST CAMPUS

Location: 2nd floor, Human Resources
Phone: 832-227-1365

Employee Health promotes a safe, healthy work environment for all employees by providing outstanding occupational health services including:

- New hire processing
- Annual flu vaccine and immunization programs
- Tuberculosis (TB) Testing Program
- Treatment of workplace injuries
- Ability-to-work assessments
- Leave of Absence (LOA)
- Family Medical Leave (FML)
- Workers' Compensation management
- Medications for business travel

Abigail Winslow, The Hungry Little Caterpillar



OTHER BENEFITS AT TEXAS CHILDREN'S

EMPLOYEE ASSISTANCE PROGRAM

See page 27 for details.

PAVILION FOR WOMEN

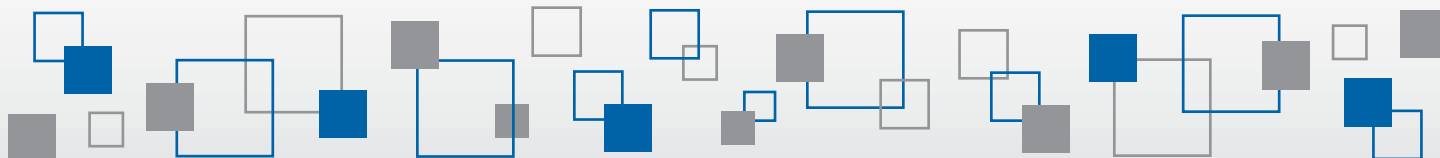
When you deliver at the Pavilion for Women, your out-of-pocket cost will be significantly reduced compared to other network facilities. As an additional benefit to covered employees, Texas Children's will waive certain facility charges for services at the Pavilion for Women. Facility charges are those billed by the hospital. Employees will still be responsible for applicable copays and physician charges at the Pavilion for Women.

FAMILY FERTILITY CENTER

The Family Fertility Center at Texas Children's Pavilion for Women offers a personalized, compassionate approach to your fertility treatment. We're passionate about helping you achieve your dream of having a child. Our goal is to develop a reproductive plan that addresses your specific health issues. Even if you have experienced challenges before, rest assured that our specialists are known for solving some of the most difficult fertility issues. Under the Texas Children's Select Plan, an enhanced benefit of \$20,000 per lifetime is available for patients at the Family Fertility Center.

PERINATAL EDUCATION

The Pavilion for Women offers classes to prepare women and their families for childbirth and parenting. Employees receive a discount on classes. For more information and registration, visit women.texaschildrens.org.



DENTAL

CONTACT:

BlueCross BlueShield of Texas

bcbstx.com/tch

877-734-8924

For cost information, see page 5.

DENTAL PLAN OPTIONS THROUGH BCBSTX

For 2014, Texas Children's is pleased to offer a choice of two dental plans administered by BlueCross BlueShield of Texas (BCBSTX): DPPO High Option and DPPO Low Option.

New for 2014:

- High Option Annual Maximum increase to \$2,000
- High Option Orthodontia Lifetime Maximum increase to \$2,000
- High Option covers implants under Major Services at 50% after deductible

Similarities of DPPO High and DPPO Low Options:

- Benefits are the same whether you use network or out-of-network dental providers; however, the cost to you for out-of-network providers may be greater
- High and Low Options offer child and adult orthodontia benefits

Differences of DPPO High and DPPO Low Options:

- The High Option has a greater annual maximum benefit.
- Endodontics and periodontics are considered:
 - Basic services under the High Option and pay at 80%
 - Major services under the Low Option and pay at 25%
- Periapical xrays are considered preventive and:
 - Pay at 100% under the High Option
 - Pay at 50% after deductible under the Low Option

Kambree Acreman, *Free Spirit*



Sofia Echegollen, *Before and After*



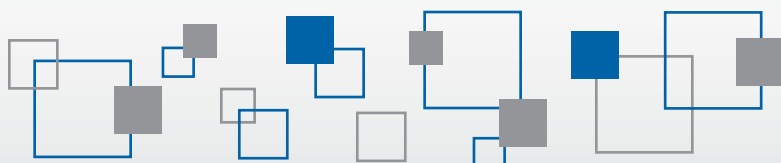
DENTAL COVERAGE COMPARISON CHART

Chart Represents Member Cost	NETWORK AND OUT-OF-NETWORK BENEFITS	
	DPPO High Option	DPPO Low Option
Dental benefit		
Annual deductible	Individual	Family
	\$50 \$150	\$50 \$150
Maximum annual benefit per individual	\$2,000	\$1,000
Preventive care Exam, cleaning, bitewing x-rays up to twice per year	No cost No deductible	No cost No deductible
Basic services Fillings	20% after deductible	50% after deductible
Major services Crowns, inlays, onlays, bridges, dentures, (implants covered under high option only)	50% after deductible	75% after deductible
Endodontic and periodontic services (gum procedures)	20% after deductible	75% after deductible
Orthodontia (child and adult)		
Diagnosis and treatment	50% after a separate \$50 lifetime deductible	50% after a separate \$50 lifetime deductible
Lifetime orthodontia maximum per person	\$ 2,000	\$1,000

Callie Beth Fuselier, Water News



Cameron James, You Are My Sunshine



VISION

**CONTACT:
VSP**

vsp.com/go/tch
800-877-7195

For cost information, see page 5.

QUALITY EYE CARE OPTIONS WITH A LARGE NETWORK OF OPTOMETRISTS AND OPHTHALMOLOGISTS.

Texas Children's Vision Plan includes an annual eye exam, contact lenses or one pair of prescription glasses in addition to other value-added discounts.

Non-network providers may be used; however, reimbursable benefits will be limited to those shown in the chart below.

BENEFITS	FREQUENCY	COPAY	COVERAGE USING NETWORK VSP DOCTOR	REIMBURSEMENT USING NON-NETWORK PROVIDER
Eye exam	Once per calendar year	\$0	Covered in full	Up to \$45
Lenses	Once per calendar year	\$0	Single Vision, lined bifocal or lined trifocal covered in full Polycarbonate covered for dependents up to age 19	Single vision lenses: Up to \$30 Lined bifocal lenses: Up to \$50 Lined trifocal lenses: Up to \$65
Frames	Once per calendar year	\$0	Retail allowance - Covered up to \$120 Affiliate allowance - Covered at \$70 at Costco and up to \$120 at other affiliate locations	Up to \$70
Contact lenses	Once per calendar year	\$0	\$120 allowance for contacts, exam and fitting	Up to \$105
Lasik vision correction	VSP has contracted with multiple laser surgery centers to offer a discount for Laser Vision correction (PRK LASIK and Custom LASIK). Average 15% off the regular price or 5% off the promotional price from contracted facilities.			
Other discounts and savings	20% off lens options such as progressive and scratch resistant and anti-reflective coatings. 20% off additional glasses and sunglasses, including lens options – available from any VSP doctor within 12 months of your last eye exam. Average 15% off the contact lens fitting and evaluation exam.			

No vision card necessary.

VSP offers Open AccessSM, which allows members the flexibility to use their VSP benefits at any provider location including specialty optical boutiques or retail chains. After locating a provider on the VSP website, call the doctor directly to schedule an appointment.

Visit the website to find savings on lenses, frames and contact lenses, search for a provider or see more benefit information.

SELECT DOLLARS

As a supportive way to help employees offset the cost of benefits coverage, additional dollars are paid based on your years of benefit service and job status.

SELECT DOLLARS

Select Dollars begin on the same day your coverage deductions begin. As your years of service increase, your Select Dollars will automatically change the first pay period following your service anniversary or status change. Whether you enroll or waive benefit coverage, eligible employees will automatically receive Select Dollars as additional take-home income, which is subject to applicable taxes.

Years of Benefit Service	PER PAY PERIOD AMOUNTS ADDED TO PAYCHECK	
	Full-Time Employees	Part-Time Employees
0-1 year	\$27.69	\$11.54
1-2 years	\$30.00	\$13.85
3-4 years	\$32.31	\$16.15
5-6 years	\$36.92	\$20.77
7-10 years	\$41.54	\$25.38
11-15 years	\$46.15	\$30.00
16-24 years	\$50.77	\$34.62
25+ years	\$62.31	\$46.15

SELECTPLUS DOLLARS

In addition to Select Dollars, full-time and part-time employees who are enrolled in the Texas Children’s medical plan and earn an hourly wage of \$14 per hour or less will receive SelectPlus Dollars equal to an additional \$50 per month or \$23.08 per pay period.

The table reflects the total per-pay-period amount an eligible full- or part-time employee would receive.

Years of Benefit Service	SELECT DOLLARS + SELECTPLUS DOLLARS = PER PAY PERIOD AMOUNTS ADDED TO PAYCHECK	
	Full-Time Employees	Part-Time Employees
0-1 year	\$27.69 + 23.08 = \$50.77	\$11.54 + 23.08 = \$34.62
1-2 years	\$30.00 + 23.08 = \$53.08	\$13.85 + 23.08 = \$36.93
3-4 years	\$32.31 + 23.08 = \$55.39	\$16.15 + 23.08 = \$39.23
5-6 years	\$36.92 + 23.08 = \$60.00	\$20.77 + 23.08 = \$43.85
7-10 years	\$41.54 + 23.08 = \$64.62	\$25.38 + 23.08 = \$48.46
11-15 years	\$46.15 + 23.08 = \$69.23	\$30.00 + 23.08 = \$53.08
16-24 years	\$50.77 + 23.08 = \$73.85	\$34.62 + 23.08 = \$57.70
25+ years	\$62.31 + 23.08 = \$85.39	\$46.15 + 23.08 = \$69.23

EXAMPLE

Reflects newly hired employee with employee only PPO medical coverage

	FULL-TIME Employee	PART-TIME Employee	SELECTPLUS FULL-TIME Employee	SELECTPLUS PART-TIME Employee
Per pay period PPO cost of coverage	\$38.83	\$38.83	\$38.83	\$38.83
Offset by per pay period Select Dollars	-\$27.69	-\$11.54	-\$50.77	-\$34.62
Per pay period cost for employee-only PPO medical	\$11.14	\$27.29	-\$11.94	\$4.21

FOR FINANCIAL WELL-BEING

PRE-TAX PREMIUMS

Medical, dental and vision contributions for you and your dependents will be paid on a pre-tax basis. This helps you to reduce your taxes. Premiums will be paid on a pre-tax basis automatically unless you waive the benefit.

FLEXIBLE SPENDING ACCOUNTS

CONTACT:

PayFlex
healthhub.com
800-877-7195

Are you looking for a way to save money on healthcare and/or dependent day care? If so, a Flexible Spending Account (FSA) might be a good election for you.

FSAs save you money by reducing the taxes you pay. Your FSA contributions are deducted from each paycheck before federal and FICA taxes are calculated. As a result, you do not pay taxes on eligible FSA expenses.

Here's how it works:

- FSA contributions are taken from your paycheck on a pre-tax basis according to your annual election.
- When you have an eligible healthcare or dependent care expense, you can pay for it with tax-free money.
- The accounts are separate. You make separate elections for healthcare and dependent care accounts.
- You must use up your elected amount before the end of the year or your forfeit leftover money. Plan carefully and this shouldn't be a problem. Many employees underestimate their expenses and wish they had deposited more.

FSA PAYMENT AND REIMBURSEMENT OPTIONS

	Using FSA	Without FSA
Gross salary	\$30,000	\$30,000
Pre-tax expenses	\$1,000	\$0
Taxable salary	\$29,000	\$30,000
Taxes owed	\$6,568	\$6,795
Net income	\$22,432	\$23,205
After-tax expenses	\$0	\$1,000
Spendable income	\$22,432	\$22,205
Savings	\$227	\$0

**Assumes 15% federal income tax and 7.65% Social Security tax. Based on your personal tax situation, your savings will vary.*

HEALTHCARE FSA

The healthcare FSA allows you to use pre-tax dollars to pay for your annual deductible, coinsurance copays, prescription drugs and other medical dental and vision expenses not covered by your benefit plans. You may deposit up to \$2,500 annually into the account. A debit card is available so you may pay for items at the point of purchase. If you are currently enrolled, save your card; your new election will be added to it automatically. If you are enrolling for the first time, a debit card will be mailed to your home address. **You have until March 15, 2015 to incur eligible expenses and until April 30, 2015 to submit expenses for reimbursement.**

DEPENDENT CARE FSA

This account helps you pay for eligible child care or adult day care expenses with pre-tax dollars. You may elect up to \$5,000 annually in your account. If you participate in the dependent care FSA, Texas Children's will automatically deposit \$260 into your account, making your maximum contribution \$4,740. **You have until December 31, 2014 to incur eligible expenses and until April 30, 2015 to submit expenses for reimbursement.**

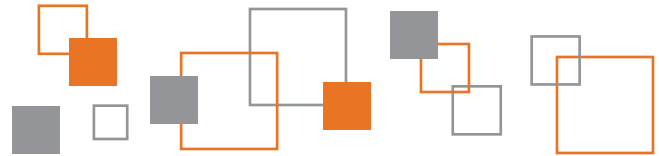
For more information, including a detailed list of allowable expenses and how to substantiate claims, please visit www.healthhub.com.

PARKING AND COMMUTER BENEFITS

For almost a decade, Texas Children's Hospital has been recognized as one of Houston's Best Workplaces for Commuters by the U.S. Environmental Protection Agency. Additionally, Texas Children's was designated a Clean Air Champion by the Houston-Galveston Area Council.

Outstanding Commuter Benefits

- Free off-campus parking
- Free shuttle service
- Free METRO bus passes
- Free Woodlands Express/Fort Bend Express booklets/passes
- Vanpool subsidy up to \$75 per month
- Availability of Texas Medical Center (TMC) covered bike racks
- Option to waive commuter benefit: Employees in the TMC or Greenway Plaza who waive their commuter election option receive a monthly allowance of \$20
- Flexibility to change your commuter election month-to-month
- Each employee can hold only one election at a time
- Commuter election changes become effective on the first day of the following month
- Employees may access the Transportation Change Form by visiting the Connect website



Complete a Transportation Change Form at either of these HR locations

- HR Service Center - Abercrombie Building, 1st floor, Suite A -130
- Meyer Building – Benefits, 3rd floor

Once a parking card has been issued, call 713-791-6161 with card-related entrance or exit issues.

EVERYONE'S A RECRUITER NOW (E.A.R.N.)

This referral reward program offers potential dollars to eligible employees for qualified applicants who are hired and begin employment. Certain requirements apply. For questions, call HR Recruitment at 832-824-2020 or visit the Connect website for details.

Peter 'Van Gogh' Tsatsaronis, *The Colorful Twister*



Rodney Raggs, *Space Through a Window*



LIFE AND AD&D INSURANCE

CONTACT:

Prudential
prudential.com
800-524-0542



For cost information, see page 5.

With Basic Term Life and Accidental Death and Dismemberment Insurance (AD&D), your beneficiaries will be protected with benefits and a variety of support services designed to help them cope with both emotional and financial issues.

Basic Term Life and AD&D Insurance – provided at no cost to you

Texas Children's automatically provides full-time and part-time employees with Basic Life coverage equal to your annual base salary, rounded to the next thousand with a \$1,000,000 maximum. If you are terminally ill, you can get a partial payment of your group life insurance benefit. Payment of premium can be waived if you are totally disabled for six months, you are less than 60 years old when the disability begins and you continue to be totally disabled. This waiver terminates at age 65. The amount of insurance reduces by 35% at age 65 and 50% at age 70 and 70% at age 75. Coverage will end on 1) the last day of the pay period containing the last day worked, or 2) your transfer date to an ineligible status.

Optional Employee Life Insurance

You may add to your Basic Life and Basic AD&D Insurance amount by purchasing Optional Life Insurance coverage in increments of your salary.

Full-time employees: One to four times your annual base salary, rounded to the next thousand, up to a combined Basic and Optional Life maximum of \$2,000,000.

Part-time employees: Your annual base salary, rounded to the next thousand, up to a combined Basic and Optional Life maximum of \$1,000,000.

The guarantee issue amount for Optional Life Insurance is \$500,000. If you elect an amount over the guarantee issue amount, are requesting an increase in your current coverage, or if you did not enroll when it was originally offered to you, an Evidence of Insurability Form must be completed and approved by Prudential before the coverage becomes effective.

Provided you are a full-time employee and have elected Optional Life Insurance for yourself, you may also elect optional coverage for your spouse and/or dependent children.

Optional Spouse Life Insurance

Coverage for your spouse is available up to the optional amount of coverage you elected or \$100,000, whichever is less.

The guarantee issue amount for Optional Spouse Life insurance is \$25,000. If you elect an amount over the guarantee issue amount, are requesting an increase in your spouse's current coverage, or if you did not enroll your spouse when it was originally offered to you, an Evidence of Insurability Form must be completed and approval secured from Prudential before the coverage becomes effective.

Optional Dependent (Child) Life Insurance

You may also choose to purchase Optional Life Insurance protection for your eligible children, live birth to age 26, in the amount of \$2,500, \$5,000 or \$10,000.

Optional Employee AD&D Insurance

You may add to your Basic Life and Basic AD&D Insurance amount by purchasing Optional AD&D Insurance coverage in increments of your salary.

- Full-time employees: One to four times your annual base salary, rounded to the next thousand, up to a combined Basic and Optional AD&D maximum of \$2,000,000
- Part-time employees: Your annual base salary, rounded to the next thousand, up to a combined Basic and Optional AD&D maximum of \$1,000,000

No Evidence of Insurability Form will be required.

LONG TERM DISABILITY INSURANCE

CONTACT:

The Hartford
 thehartfordatwork.com
 800-523-2233

For cost information, see page 5.

Long Term Disability (LTD) insurance is designed to protect you and your family from the financial hardship that may accompany an extended personal illness or injury that prevents you from working for an extended period of time.

Basic LTD Insurance – provided at no cost to you

Texas Children’s provides LTD insurance to full-time employees as protection in the event you become disabled and cannot perform the duties of your occupation. You will receive Long Term Disability benefits after a 90-day elimination period.

Basic LTD Benefit: 50% of your monthly earnings up to a maximum monthly benefit of \$5,000.

Benefits will be paid for up to two years if you meet the definition of disability. Benefit reductions will occur at age 65. Your benefit will be reduced by amounts you receive from Social Security, an employer-sponsored retirement plan and other group disability benefits.

To apply for benefits, the Long Term Disability Claim Form must be completed by you, your doctor and Employee Health.

LONG TERM DISABILITY FACTS

You may be asked to explore disability benefits through Social Security.

You may continue your medical, dental and vision coverage and, in some cases health care FSA under COBRA within 60 days of your termination date.

You may also apply for portability or conversion of your life insurance within 30 days from your termination date.

You may be eligible for a waiver of your premium if both of the following apply:

- You are deemed totally disabled while you are a covered person, and
- You are less than age 60 when your total disability starts.

Your LTD benefits will be reduced by:

1. Social Security benefit
2. Workers’ Compensation benefit
3. Any benefits paid to you under the Texas Children’s Cash Balance Pension Plan

Basic LTD Benefit

AGE ON DATE OF DISABILITY	MAXIMUM BENEFIT DURATION
Less than 68	24 months
68, less than 69	to age 70
69 and over	12 months

Maximum Monthly LTD Benefit

Cost is based on an individual’s age and salary

PLAN	MONTHLY BENEFIT	MONTHLY MAXIMUM
Basic	50%	\$5,000
Buy-up	70%	\$10,000

Optional Buy-up LTD Benefit

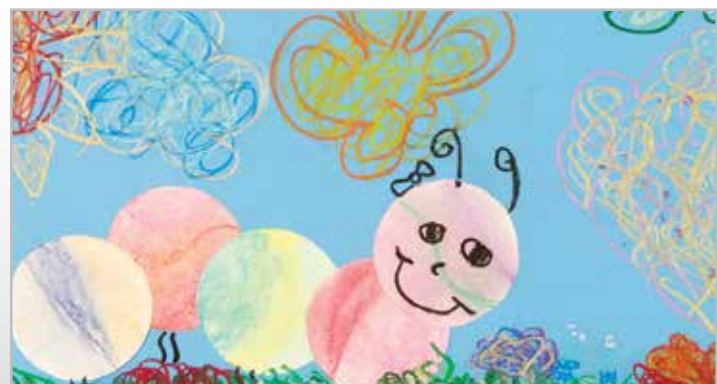
AGE ON DATE OF DISABILITY	MAXIMUM BENEFIT DURATION
Less than 60	To Social Security normal retirement age
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

Optional Buy-up LTD Insurance

Full-time employees may also purchase additional LTD insurance through Hartford. Contributions are taken on a post-tax basis so that in the event you become disabled, your benefit would not be taxed.

Buy-up LTD Benefit: 70% of your monthly earnings up to a maximum monthly benefit of \$10,000.

Madeline Beckstead, Wonderland



OTHER BENEFITS THROUGH THE HARTFORD

SERVICES	HIGHLIGHTS
Ability Assist	<p>This service provides emotional, legal and financial counseling. In addition, if you become disabled, your family is also eligible for services.</p> <p>Features and Benefits</p> <ul style="list-style-type: none"> • Available to LTD claimants and their dependents (upon LTD claim approval) • 24/7 toll-free access to helpline • Unlimited telephone access to qualified counselors with multilingual capabilities • Referrals and support services • Two years, including up to three face-to-face sessions per occurrence per year.
Travel Assistance	<p>This service provides 24-hour a day, toll-free access to emergency assistance for you and your dependents who are traveling more than 100 miles from your primary residence (for either business or pleasure) for 90 days or less.</p> <p>Features and Benefits</p> <ul style="list-style-type: none"> • Accompanies you before and during travel • Access to appropriate treatment following illness or injury • Minimizes the effects of a negative experience during a trip • Relevant nationally and internationally
Identity Protection Support Services	<p>A service that provides support should you become a victim of identity theft.</p> <p>Features and Benefits</p> <ul style="list-style-type: none"> • A toll-free number for professional fraud support 24 hours a day • Access to a certified personal caseworker who follows the case until it is resolved • Overnight delivery of a personalized fraud resolution kit with instructions and resources for identity theft victims

Gracie Johnson, *By Boat or By Plane—By Ship or By Train...Survive*



RETIREMENT AND SAVINGS PLANS

TEXAS CHILDREN’S CASH BALANCE PENSION PLAN

CONTACT:

Mercer

ibenefitcenter.com (User ID: your SSN, Password: your date of birth, MMDDYY)

800-752-8230 (8 a.m. – 5 p.m.)

The Cash Balance Pension Plan (CBPP) is a benefit that complements our 403(b) Savings Plan to create a well-rounded overall retirement package. The CBPP is a defined-benefit retirement fund that does not require any employee contributions because Texas Children’s pays the full cost for you.

No enrollment necessary

Once the eligibility requirements are fulfilled (age 21 and one year of participation service), Texas Children’s automatically enrolls employees on the next entry date, April 1 or October 1 – no paperwork is required!

Your account balance grows in two ways

First, Texas Children’s credits your account with 3-5% of your base salary each year, depending upon your years of service (see the following page for details). Second, Texas Children’s credits your account with at least 3.8% interest each year, meaning that your account balance does not decrease.

Examples of account accumulation

The following table shows what your CBPP account balance would be after 10, 20, 30, or 40 years of service if you joined Texas Children’s at an annual salary of \$30,000, \$45,000, or \$60,000.

The numbers below assume a 2.0% merit increase each year and the minimum 3.8% interest credit

Projected CBPP Balance	ANNUAL SALARY		
	\$30,000	\$45,000	\$60,000
10 years of service	\$12,536	\$18,805	\$25,073
20 years of service	\$41,411	\$62,116	\$82,822
30 years of service	\$88,419	\$132,629	\$176,839
40 years of service	\$162,872	\$244,308	\$325,744

Mercer’s website, ibenefitcenter.com, has some useful tools that allow you to estimate your pension balance using various assumptions, view your current balance, and add, update, or verify beneficiary information. You can also reach the Pension Plan Support Team at 800-752-8230, Monday – Friday from 8 a.m. to 5 p.m.

TEXAS CHILDREN’S 403(B) SAVINGS PLAN

CONTACT:

Fidelity

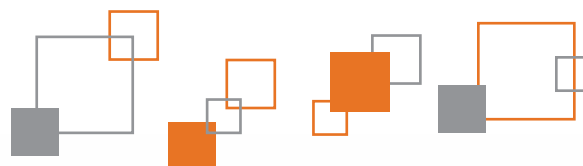
fidelity.com/atwork

800-343-0860

Texas Children’s will match up to 50% of the first 6% of your per pay period contribution. You may enroll in this plan at anytime throughout the year by contacting Fidelity at 800-343-0860 or online at fidelity.com/atwork.

Monthly one-on-one sessions with a Fidelity Planning and Guidance representative are held at various locations to provide current participants the opportunity to evaluate the status of their 403(b) Savings Plan account, consider modifications and make changes as needed. Registration through the Connect website is required for a 30-minute consultation.

For an outline of the benefit provisions, review the charts on the following pages for each of the Texas Children’s retirement plans. Refer to the Summary Plan Descriptions available on Texas Children’s Connect for specific details.



CASH BALANCE PENSION PLAN			
Plan design	Texas Children's Cash Balance Pension Plan is a non-contributory (employer-only contributions) defined benefit retirement plan. You do not need to enroll. No employee contributions are required. Texas Children's funds the full cost of this benefit.		
Plan administrator	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Pension Committee ATTN: Human Resources, Benefits 1919 S. Braeswood, Ste. MB-1301 Houston, TX 77030 832-824-2421 (option 1 for Benefits) </td> <td style="width: 50%; padding: 5px;"> Recordkeeper Mercer 800-752-8230 ibenefitcenter.com </td> </tr> </table>	Pension Committee ATTN: Human Resources, Benefits 1919 S. Braeswood, Ste. MB-1301 Houston, TX 77030 832-824-2421 (option 1 for Benefits)	Recordkeeper Mercer 800-752-8230 ibenefitcenter.com
Pension Committee ATTN: Human Resources, Benefits 1919 S. Braeswood, Ste. MB-1301 Houston, TX 77030 832-824-2421 (option 1 for Benefits)	Recordkeeper Mercer 800-752-8230 ibenefitcenter.com		
Eligibility	<p>You will be eligible for the Cash Balance Pension Plan after you meet the following criteria:</p> <p>You must be at least 21 years of age</p> <p>You must work 1,000 or more hours during the 12 month period following your initial date of hire, or any subsequent plan year.</p> <p>Once you meet these requirements, you will automatically enter the plan on the next available enrollment date: April 1 or October 1.</p>		
Enrollment	You are enrolled automatically once you meet all eligibility criteria.		
Retirement eligibility	<p>Normal retirement is age 65.</p> <p>Early retirement is age 55 with 10 or more years of vested service.</p>		
Employer contributions	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Contribution If you complete at least 1,000 hours of service in a plan year (Oct. 1 - Sept. 30), Texas Children's will credit you with a contribution in the Cash Balance Pension Plan calculated as a percentage of your plan year base compensation. The applicable percentage is based on your full years of vesting service, as of the end of such plan year, as follows: 3% – less than 5 years 4% – 5 to 9 years 5% – 10 or more years </td> <td style="width: 50%; padding: 5px;"> Interest credits At the end of each plan year, participants will be credited with interest on such plan year's opening balance. Interest credits are: 1 Based on the interest crediting rate as defined in the plan, and 2) In no event will the interest crediting rate for a plan year be less than 3.8% or more than a "market rate of return" (within the meaning of Section 411(b)(5) of the Code and Section 204(b)(5) of ERISA). </td> </tr> </table>	Contribution If you complete at least 1,000 hours of service in a plan year (Oct. 1 - Sept. 30), Texas Children's will credit you with a contribution in the Cash Balance Pension Plan calculated as a percentage of your plan year base compensation. The applicable percentage is based on your full years of vesting service, as of the end of such plan year, as follows: 3% – less than 5 years 4% – 5 to 9 years 5% – 10 or more years	Interest credits At the end of each plan year, participants will be credited with interest on such plan year's opening balance. Interest credits are: 1 Based on the interest crediting rate as defined in the plan, and 2) In no event will the interest crediting rate for a plan year be less than 3.8% or more than a "market rate of return" (within the meaning of Section 411(b)(5) of the Code and Section 204(b)(5) of ERISA).
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Employee contributions	<p>Employee contributions are not permitted.</p> <p>This is a non-contributory defined benefit retirement plan for employees.</p>		
Vested year of service	Your vesting service is one year of service for each fiscal year (Oct. 1 – Sept. 30) in which you complete 1,000 or more hours of service.		
Vesting schedule	<p>Once you have three fiscal years of vesting service, you are 100% vested.</p> <p>Being vested means the employer paid benefit in your account is yours upon normal or early retirement or termination of employment if your account balance is less than \$7,000.</p>		
Termination/retirement	<p>If you leave and are 100% vested, and if your CBPP account balance is:</p> <p>\$5,000 or less, you must take a lump sum distribution (cash payment and/or a rollover)</p> <p>\$5,000 to \$7,000, you have the following early distributions options: an annuity or a lump sum /rollover</p> <p>\$7,000 or more, you must wait until age 65 (Note: With 10 or more years of Vesting Service, you may exercise distribution options as early as age 55)</p>		
Statement	Participants can receive statements online by accessing personal account information through Mercer's website at ibenefitcenter.com .		
Beneficiary designation and changes	<p>Changes are allowed at any time and do not require a qualifying life event.</p> <p>Participant employees should go online to ibenefitcenter.com to designate or update beneficiary information.</p> <p>NOTE: If you are married and wish to designate anyone other than your spouse as primary beneficiary, you must complete a notarized Spousal Consent Form.</p>		

403(b) SAVINGS PLAN

The 403(b) savings plan is a voluntary defined-contribution retirement plan that allows you to save for retirement on a tax-deferred basis. Employees must enroll to participate. Your 403(b) contribution is taken directly from your paycheck before taxes.

Pension Committee

ATTN: Human Resources, Benefits, 1919 S. Braeswood, Suite MB-1301
Houston, TX 77030
832-824-2421 (option 1 for Benefits)

Recordkeeper

Fidelity Investments, 800-343-0860
fidelity.com/atwork

You may begin participating on the first day of your Texas Children's employment or at any time thereafter.

To enroll in the plan, contact Fidelity at 1-800-343-0860 or online at fidelity.com/atwork.

There is no retirement age requirement for you to begin drawing benefits; however, you must no longer be employed by Texas Children's to initiate this benefit.

Texas Children's contributes to your 403(b) savings plan account every pay period you make a contribution.

Texas Children's will match up to 50% of the first 6% of your per pay period contribution.

The maximum per pay period employer contribution is the lesser of 3% of your gross salary or 50% of your contribution.

For example: Your Contribution Texas Children's Matching Contribution

4%	2%
6%	3%
10%	3%

Through Fidelity, you elect the pay period percentage of your gross earnings to be deducted on a pre-tax basis.

You do not pay federal income tax on your investment in your 403(b) account until you withdraw the money.

The maximum contribution amounts for 2013 calendar year are: \$17,500, or \$23,000 if 50 years of age or more.

These amounts are subject to change as determined and when released by the IRS.

Age 50 or older "Catch-up Provision:" if you are going to reach age 50 or older during the calendar year (Jan. 1 – Dec. 31) and you contribute the IRS maximum annual contribution, you may make an additional (catch-up contribution) of up to \$5,500.

Your vesting service is one year of service for each fiscal year (Oct. 1 – Sept. 30) in which you complete 1,000 or more hours of service.

You are always 100% vested in any contributions you make to the plan. You are vested in the contributions made by Texas Children's according to the following schedule:

- 1) When you have worked at least 1,000 hours or more in a fiscal year (Oct. 1 – Sept. 30) and
- 2) You have earned one year of vested service

Years of vesting service

You will be

Less than 1 year	0% vested
1 year, but less than 2	20% vested
2 years, but less than 3	40% vested
3 years, but less than 4	60% vested
4 years, but less than 5	80% vested
5 years	100% vested

At any time after you leave employment with Texas Children's:

You may take 100% of your voluntary contributions.

If you are 100% vested, you may also take 100% of the Texas Children's matching contributions.

If you have less than five years of vesting service, you may take the vested portion of the Texas Children's matching contributions.

Tax implications at time of distribution may apply.

You can receive statements online by accessing your personal account information through Fidelity's website at fidelity.com/atwork. To request paper statements call 800-343-0860.

Changes are allowed at any time and do not require a qualifying life event.

Participating employees should go online to fidelity.com/atwork to designate or update beneficiary information.

NOTE: If you participate in the 403(b) plan, are married, and wish to designate anyone other than your spouse as primary beneficiary, you must complete a notarized Spousal Consent Form.

PAID TIME OFF

To bring balance to your work and family life, Texas Children's provides you with a generous Paid Time Off (PTO) bank which can be used for vacation, holidays, personal reasons, severe weather emergencies, family illnesses and/or a short-term personal illness.

Paid Time Off (PTO)

The Paid Time Off (PTO) Program provides eligible full-time and part-time employees time off from work for personal or family needs. Additionally, and after two consecutive days off work for illness or injury, eligible employees may then access their accrued Extended Illness Bank (EIB), which provides you with another source of paid hours.

Payout of your PTO balance automatically occurs when:

- You terminate employment with Texas Children's, or
- Your classification changes to a per diem status

To view PTO accrual schedules, refer to Policy HR201.

PTO Sell Program

Via MOLI

While employees are not discouraged from taking PTO, employees with at least 120 hours of accrued PTO have the option to sell a block of hours and be paid for the value of those hours. A total of 80 hours of PTO may be sold at one time or 40 hours of PTO may be sold twice per calendar year provided the eligibility requirement is met.

Extended Illness Bank (EIB)

In addition, you earn EIB hours which can be used in the event of a personal illness.

Holidays

2014 Holiday Schedule	
Wednesday, January 1	New Year's Day
Monday, May 26	Memorial Day
Friday, July 4	Independence Day
Monday, September 1	Labor Day
Thursday, November 27	Thanksgiving Day
Thursday, December 25	Christmas Day

In addition to six paid holidays per year, My Day is an annual paid holiday that full-time and part-time employees may schedule on a day of their choice.

Other types of time off and corresponding HR policies

- Family Medical Leave (FML) - HR214
- FMLA Definitions - HR214A
- Holidays/My Day - HR203
- Bereavement - HR204
- Jury Duty - HR206
- Time Off to Vote - HR207
- Military - HR205
- Catastrophic Time Off (CTO) - HR202
- Other Leaves of Absence - HR208



Juan Hernandez, New Life



EMPLOYEE ASSISTANCE PROGRAM (EAP)

CONTACT:

Texas Children's EAP
832-824-2150

Location: Meyer Building basement, MB1201 1919 S. Braeswood Blvd. Houston, TX 77030

West Campus: By appointment only

Email: eap@texaschildrens.org

Hours: Monday – Friday, 7:30 a.m. to 4:30 p.m.

After-hours: For urgent after-hour needs, call 832-824-2099 and ask for an EAP representative.

The EAP provides confidential and professional consultation, counseling, and educational services at no cost to Texas Children's staff and their eligible dependents. The EAP team provides many services including:

- Programs for grief recovery
- Family or relationship issues
- Workplace concerns
- Critical incident stress
- Legal and financial concerns
- Substance abuse
- Stress management clinics
- The Employee Financial Assistance Fund, for employees who face unavoidable, unforeseeable financial hardship
- Guidance for employees and work teams to enhance their health, wellness, and productivity

INTERIM BACKUP CARE

CONTACT:

Bright Horizons

backup.brighthorizons.com (Username: **texaschildrens**, Password: **backup1**)

877-242-2737

When your regular child or family care arrangements are temporarily disrupted and you need to be at work, you have options through The Bright Horizons Backup Care Advantage® Program.

Backup Care Advantage® Program

Full-time and part-time Texas Children's employees can utilize 80 hours of care per calendar year. Copay amounts will occur via payroll deduction as a 'BUCARE' deduction approximately two to six weeks after utilization of services.

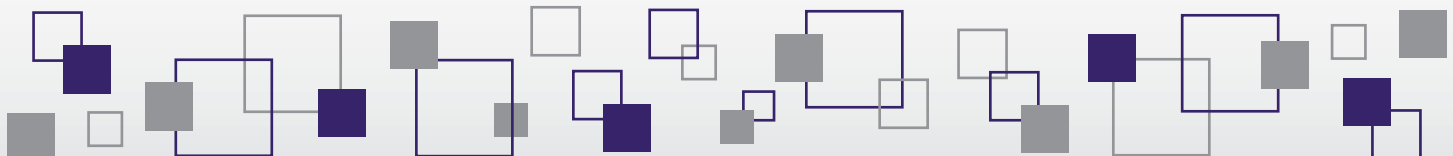
Your copay costs:

- **Center-based care:** (rate for up to 3 children, ages 6 weeks – 12 years) **\$2 copay per hour per child**
- **In-home care:** (rate up to 3 family members, 6 weeks to any age) **\$4 copay per hour**

To avoid charges, cancellation is required before 5 p.m. the business day prior.

ADOPTION ASSISTANCE

The adoption assistance benefit provides reimbursement of eligible adoption expenses up to \$3,000 to full-time and part-time employees who meet the following criteria: completion of three months continuous service and the adopted child is not your biological child or stepchild. Eligible expenses include legal fees, placement fees and certain travel expenses. Please contact Benefits for more information.



EDUCATION ADVISING

CONTACT:**Bright Horizons**

tch@tuitionadvisory.com

855-222-2394

Education Phone Advising – Administered by EdAssist®

This free benefit provides employees with career assessment and coaching, by phone, to help you navigate the education process and achieve degree completion in the quickest, most efficient manner. Scheduling a 30-45 minute phone coaching session is recommended before you begin utilizing the tuition assistance program to save you valuable time and money.

TUITION ASSISTANCE

CONTACT:**Bright Horizons****Email:** TCH@edlinktuition.com**Application:** <http://tamsonline.org/tch>**Fax documentation to:** 866-284-0859

888-797-2235

Texas Children's Tuition Assistance Program (TAP) – Administered by Edlink®

Full-time and part-time employees, taking college credit courses at an accredited university for a course of study that would be of benefit in a Texas Children's role, may be eligible to receive tuition assistance. Covered expenses (tuition, most fees and required books) will be counted toward the annual cap limit, based on the year in which the course begins.

Annual Allowable Monetary Support (Cap Limit Based on Employee's Texas Children's Status)**Full-time employees:** \$2,500/calendar year**Part-time employees:** \$1,500/calendar year

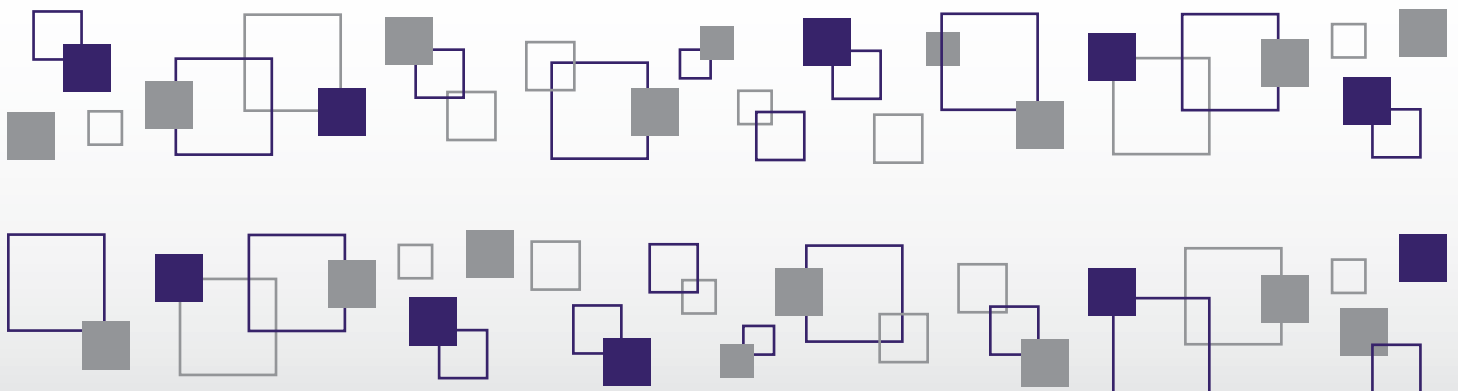
Please read the Frequently Asked Questions on Connect or the EdLink website for policy details prior to submitting an online application to ensure you fully understand the parameters of this program and how to remain eligible for this degree-focused benefit.

Expenses and Fees Not Covered Include:

Continuing Education Units (CEUs), certifications (prep, testing or renewals), deferred payment fees, evaluation (prior learning assessment), finance charges, GMAT, GRE, SAT, late fees, parking fees, graduation fees and alumni fees.

TEAM SPORTS SUBSIDY

Application and waiver forms can be found on Connect for Texas Children's employees who wish to play a league-sponsored sport and start up their own team. Registration fees up to \$600 per fiscal year can be paid to the league provided at least half of the players on the team are active, benefits-eligible Texas Children's employees. Policy HR213



SERVICE RECOGNITION AND EMPLOYEE CELEBRATIONS

Texas Children's values people, their contributions, dedication and commitment to our patients, and to one another. Several employee programs designed specifically to acknowledge reward and celebrate individuals, include:

- New Employee Receptions
- Service Pins based on employment service: 1, 5, 10, 15, 20, 25, 30 years, etc.
- 25+ Platinum Club: Employees with 25 or more years of service are offered VIP parking privileges in Garage 19, an invitation to an annual retirement and savings-focused dinner, as well as other periodic events.
- Super Star and Service with HEART: Recipients of these awards are nominated by others for their commitment to excellence and exceptional customer service and are formally recognized at the annual Employee Recognition Celebration.
- Employee Recognition Celebration: Employees of long-tenure are celebrated at an annual luncheon event and presented with a specially selected gift awarded by executive leadership and presented with a certificate of appreciation for dedication and service.
- Mark A. Wallace Catalyst Leadership Award

TICKET AND EVENT DISCOUNTS

Employees can enjoy savings on such things as movie tickets, seasonal events, cell phone memberships and more.

Find discount codes, links, prices and more on the Connect website.

Payment is made via payroll deduction except when an online link is provided for credit card purchases.

CONFIDENTIAL TEXAS CHILDREN'S ETHICS HOTLINE: 866-478-9070

This guide is a summary of material modifications to your benefits and contains changes to your benefits as described in your Summary Plan Description. For a complete description of your benefits, see your Summary Plan Description on the Connect website.

This reference guide describes the various benefit plans offered by Texas Children's in summary only. The actual eligibility requirements, benefits, terms, conditions, limitations, and provisions that govern the plans are contained in the plan documents or group insurance contracts.

If, in our efforts to make the plans easy to understand, any of the plans' provisions have been omitted or misstated, the official plan documents or insurance contracts must remain the final authority. The legal documents also govern the administration of the plans and payment of benefits. In the case of any dispute, the information in the plan documents or contracts will prevail.

Copies of these documents are available for your inspection during normal business hours or, for a fee, may be requested in writing from:

Texas Children's Hospital
Human Resources, Ste. MB-1301
1919 S. Braeswood
Houston, TX 77030

Alyssa Coker, Promise

Paulina Taworska





IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

If you or any of your eligible dependents are eligible for Medicare, or will soon become eligible for Medicare, please read this notice. If not, you can disregard this notice.

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Texas Children's Hospital has determined that the prescription drug coverage offered by the TCH Select Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage.

Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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

If you decide to join a Medicare drug plan, your current TCH Select Plan will not be affected. Contact Texas Children's Hospital P. O. Box 300630, Houston, TX 77230-0630 or the Total Reward Mainline at 832-824-2421 option 1, for an explanation of the prescription drug coverage plan provisions/options under the plan available to Medicare eligible individuals when you become eligible for Medicare Part D. If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your may not be able to get this coverage back.

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

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

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

For More Information about This Notice or Your Current Prescription Drug Coverage please contact the plan administrator indicated on the first page of this notice.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through your current health plan provided by the current insurer changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage

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

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

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

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

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, contact the Plan Administrator.

NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: SEPTEMBER 1, 2013

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

Purpose

Texas Children's, which includes Texas Children's Hospital, Texas Children's Pediatrics, Texas Children's Physician Services Organization, Texas Children's Women's Specialists, and Texas Children's Health Plan, and its professional staff, employees, volunteers, and Medical Staff follow the privacy practices described in this Notice. This Notice, which was developed to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), describes the general ways your protected health information ("PHI") may be used and disclosed in order for Texas Children's to provide you with medical treatment, to collect payment for the services rendered to you by Texas Children's, and to facilitate Texas Children's health care operations. PHI, as defined by HIPAA, means your personal health information, including genetic information, which is found in your medical and billing records and which relates to your past, present, or future physical or mental health conditions or the provision of payment for services related to those health conditions. During the course of treatment, payment, and health care operations activities, this may include information created or received by health care providers, insurance companies, and/or your employer.

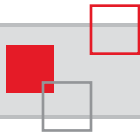
Your Health Information Rights

You have the following rights regarding your PHI. Forms are available on our website, <http://www.texaschildrens.org>, or by contacting Texas Children's Privacy Office at (832) 824-2091.

- **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 registration or admissions desk. You may obtain an electronic copy of this Notice on our web site, <http://www.texaschildrens.org>.
- **Inspect and copy.** You may inspect and/or receive a copy of your PHI maintained by Texas Children's. Texas Children's may charge you a reasonable fee for copying your information. You must make this request in writing.
- **Request amendment.** If you believe your PHI maintained by Texas Children's is incorrect or incomplete, you may request an amendment to your information. Texas Children's is not required to agree to your request. This request must be in writing and you must provide a reason for the request.
- **Request restriction.** You may request limitations on how Texas Children's uses and/or discloses your PHI. If you personally pay in full for an item or service or someone other than your health plan pays in full for the item or service on your behalf, you have the right to request Texas Children's not disclose information to your health plan about the item or service. Texas Children's is required to agree to that request as long as you have already paid in full for the item or service. Otherwise, Texas Children's is not required to agree to your request. If Texas Children's agrees to your request, Texas Children's will comply with your request unless the use or disclosure is necessary in order to provide you with emergency treatment or is otherwise required by law.
- **Receive confidential communications.** You may request communications from Texas Children's regarding your PHI be provided to you in a certain way or at a certain location. For example, you may prefer to receive mail regarding your PHI at an address other than your usual mailing address. You must specify how or where you wish to be contacted. You must make this request in writing.
- **Accounting of disclosures.** You may request a list of disclosures made by Texas Children's of your PHI to persons or entities other than for the purposes of treatment, payment, or health care operations, or pursuant to your specific authorization. This list will contain each disclosure Texas Children's has made for the past six (6) years, unless you request a shorter time period. If you make more than one request in a 12-month period, Texas Children's may charge you a reasonable fee.

Texas Children's Responsibilities

Texas Children's is required by law to ensure your PHI is kept private in accordance with federal and state law and provide you with notice of Texas Children's legal duties and privacy practices with respect to your PHI. Texas Children's will notify you if there is a breach of your unsecured PHI. Texas Children's is required to abide by the terms of this Notice as long as it is in effect. If Texas Children's revises this Notice, Texas Children's will follow the terms of the revised Notice as long as it is in effect.



Use and Disclosure of Your Protected Health Information

The following is a list of ways Texas Children's may use and disclose your PHI. Not every possible use or disclosure in any given section is listed. However, all of the ways Texas Children's is permitted to use and disclose your PHI will fall within one of the bold-faced print sections below. Your PHI may be disclosed electronically.

- **Treatment.** Texas Children's may use your PHI to provide you with medical treatment or services. Texas Children's may disclose your PHI to doctors, nurses, technicians, medical students, or other members of your health care team at Texas Children's to keep them informed about your care status or condition as necessary. For example, a doctor treating you for diabetes may need to tell a dietitian that you have diabetes so appropriate meals can be arranged. Texas Children's also may disclose your PHI to people outside Texas Children's who may be involved in your medical care, such as health care providers who will provide follow-up care after hospitalization, physical therapy organizations, medical equipment suppliers, laboratories, or pharmacies (verbal or electronic).
- **Payment.** Texas Children's may use and disclose your PHI to obtain payment from your insurance company or a third party. For example, Texas Children's may need to provide your health plan with information about treatment you received for an ear infection so that your health plan will pay us or reimburse you for the treatment. Also, Texas Children's may disclose your PHI to your other health care providers to assist those providers in obtaining payment from your insurance company or a third party.
- **Health Care Operations.** Texas Children's may use and disclose your PHI for routine health care operations. Health care operations at Texas Children's include, but are not limited to, training and education programs; reviewing the quality of care provided by health care professionals; obtaining health insurance or stop-gap 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 Texas Children's. Texas Children's may also disclose your PHI to your other health care providers to assist them in their health care operations.
- **Appointments and Alternatives.** Texas Children's may use and disclose your PHI to contact you to provide appointment reminders, prescription refill reminders, information about disease management or wellness programs, and other communications regarding your case management or health care coordination.
- **Business Associates.** Texas Children's may disclose your PHI to Texas Children's business associates in order to carry out treatment, payment, or health care operations.
- **Coroners, Medical Examiners and Funeral Directors.** Texas Children's may disclose PHI to a coroner or medical examiner to identify a deceased person or to determine the cause of death, or as otherwise permitted by law. Texas Children's may also disclose PHI about patients of Texas Children's to funeral directors as necessary to carry out their duties.
- **Correctional Institutions.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, Texas Children's may disclose your PHI to the correctional institution or law enforcement official to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution or law enforcement official.
- **Essential Government Functions.** Texas Children's may disclose your PHI for essential government functions, such as conducting intelligence and national security activities that are authorized by law or providing protective services to the President and others.
- **Fundraising Activities.** Texas Children's may use certain portions of your PHI, including your name, address, phone number, email address, age, gender, date of birth, the dates you received treatment or services at Texas Children's, department(s) of service, treating physician(s), outcome information, and health insurance status to contact you regarding efforts to raise funds to support hospital programs and operations. You have the right to opt out of receiving these communications. If you do not want Texas Children's to contact you about a contribution or fundraising program, please contact the Development Office at optout@texaschildrens.org.
- **Group Health Plans.** Texas Children's maintains a group health plan for its employees, and may disclose PHI of individuals covered under this plan to the sponsor of the group health plan, as permitted by law.
- **Health Oversight Activities.** Texas Children's may disclose your PHI to a health oversight agency or entity for activities authorized by law, such as audits, investigations, inspections, and licensure.
- **Health-Related Benefits and Services.** Texas Children's may use and disclose your PHI to inform you about health-related benefits or services that may be of interest to you or to provide you a promotional gift of nominal value.
- **Hospital Directory.** Texas Children's may use your PHI to maintain a hospital directory while you are a patient at Texas Children's Hospital. This information includes your name, your location in the Hospital, your general condition, and your religious affiliation ("directory information"). Directory information, except for your religious affiliation, may be disclosed to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if the clergy member does not ask for you by name. In the event that you do not wish your directory information to be available, you may notify the Hospital at the time of your admission or at any time during your admission.
- **Individuals Involved in Your Care or Payment for Your Care.** Texas Children's may disclose your PHI to a family member, other relative, or close personal friend who is involved in your medical care or to someone who helps pay for your care if the PHI disclosed is directly relevant to such person's involvement with your care, unless you tell us otherwise.
- **Law Enforcement.** Texas Children's may disclose your PHI for law enforcement purposes, as required by law or in response to a valid subpoena.
- **Lawsuits and Disputes.** Texas Children's may disclose your PHI in response to a court or administrative order. In addition, Texas Children's may disclose your PHI 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.
- **Legal Requirements.** Texas Children's may use and/or disclose your PHI when required to do so by federal, state, and/or local law.
- **Limited Data Set.** Texas Children's may disclose your PHI as part of a limited data set after it removes certain specified direct identifiers of individuals and their relatives, household members, and employers. Texas Children's may use or disclose the limited data set for research, health care operations, and public health purposes. Texas Children's must enter into a data use agreement promising specified safeguards for the protected health information within the limited data set.

- **Military and Veterans.** If you are a member of the United States Armed Forces or of a foreign military service, Texas Children's may use and/or disclose your PHI as required by United States military command authorities or appropriate foreign military authority.
- **Organ and Tissue Donation.** Texas Children's may disclose PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Public Health Activities.** As required by law, Texas Children's may disclose your PHI for public health activities, including, but not limited to, the prevention of disease, injury, or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect or domestic violence. Texas Children's may disclose portions of your PHI to local, state, and/or federal registry programs as required.
- **Research.** Texas Children's may disclose your PHI to researchers when the research has been approved in compliance with HIPAA regulations and protocols have been established to ensure the privacy of your PHI.
- **Schools (including Child-Care Facilities, Early Childhood Programs, Primary and Secondary Schools).** Texas Children's may disclose your immunization records to a school if the school is required by law to have proof of immunization prior to admitting the student and you or your authorized representative verbally agree to the disclosure.
- **Serious Threat to Health or Safety.** Texas Children's may use and disclose your PHI when Texas Children's deems it necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.
- **Texas Children's Health Plan.** Texas Children's Health Plan may use or disclose your PHI for underwriting purposes but cannot use or disclose PHI that is genetic information.
- **Workers' Compensation.** Texas Children's may disclose your PHI to workers' compensation or similar programs to the extent necessary to comply with laws relating to worker's compensation or similar programs.

Written Authorization

Except as described above, Texas Children's will not use or disclose your PHI unless you authorize Texas Children's to do so, using a valid, written authorization. Most uses and disclosures of psychotherapy notes, which are kept separate from the rest of your medical record, will only occur with your written authorization. Texas Children's will not use or disclose your PHI for marketing purposes, including subsidized treatment communications, without a written authorization. Texas Children's will not sell your protected health information without a written authorization. If you wish to revoke a prior authorization, you must do so in writing. A written revocation will not apply to any previous use or disclosure of PHI made in good faith under a prior authorization. An Authorization form and Revocation of Authorization form are available on our website, <http://www.texaschildrens.org>, or by contacting the Texas Children's Privacy Office at (832) 824-2091.

Changes to This Notice

Texas Children's reserves the right to change this Notice and to make the revised Notice effective for PHI Texas Children's already has about you as well as any information Texas Children's receives in the future. A copy of the current Notice or a summary of the current Notice will be posted at patient service locations throughout Texas Children's and on our website, <http://www.texaschildrens.org>. The effective date of the Notice will appear on the first page of the Notice or summary. In addition, each time you register at or are admitted to any Texas Children's entity for treatment or health care services as an inpatient or outpatient, Texas Children's 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 Texas Children's Family Advocacy Office at (832) 824-1919. You may also file a complaint 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. Texas Children's may not require you to waive your right to file a complaint as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

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 Texas Children's Privacy Office at (832) 824-2091.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan. Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2013. You should contact your State for further information on eligibility –

ALABAMA – Medicaid

Website: <http://www.medicaid.alabama.gov>
Phone: 1-855-692-5447

ALASKA – Medicaid

Website: <http://health.hss.state.ak.us/dpa/programs/medicaid/>
Phone (Outside of Anchorage): 1-888-318-8890
Phone (Anchorage): 907-269-6529

ARIZONA – CHIP

Website: <http://www.azahcccs.gov/applicants>
Phone (Outside of Maricopa County): 1-877-764-5437
Phone (Maricopa County): 602-417-5437

COLORADO – Medicaid

Medicaid Website: <http://www.colorado.gov/>
Medicaid Phone (In state): 1-800-866-3513
Medicaid Phone (Out of state): 1-800-221-3943

FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/>
Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <http://dch.georgia.gov/>
Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)
Phone: 1-800-869-1150

IDAHO – Medicaid and CHIP

Medicaid Website: www.accesstohealthinsurance.idaho.gov
Medicaid Phone: 1-800-926-2588
CHIP Website: www.medicaid.idaho.gov
CHIP Phone: 1-800-926-2588

INDIANA – Medicaid

Website: <http://www.in.gov/fssa>
Phone: 1-800-889-9949

IOWA – Medicaid

Website: www.dhs.state.ia.us/hipp/
Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/>
Phone: 1-800-792-4884

KENTUCKY – Medicaid

Website: <http://chfs.ky.gov/dms/default.htm>
Phone: 1-800-635-2570

LOUISIANA – Medicaid

Website: <http://www.lahipp.dhh.louisiana.gov>
Phone: 1-888-695-2447

MAINE – Medicaid

Website: <http://www.maine.gov/dhhs/of/public-assistance/index.html>
Phone: 1-800-977-6740
TTY 1-800-977-6741

MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/MassHealth>
Phone: 1-800-462-1120

MINNESOTA – Medicaid

Website: <http://www.dhs.state.mn.us/>
Click on Health Care, then Medical Assistance
Phone: 1-800-657-3629

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtm>
Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: www.ACCESSNebraska.ne.gov
Phone: 1-800-383-4278

NEVADA – Medicaid

Medicaid Website: <http://dwss.nv.gov/>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>
Phone: 603-271-5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <http://www.ncdhs.gov/dma>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-800-755-2604

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: <http://www.oregonhealthykids.gov>
<http://www.hijossaludablesoregon.gov>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <http://www.dpw.state.pa.us/hipp>
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Website: www.ohhs.ri.gov
Phone: 401-462-5300

SOUTH CAROLINA – Medicaid

Website: <http://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <https://www.gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Website: <http://health.utah.gov/upp>
Phone: 1-866-435-7414

VERMONT – Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website: <http://www.dmas.virginia.gov/rcp-HIPP.htm>
Medicaid Phone: 1-800-432-5924
CHIP Website: <http://www.famis.org/>
CHIP Phone: 1-866-873-2647

WASHINGTON – Medicaid

Website: <http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm>
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website: www.dhhr.wv.gov/bms/
Phone: 1-877-598-5820, HMS Third Party Liability

WISCONSIN – Medicaid

Website: <http://www.badgercareplus.org/pubs/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <http://health.wyo.gov/healthcarefin/equalitycare>
Phone: 307-777-7531

To see if any more States have added a premium assistance program since July 31, 2013, or for more information on special enrollment rights, you can contact either:

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

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

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CONTINUATION COVERAGE RIGHTS UNDER COBRA

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, [add if Plan provides retiree health coverage: commencement of a proceeding in bankruptcy with respect to the employer,] or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days the qualifying event occurs. You must provide this notice to the plan administrator indicated on the first page of this notice.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator indicated on the first page of this notice.

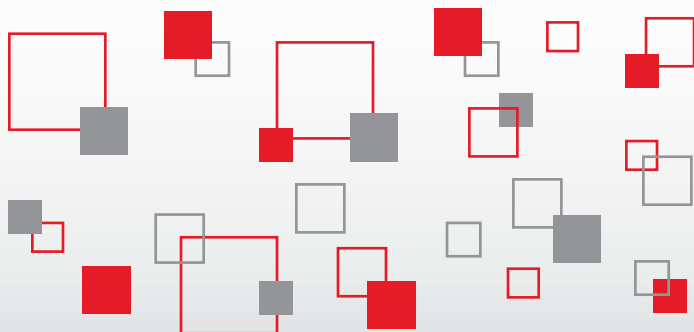
403(b) Plan IRS Regulations Related to 2013/2014 Maximum Contribution Amounts

If both of the following two points apply to you, please contact HR Benefits so that they can work with you to minimize your risk of exceeding the 2013/2014 contribution limit.

1. You currently control (own directly or indirectly) more than a 50% interest of a business, and
2. That business provides to you a Qualified Defined Contribution Retirement Plan or a Simplified Employee Pension ("SEP") Plan for 2013/2014.

Due to certain changes in compliance procedures established by the Internal Revenue Service (the "IRS"), employees who control more than a 50% interest of a business that provides to you a qualified retirement plan or a SEP, are required by the IRS, to combine the contributions made on your behalf to our 403(b) Plan with the contributions made on your behalf to the retirement plan(s) of that business (or businesses) to determine if the retirement plan annual additions limit test is violated. Therefore, Texas Children's is obligated to monitor the maximum amount of contributions made on your behalf to our 403(b) Plan and any other tax-qualified defined contribution plans maintained by employers in which you have an ownership interest of more than 50%. In 2013/2014, the current known maximum contribution is the lesser of (i) \$51,000 or (ii) 100 percent of eligible compensation. To address any questions or concerns related to this IRS regulation, please contact the plan administrator. If there is a violation to this annual additions limit test, you will be subject to current federal income tax on the excess contributions and you may also be subject to certain federal tax penalties.

Stephanie Tamez, My Little Apple Tree World





**Texas Children's
Hospital[®]**

6621 Fannin St. | Houston, TX 77030 | 832-824-1000