PORT HOUSTON℠

2025
Benefit Guide

PORT HOUSTON℠

Port Houston Team,

We are pleased to provide the 2025 Benefits Guide. This Benefits Guide explains the Health & Welfare benefits that are being offered for Port Houston employees for the Open Enrollment period of November 18th-December 3rd with an effective date of January 1, 2025.

Enrollment this year will again be passive, which means that if you do not wish to make any changes, you will not be required to log into the Benefits Portal to make or change your selections for the 2025 benefits. If you do want to make any changes to your 2025 benefits, you will need to login and make those changes. In addition, if you wish to begin using, or continue using any of the supplemental plans or Flexible Spending Accounts (FSA), you **must** login to the Benefits Portal and make your selection for 2025.

There are a few changes to the Health & Welfare benefits for 2025. All plan designs, copays, deductibles and out of pocket costs limits will be the same as were offered in 2024.

- There is an increase in the employee premium cost for our dental PPO and DMO plan.
- Port Houston is changing providers for the Employee Assistance Program (EAP) and will be offering an Employee Assistance Program through Interface.
- Employee supplemental life maximum increased from $650,000 to $750,000
- Child life maximum increased from $10,000 to $20,000
- Increase life insurance up to $50,000 with no health questions

Again, this is a passive enrollment so if you do not make any changes to your benefits, with the exception of the FSA, your benefits will remain the same as they were for the 2024 benefits year. As a reminder, changes can be made by logging into the benefits portal at https://porthouston.com/employee-gateway/.

We will be available to assist any employee that has questions or encounters problems with their enrollment. Please contact Human Resources if you have any questions or if you have any difficulties with the enrollment process. Human Resources can be reached at: benefits@porthouston.com or 713.670.1005.

Roger Walter

Director, Human Resources

Working together is what makes Port Houston a success, and this teamwork extends to your benefits. We provide options to support your family's overall wellbeing. This guide offers details on your 2025 benefits. Contact the Human Resources department with any questions

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See page 37 for important information concerning Medicare Part D coverage.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Eligibility and Enrollment

Port Houston's benefits are designed to support your unique needs.

Eligibility

If you are a full-time employee of Port Houston who is regularly scheduled to work at least 30 hours a week, you are eligible to participate in the benefits program.

Coverage Dates

Your elections are effective on your first day of regular full-time employment. Benefits cannot be changed until the next enrollment period unless you experience a qualifying life event.

Dependents

Dependents eligible for coverage include:

- Your legal spouse (or common-law spouse where recognized).
- Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom you or your spouse have legal guardianship).
- Dependent children 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

Note

Open Enrollment is your annual chance to choose your benefits, unless you have a qualifying life event, such as marriage or the birth/adoption of a child. Qualifying life events are shown on page 6.

What information do you need to provide?

For Spouse:

A copy of your:

- Declaration of informal marriage (showing actual date of marriage)
- Marriage license or certificate (showing actual date of marriage)

For Children Up To Age 26 and Disabled Children:

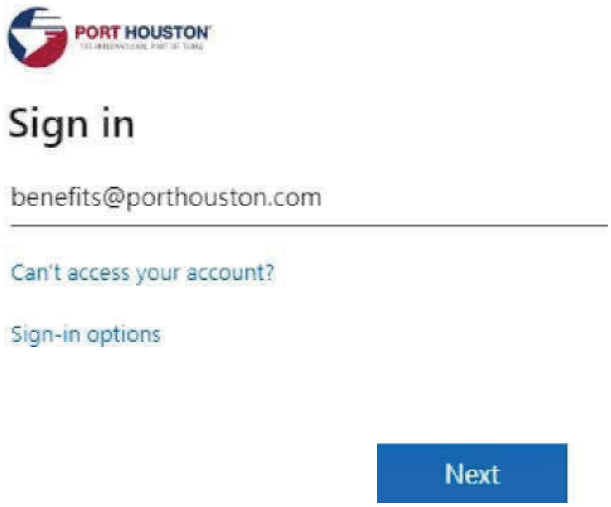
- Adoption certificate
- Adoption placement agreement
- Birth certificate with parents' name listed
- Documentation of legal custody
- Documentation of legal guardianship
- Hospital birth record (within 90 days of birth)
- Qualified medical child support order
- If your child is over the age of 26 and disabled, you must provide a physicians certification. Please contact Human Resources for additional information if your child is near 26.
- If your dependent is a stepchild, you must also provide a copy of a marriage certificate to substantiate the child's relationship to the employee or spouse.

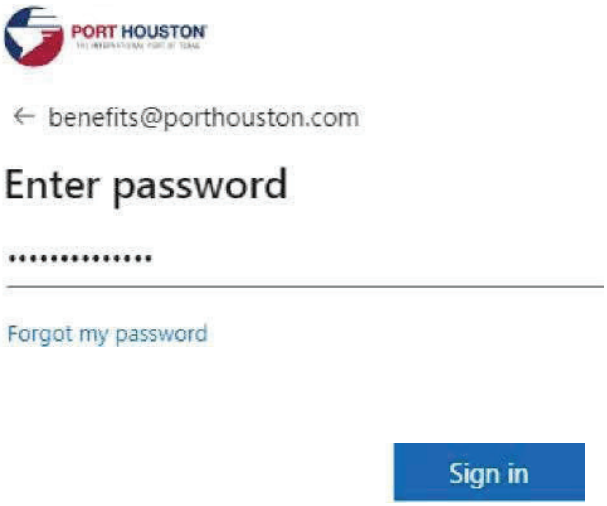
How to Enroll

You will be enrolling through our internet-based Port Houston Benefits Portal, PlanSource. You can access the benefits portal at any time during the year to review your benefit information and access benefit plan summaries or forms. You may enroll on your own 24/7, from home or from work, by going to: https://porthouston.com/employee-gateway/

How to log in:

1. Type or paste this link into your web browser's search bar and click on Employee Benefits: https://porthouston.com/employee-gateway/
2. If logged into your Port computer, the Benefits Portal link will automatically log you in to the Benefits system. If it does not automatically log you in, sign in using your full email address and your current network password.





How to enroll for benefits as a New Hire or during Open Enrollment

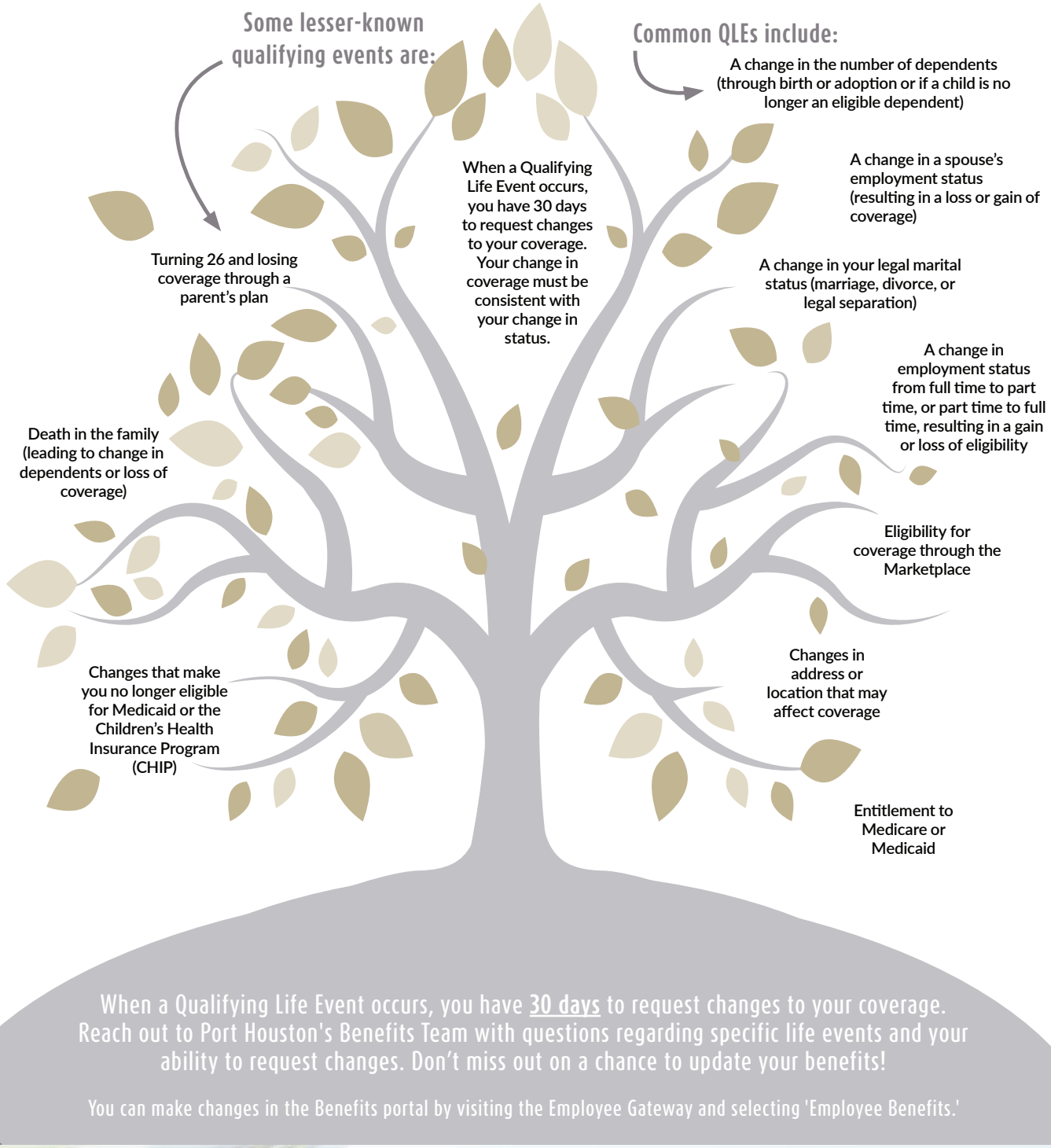
1. Once logged in, click on Get Started and follow the instructions to make your benefit elections.

How to enroll for benefits upon a Life Event:

1. Once logged in, click on Update My Benefits.
2. Select the Life Event.
3. Enter the Effective Date of the life event, add notes (if applicable), click Continue.
4. Follow the instructions to make your benefit elections.

What are Qualifying Life Events?

You can update your benefits during your first 30 days of hire or during Open Enrollment. However, changes in your life called Qualifying Life Events (QLEs) determined by the IRS can allow you to make changes to your benefits outside of these times.



When a Qualifying Life Event occurs, you have 30 days to request changes to your coverage. Reach out to Port Houston's Benefits Team with questions regarding specific life events and your ability to request changes. Don't miss out on a chance to update your benefits!

You can make changes in the Benefits portal by visiting the Employee Gateway and selecting 'Employee Benefits.'

Ready for Enrollment?

Port Houston covers a significant amount of your benefit costs. Your contributions for medical, dental, and vision benefits are deducted on a pre-tax basis, lessening your tax liability. Employee contributions vary depending on the level of coverage you select.

You can choose any combination of medical, dental, and/or vision coverage. For example, you can select medical coverage for yourself and your entire family and only select dental and vision coverage for yourself. The only requirement is that as an eligible employee of Port Houston, you must elect coverage for yourself in order to provide coverage for any dependents.

Open Enrollment Action Items

☑ **Update your personal information.**

If you've experienced any life changes since the last Open Enrollment period — such as the birth of a child — you may need to change your elections or update your pertinent details.

☑ **Watch Dropbox**

This video platform gives an overview of each benefit plan.

https://www.dropbox.com/scl/fo/anlez49rdjrx4qxlp3308/ABKLqPKFZ07SkYLO3EbGQbM?rlkey=xyaf8sfnhaq97b8qcob1vjtzl&dl=0

Spanish Version:

https://www.dropbox.com/scl/fo/colh7jy9xsps2tkhx76l2/AKdrXcD3CQTw0gJ1BcGpAZk?rlkey=t4xeh9h5u36xega9y6bma5csi&st=dsk5wqw8&dl=0

☑ **Double-check covered medications.**

If you make any changes to your plan, consider how it affects your prescriptions.

☑ **Review Dependents and Beneficiaries.**

Submit required dependent verification documents for newly added dependents and review/update your beneficiaries.

☑ **Consider your FSA.**

An FSA can help cover healthcare costs, including dental and vision services and prescriptions. Adding this account to your benefits can help with your long-term financial goals. You must manually elect these benefits every year if you wish to participate. This benefit does not automatically carry over.

☑ **Check your networks.**

Going in-network often saves you money. Check for any plan changes to make sure your go-to providers and pharmacy are still your best bet.

☑ **Supplemental Life Special Guaranteed Issue Enrollment Opportunity**

Minnesota Life is offering a special one-time guaranteed issue enrollment opportunity. If you currently have supplemental life coverage, you may increase your coverage by $50,000 without evidence of insurability, as long as the total does not exceed the guaranteed issue limit of $350,000. Increases above the guaranteed issue limit are also available, however require evidence of insurability.

Important Contacts

Medical & Pharmacy

Aetna Kelsey Care Plan

713.442.9593

www.kelsey-seybold.com

Group #: 285724

Policy #: 882919

Aetna Open Access Plan

877.238.6200

www.aetna.com

Group #: 285596

Policy #: 882919

Telemedicine

Aetna Nurseline

800.556.1555

www.aetna.com

Aetna and Kelsey Seybold Aetna -

855.835.2362

Aetna Concierge -833-821-3546

Aetna - www.cvs.com/virtualcare/

Kelsey Seybold - 713.442.6565

Kelsey Seybold - www.kelsey-seybold.com

Dental

Aetna

877.238.6200

www.aetna.com

Group #: 866256

Policy #: 882919

Vision

Aetna

877.973.3238

www.aetnavision.com

Supplemental Health (Accident, Critical Illness, Hospital Indemnity)

Aetna Supplemental

800.607.3366

myaetnasupplemental.com

Flexible Spending Accounts

WEX Health Inc.

866.451.3399

Fax: 866.451.3245

customerservice@wexhealth.com

cobraadmin@wexhealth.com

www.wexinc.com

Life and AD&D

Securian Financial

800.392.7295

www.ochsinc.com

Policy #: 34181-G

Travel Assistance

GlobalRescue

855.516.5433

www.lifebenefits.com/travel

Disability

Voya

800.955.7736

Group #: 740454

https://www.voya.com/

Retirement Planning

Nationwide Retirement Solutions
401(a) / 457(b)

832.784.3972

877.677.3678

www.nrsforu.com

Employee Assistance Program

Interface Behavioral Health

800.324.4327

www.4eap.com

Prepaid Legal Coverage / Identity Theft

800.654.7757

https://benefits.legalshield.com/portofhouston

Pet Insurance

Nationwide Pet Insurance
877.738.7874

www.petinsurance.com/porthouston

Calm Mobile Application

https://www.calm.com/b2b/port-houston/subscribe

www.calm.com

Port Houston Human Resources

111 East Loop North

Houston, TX 77029

713.670.1005

benefits@porthouston.com

Benefit Information Video

Benefits Overview Video

Spanish Benefits Overview Video

Wellness

It's never too late to better your wellness. Port Houston is here to help with Wellness Program. This health-management benefit is included for all benefits-eligible employees and is completely confidential.

Healthy Lifestyle Coaching

Aetna can guide you through making healthier choices and achieving your lifestyle goals. This program is full of helpful tools such as:

» Educational webinars, programs and challenges

» Personalized coaching and chronic-condition management tools

» Convenient and secure storage of medical records

» Helpful reminders about preventive exams

» BMI and weight management tools

» Customized calculators

Call 866.213.0153 (TTY: 711) or log in to your Aetna member website at www.aetna.com and choose Stay healthy > Enroll in a health management program.

Wellness Discount

Earn up to a $600 per year discount on your medical premium!

Port Houston is committed to helping you achieve your best health. Rewards for participating in this voluntary wellness program are available to all employees enrolled in one of the available medical plans. The following is required to receive a discount on your medical premium. These requirements are subject to change.

» New Hires: Employees and spouses who are to be covered must complete the Health Risk Assessment (HRA) online at www.aetna.com within 60 days. You must register and login first to receive the discount that year. New hires have the cost savings prorated during their first year of employment.

» Current Employees: Employees and spouses who are covered must complete the HRA annually to continue the discount. Biometrics also required for current employees.

Biometrics

Port Houston provides onsite biometric screenings for employees. The screening consists of measurements for blood pressure, blood lipids (total cholesterol, HDL cholesterol), glucose, height, weight, body mass index and waist circumference. Your individual results are confidential; Port Houston does not have access to this private health information.

If you are not able to participate in the onsite biometric screenings, you may get your screening directly through Aetna or your physician.

Flu Shots

Port Houston annually provides all employees enrolled in a company sponsored medical plan with flu shots at no cost to the employee.

Health Fairs

Port Houston conducts annual health fairs at each terminal. Various vendors attend to share valuable health and wellness information to all employees.

Notice Regarding Wellness Program

Port Houston Wellness Program is a voluntary wellness program available to all medical enrolled employees and spouses. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve participant health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" and biometrics that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening or annual preventive exam, which may include a blood test for total cholesterol, HDL, LDL, triglycerides, glucose, and cotinine screening.

Your blood pressure, height, weight, and waist circumference may also be measured. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, individuals who choose to participate in the wellness program may qualify for the $600 per year by earning program credit by HRA.

Although you are not required to participate in the blood test or other medical examinations or complete the HRA, only participants who do so may qualify for the $600 per year.

Additional incentives may be available for participants who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Port Houston Human Resources at 713.670.1005 or benefits@porthouston.com.

The information from your HRA or blood test or other medical examinations may be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as wellness programming and content. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Port Houston may use aggregate information it collects to design a program based on identified health risks in the workplace, Aetna will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. In order to provide you with services under the wellness program, your personally identifiable health information may be shared with one or more of the following: Lockton Companies, Kelsey-Seybold Clinic.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact PortF Houston Human Resources at 713.670.1005 or benefits@porthouston.com.

Mental Health and Wellbeing Benefits

You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong. But your mental health is just as important. What do you do to stay healthy mentally? Do you know where you can go when you need help? Whether you need assistance with work-life balance or anxiety, there are resources available to help you out.

Mental Health and Your Medical Plan

Coverage includes virtual and in person therapy from Aetna and Kelsey Seybold, as well as through the Employee Assistance Program (EAP) from Interface.

An important aspect of your overall wellbeing is emotional wellness – the ability to successfully adapt to changes and challenges as they arrive and handle life's stresses. These five actions have been shown to improve emotional wellness.

Other Mental Health Resources

No matter your problem, day or night, don't be afraid to ask for help. There are resources available 24/7.

988 Suicide & Crisis Lifeline Dial 988 to be connected with 24/7/365 emotional support. Free, confidential crisis counseling, including appropriate follow-up services, is available no matter where you live in the United States.

Crisis Text Line Text HELLO to 741741. Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.

War Vet Call Center Veterans and their families call 877-WAR-VETS (877-927-8387) to talk about their military experience and/or readjustment to civilian life.

Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.

The Big Five of Emotional Wellness

Practice mindfulness
Practice deep breathing, enjoy a stroll, and stay present in each moment.

Strengthen social connections
Reach out to a friend or family member daily - even if it's just a video call or text.

Improve your outlook
Treat people with kindness, including yourself.

Get quality sleep
Keep a consistent sleep schedule and limit electronic use before bed.

Deal with your stress
Think positively, exercise regularly and set priorities.

Welcome to Your Employee Assistance Program

The Employee Assistance Program (EAP) is a confidential no-cost resource designed to help you and your family mange personal and work-related challenges. Your EAP is here to support your mental, emotional, and physical well-being.

How Can the EAP Help You?

EAP services are available for a wide range of issues, including:

- **Mental Health Support**: Stress, anxiety, depression
- **Relationship Counseling**: Marriage, family, and other interpersonal relationships
- **Financial and Legal Guidance**: Financial planning, budgeting, and legal resources
- **Crisis Intervention**: Crisis counselors to support Immediate needs

What to Expect?

Your EAP is:

- **Confidential**: all services are strictly confidential and your information is protected
- **Free Services**: There is no cost to you or your family for using the EAP
- **Expert Support**: Our professional providers are here to provide guidance and solutions

Available to you, spouse and eligible dependents under the age of 26

Get the Support You Need

Counseling Services: 6 in-person or teletherapy sessions with a licensed therapist. Sessions are per issue, per family, per provider, per plan year.

Legal Services: Consultations with attorneys, legal resources including free simple will (if criteria met), document review, simple resolution letters/calls on your behalf, family law.

Financial Services: Consultations with financial advisors and counselors, consolidating debt, identity theft prevention and recovery, financial planning, retirement planning.

Online work/life and Wellness: Unlimited access to online support for work/life and wellness resources on child care, elder care, adoption assistance, healthy weight, eating healthy, personal health assessments, wellness lessons and tips.

How to Access EAP Confidential Support?

800-324-4327

info@ieap.com

Username: PHA

Password: A16

Crisis Counselors 24/7

Interface Behavioral Health

Calm Business

Free Calm Subscription

The world's #1 app for mental health

Millions of people are experiencing lower stress, less anxiety, improved focus and more restful sleep with Calm. Whether you have 30 seconds or 30 minutes, Calm content is made to suit your schedule and needs.

KIDS SLEEP MUSIC MEDITATIONS FOR WORK WISDOM MOVEMENT

To activate your subscription, scan the QR code or visit:

https://www.calm.com/b2b/port-houston/subscribe

This must be done on a web or mobile browser (not in the app itself).

Once on the page:

- Sign in to your existing Calm account or create an account
- Enter your work email in the box provided to activate the subscription on your Calm account
- Download the Calm app and log in to your account to access the premium content
- Once you've signed up, you can add up to 5 dependents (age 16 years or older) via the "Manage Subscription" page inside your Calm account at www.calm.com

Need help? Reach out to the Calm Support Team with any questions.

Medical Benefits

Medical benefits are provided through Aetna Kelsey Care and Aetna Open Access Plans. Consider the physician networks, premiums, and out-of-pocket costs for each plan when choosing for you and your family. Keep in mind your choice is effective for the entire 2025 plan year unless you have a qualifying life event.

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your bi-weekly contributions.

How to Find a Provider

For the KelseyCare Plan, visit www.kelsey-seybold.com or call Customer Care at 713.442.9593.

For a list of Aetna Open Access Plan network providers. Visit www.aetna.com or call 877.238.6200.

Note

Our medical and pharmacy plans are self-funded. What does that mean? Rather than paying premiums to an insurance carrier as with fully insured plans, Port Houston pays fixed costs to use the carrier's network and variable costs for members' claims. Self-insured plans allow for more freedom in plan design. Together, Port Houston and employees share the cost of healthcare.

Medical Plan Summary

This chart summarizes the 2025 medical coverage provided by the Aetna Kelsey Care and Aetna Open Access Plans. Please note that the Kelsey Care Plan does not offer out of network services except in the case of a life threatening emergency. The Aetna Open Access Plan does offer out of network benefits, however, for the highest level of reimbursement under the plan, ALWAYS make sure you are seeing an in-network provider to ensure the lowest cost.

	AETNA KELSEY CARE HMO	AETNA OPEN ACCESS
BI-WEEKLY CONTRIBUTIONS		
Employee	$65.30	$71.83
Employee + Spouse	$204.96	$226.17
Employee + Child(Ren)	$195.72	$216.94
Employee + Family	$216.96	$238.17

Note: These rates do not include the wellness discount.

	IN-NETWORK	IN-NETWORK	NON-NETWORK
CALENDAR YEAR DEDUCTIBLE			
Individual	$0	$250	$5,000
Family	$0	$500	$10,000
Coinsurance	100%*	100%*	50%*
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)			
Individual	$1,500	$1,500	$10,000
Family	$3,000	$3,000	$20,000
COPAYS/COINSURANCE			
Preventive Care	No charge	No charge	50%*
Primary Care Visits	$20 copay	$20 copay	50%*
Specialist Visit	$40 copay	$40 copay	50%*
Urgent Care	$35 copay	$35 copay	50%*
Emergency Room	Facility: 100% allowed amount after $250 copay; Physician Charges: 100% of allowed amount	Facility: 100% allowed amount after $250 copay; Physician Charges: 100% of allowed amount	Facility: 100% allowed amount after $250 copay; Physician Charges: 100% of allowed amount
Inpatient Facility	$250 per admission copay & 100% of allowed amount	$250 per admission copay then 100%*	50%*
Outpatient Surgery	100% allowed amount	100%*	50%*
In And Outpatient Physician	100% allowed amount	100%*	50%*
Telemedicine	$20 copay	$20 copay	N/A
Pre-Natal Maternity	Office visits covered in full	Office visits covered in full	50%*
Mental Health (Non Serious)	Hospital Inpatient: 100% allowed amount and $250 per admission copay; Outpatient: $20 copay (office visit)/100% allowed amount (outpatient and testing)	Hospital Inpatient: 100%* allowed amount and $250 per admission copay; Outpatient: $20 copay (office visit)/100% allowed amount (outpatient and testing)	50%*
Skilled Nursing Facility (100 Days Combines Max Per Year) Pre-Authorization Required	100% allowed amount	$250 copay	50%*
Home Health Care (60 Visits Combined Max Per Year) Pre-Authorization Required	100% allowed amount	100%*	50%*
Hearing Aids	Covered in full	Covered in full	50%*
Durable Medical Equipment (DME)	Covered in full	Covered in full	50%*

Out-of-Pocket Costs

These are the types of payments you're responsible for:

copay

The fixed amount you pay for healthcare services at the time you receive them.

deductible

The amount you must pay for covered services before your insurance begins paying its portion/coinsurance.

coinsurance

Your percentage of the cost of a covered service. If your office visit is $100 and your coinsurance is 20% (and you've met your deductible but not your out-of- pocket maximum), your payment would be $20.

out-of-pocket maximum

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.

Preventive Care

Routine checkups and screenings are considered preventive, so they're often paid at 100% by your insurance.

Keep up to date with your primary care physician to stay on top of your overall health. Under the U.S. Patient Protection and Affordable Care Act (PPACA), some common covered services include:

Wellness visits, physicals, and standard immunizations

Screenings for blood pressure, cancer, cholesterol, depression, obesity, and diabetes

Pediatric screenings for hearing, vision, obesity, and developmental disorders

Anemia screenings, breastfeeding support, and pumps for pregnant and nursing women

Iron supplements (for children ages 6 to 12 months at risk for anemia)

Don't miss out on these covered services. But remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.

What about the COVID-19 vaccine? The COVID-19 vaccine itself is considered preventive. For the vast majority of individuals who have insurance through an employer, the vaccine will be at no cost.

Where to Go for Care

You're feeling sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new prescription, but the pharmacy is closed. Instead of rushing to the emergency room or relying on questionable information from the internet, consider all of your site-of-care options.

Nurse Line

Access by calling 800.556.1555 or logging in to your member website at www.aetna.com

When to Use

You need a quick answer to a health issue that does not require immediate medical treatment or a physician visit.

Types of Care*

Answers to questions regarding:

» Symptoms

» Self-care/home treatments

» Medications and side effects

» When to seek care

Costs and Time Considerations**

» Usually available 24 hours a day, 7 days a week

» Typically free as part of your medical insurance

Telemedicine

Aetna Open Access POS
Contact: CVS.com/virtual-care

KelseyCare HMO Contact:
www.kelsey-seybold.com or
by calling 713.442.6565

When to Use

You need care for minor illnesses and ailments but would prefer not to leave home. These services are available by phone and online (via webcam).

Types of Care*

» Cold & flu symptoms

» Allergies

» Bronchitis

» Urinary tract infection

» Sinus problems

Costs and Time Considerations**

» Usually a first-time consultation fee and a flat fee or copay for any visit thereafter

» Usually immediate access to care

» Prescriptions through telemedicine or virtual visits not allowed in all states

Primary Care Center

When to Use

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

Types of Care*

» Routine checkups

» Immunizations

» Preventive services

» Manage your general health

Costs and Time Considerations**

» Often requires a copay and/or coinsurance

» Normally requires an appointment

» Usually little wait time with scheduled appointment

Where to Go for Care cont.

Urgent Care Center

When to Use

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

Types of Care*

» Strains, sprains

» Minor broken bones (e.g., finger)

» Minor infections

» Minor burns

» X-rays

Costs and Time Considerations**

» Often requires a copay and/or coinsurance usually higher than an office visit

» Walk-in patients welcome, but waiting periods may be longer (urgency decides order)

Do Your Homework

What may seem like an urgent care center could actually be a standalone ER. These facilities come with a higher price tag, so ask for clarification if the word "emergency" appears in the company name.

Emergency Room

When to Use

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

Types of Care*

» Heavy bleeding

» Chest pain

» Major burns

» Spinal injuries

» Severe head injury

» Broken bones

Costs and Time Considerations**

» Often requires a much higher copay and/or coinsurance

» Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first

» Ambulance charges, if applicable, will be separate and may not be in-network

*This is a sample list of services and may not be all inclusive.

**Costs and time information represent averages only and are not tied to a specific condition or treatment.

Virtual Medicine

When you're under the weather, there's no place like home. And when you're constantly on the go, scheduling a doctor's appointment can easily move down your priority list. Virtual medicine is a convenient and easy way to connect with a doctor on your time.

We provide a virtual medicine benefit through both Aetna and Kelsey Seybold for you and your dependents. The plans offer on-demand access to board-certified doctors through online video, telephone, or secure email. General health issues can be addressed at home for a copay of $20 per consultation. Virtual medicine is useful for after-hours non-emergency care, when your primary care doctor is unavailable, if you need prescriptions or refills or if you're traveling. Virtual visits aren't good for conditions requiring exams or tests, complex or chronic problems, or emergencies like sprains or broken bones.

Aetna and Kelsey Seybold doctors can share information with your primary care physician with your consent. Please note that some states do not allow physicians to prescribe medications via telemedicine. For more information, visit Aetna — CVS.com/virtual-care — or Kelsey Seybold — www.kelsey-seybold.com.

Aetna and Kelsey Seybold doctors can treat many medical conditions, including:

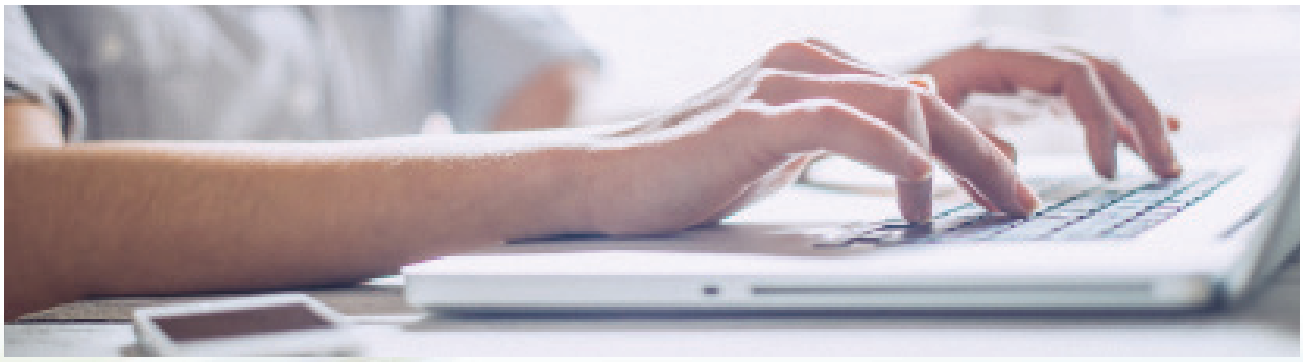
- Cold & flu
- Allergies
- Bronchitis
- Bladder infection/urinary tract infection
- Respiratory infection
- Pink eye
- Sore throat
- Stomachache
- Sinus problems

Access Virtual Visits

Aetna Open Access POS Contact: CVS.com/virtual-care. KelseyCare HMO Contact: www.kelsey-seybold.com or by calling 713.442.6565 — to request a virtual visit. After you register and request an appointment, you'll pay your portion of the service costs and enter a virtual waiting room. During your visit, you can talk to a doctor about your health concerns, symptoms, and treatment options.

Note

A virtual visit or Facetime directly with your primary care physician (vs. Aetna and Kelsey Seybold) might also be an option — and typically costs the same as an office visit.



Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through the Aetna Kelsey Care and Aetna Open Access Plans. That means you will only have one ID card for both medical care and prescriptions. Information on your benefits coverage and a list of network pharmacies is available online at www.kelsey-seybold.com and www.aetna.com or by calling the Customer Care number on your ID Card. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, or Non-Preferred.

	AETNA KELSEYCARE HMO	AETNA OPEN ACCESS PPO	
	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
RETAIL RX (30-DAY SUPPLY)			
Generic	$20 copay*	$20 copay*	50% of allowed minus copay amount
Preferred	$30 copay*	$30 copay*	50% of allowed minus copay amount
Non-Preferred	$60 copay*	$60 copay*	50% of allowed minus copay amount
MAIL ORDER RX (90-DAY SUPPLY)			
Generic	$50 copay	$50 copay	N/A
Preferred	$75 copay	$75 copay	N/A
Non-Preferred	$150 copay	$150 copay	N/A

*For 31-90 day prescriptions purchased at a retail pharmacy, you will be responsible for the Mail Order RX copay

Generic Drugs

Want to save money on meds? Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety, and strength. Because they are the same medicine, generic drugs are just as effective as the brand names, and they undergo the same rigid FDA standards. But generic versions cost 80% to 85% less on average than the brand-name equivalent. To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.

Note: Apps like GoodRx and RxSaver let you compare prices of prescription drugs and find possible discounts. Make sure to check the price against the cost through your insurance to get the best deal. Note that these discounts can't be combined with your benefit plan's coverage. So if you choose to use a discount card from an app such as GoodRx or RxSaver, the amount you pay will not count toward your deductible or out-of-pocket maximum under the benefit plan.

Note

Take advantage of mail-order options for your prescriptions. You can get your meds delivered conveniently and often at a lower price.

Dental Benefits

Like brushing and flossing, visiting your dentist is an essential part of your oral health. Port Houston offers affordable plan options from Aetna for routine care and beyond.

PPO (Preferred Provider Organization)

The PPO dental plan gives you the freedom to choose any dentist or orthodontist in or out of network, including specialists. Reimbursements are based on usual, customary and reasonable (UCR) fees. Some dentists or specialists (those not in the PPO network) may charge more than the UCR rate and you will be responsible for those additional charges.

If you choose the PPO network, the dental benefits are paid after a $50 per person (maximum of $150 for families) per calendar year deductible has been met.

There is an annual benefit maximum of $2,000 per person per calendar year. Orthodontic benefits are covered at $1,500 for children up to age 20.

While participants may choose any dentist or specialist under the PPO plan, selection of an in-network dentist will provide participants with the highest level of benefits and save on out-of-pocket costs.

DMO (Dental Maintenance Organization)

If you enroll in the DMO, you don't have to worry about deductibles or yearly maximums. When you receive dental services from your in-network selected dentist, you are only responsible for the copayment for any covered services received. For orthodontic treatment, your entire family is eligible, and you will pay a $2,400 copay per member, while other orthodontic services have additional copays. For a full listing of all covered services and copayments as well as a listing of network providers, please refer to the schedule of benefits at www.aetna.com.

	DENTAL PPO PLAN	DENTAL DMO PLAN
Employee Only	$9.81	$2.54
Employee + Spouse	$20.03	$4.82
Employee + Child(Ren)	$21.91	$5.10
Employee + Family	$35.35	$7.87
	IN-NETWORK	IN-NETWORK
CALENDAR YEAR DEDUCTIBLE		
Individual	$50	No Deductible
Family	$150	No Deductible
CALENDAR YEAR MAXIMUM		
Per Person	$2,000	No Plan Maximum
COVERED SERVICES		
Preventive Services Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers, Panoramic X-rays	100% of Aetna's allowed (UCR) amount. Deductible is waived.	$5 Copay
Basic Services Full Mouth X-rays, Fillings, Oral Surgery, Simple Extractions	80% of Aetna's allowed (UCR) amount.	Series of copays; consult the benefit summary for specifics.
Major Services Oral Surgery, Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy, Periodontics, Crowns, Dentures, Bridge	50% of Aetna's allowed (UCR) amount.	Series of copays; consult the benefit summary for specifics.
Orthodontics Dependent Child(ren) Only	$1,500	$2,400

Note

Oral health is linked to your overall health — keeping your mouth healthy can protect you from cardiovascular disease, pregnancy complications, and pneumonia.

Vision Benefits

Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through Aetna.

Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your bi-weekly premium.

This chart summarizes the vision coverage provided by Aetna for 2025.

VISION PLAN			
BI-WEEKLY CONTRIBUTIONS			
Employee Only	$2.94		
Employee + Spouse	$5.81		
Employee + Child(Ren)	$5.01		
Employee + Family	$7.88		
	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
EXAMS			
Copay	$10 Copay	$10 reimbursement	Once every 12 months
LENSES			
Single Vision	$25 Copay	$30 reimbursement	Once every 12 months
Bifocal	$25 Copay	$50 reimbursement	
Trifocal	$25 Copay	$65 reimbursement	
Lenticular	$25 Copay	$100 reimbursement	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
Fitting And Evaluation*	$40 for Standard contact; 90% of retail for Premium contact	N/A	Once every 12 months
Elective	$150 allowance	$105 reimbursement	
Medically Necessary	Covered in full	$210 reimbursement	
FRAMES			
Copay	N/A	N/A	Once every 12 months
Allowance	$150 allowance then 20% off remaining balance	$70 reimbursement	

Note

Early detection of vision conditions like diabetic retinopathy leads to more effective treatment and cost savings.

Flexible Spending Accounts

Take control of your spending! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account

You can contribute from $150 up to $3,300 annually for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay.

You can even pay for eligible expenses with an FSA debit card at the same time you receive them — no waiting for reimbursement. Receipts will be required to support expenses paid via debit card.

Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — even if you don't elect any other benefits. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently deposited in your account.

» With the Dependent Care FSA, you can set aside

» $150 up to $5,000 to pay for child or elder care expenses on a pre-tax basis.

» Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the employee for more than half the year.

» Expenses are reimbursable if the provider is not your dependent.

» You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent day care expenses that are necessary for you and your spouse to work or attend school full time. Eligible expenses include:

» In-home babysitting services (not provided by a dependent)

» Care of a preschool child by a licensed nursery or day care provider

» Before-and after-school care

» Day camp

» In-house dependent day care

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

Adoption Assistance Flexible Spending Account

This account reimburses for claims that are qualified adoption expenses. You are allowed to set aside up to $16,810 to pay for adoption expenses on a pre-tax basis. The Adoption Assistance FSA reimburses certain qualified adoption fees, court costs and attorney fees, travel expenses, pre-adoption counseling and medical expenses for children under the age of 18 or physically or mentally incapable of self-care. The adoption of step-children is not an eligible expense under Adoption Assistance FSA.

Using the Account

Use your FSA debit card at doctor and dentist offices, pharmacies, and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you use the card at an ineligible location.

Submit a claim form along with the required documentation. Contact Discovery Benefits with reimbursement questions. If you need to submit a receipt, Discovery Benefits will notify you. Always save receipts for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.

General Rules

The IRS has the following rules for Healthcare and Dependent Care FSAs:

» Expenses must occur during the 2025 plan year.

» Funds cannot be transferred between FSAs.

» You cannot participate in a Dependent Care FSA and claim a dependent care tax deduction at the same time.

» You must "use it or lose it" — any unused funds will be forfeited.

» You cannot change your FSA election in the middle of the plan year without a qualifying life event.

» Terminated employees have ninety (90) days following termination to submit FSA claims for reimbursement.

» Those considered highly compensated employees (family gross earnings were $130,000 or more last year) may have different FSA contribution limits. Visit www.irs.gov for more info.

Grace Period

» FSA participants may have an additional 2½-month grace period (March 15) to incur expenses after the plan year ends (December 31, 2025).

» If an expense occurs between December 31, 2025 and 2 1/2 months (March 15) after plan year ends, AND is submitted for reimbursement on or before March 31, 2026, any remaining balance in the previous plan year that ended December 31, 2025 will be paid out from the claim, even though the service was provided in the NEW plan year.

» The grace period applies to both the Dependent Care and Healthcare FSAs.

Note

You can use your FSA funds to pay for deductibles, copays, coinsurance, menstrual products, over-the-counter medications, and more.

Supplemental Benefits

Port Houston offers several ways for you to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and is offered at discounted group rates. Supplemental benefit premiums are deducted post-tax.

Accident Coverage

Accidents happen. You can't always prevent them but you can take steps to reduce the financial impact. Accident coverage, available through Aetna, provides benefits for you and your covered family members if you have expenses related to an accident. Health insurance helps with medical expenses but this coverage is an additional layer of protection that can help you pay deductibles, copays and even typical day-to-day expenses such as a mortgage or car payment. Benefits under this plan are payable to you to use as you wish.

BI-WEEKLY CONTRIBUTIONS	
Employee Only	$4.08
Employee + Spouse	$8.15
Employee + Child(Ren)	$8.55
Employee + Family	$12.63

Hospital Indemnity Coverage

Hospital Indemnity Coverage through Aetna pays cash benefits directly to you if you have a covered stay in a hospital or intensive care unit. You can use the benefits from this policy to help pay for your medical expenses such as deductibles and copays, travel cost, food and lodging or everyday expenses such as groceries and utilities.

» Benefits are payable for pregnancy on the first day you have the policy

» Coverage is guaranteed issue; no medical questions

ACCIDENT COVERAGE	
BRIEF SUMMARY OF BENEFITS*	
Initial Hospital Confinement	$1,500 + $300 per day ($600 per day for Intensive Care)
Dislocations/Fractures	Up to $8,250
Ambulance	Ground: $400 / Air: $1,500
Accident Physicians Treatment, Urgent Care Or Emergency Room Services	$225
X-Ray	$400
Accident Follow-Up Treatment	$125
Burns	Up to $27,000
Brain Injury Diagnosis	Mild: $600 Moderate: $1,000
Computed Tomography (CT) Scan And Magnetic Resonance Imaging (MRI) Benefit	$200
Coma With Respiratory Assistance	$20,000
Open Abdominal Or Thoracic Surgery	$2,000
Tendon, Ligament, Rotator Cuff Or Knee Cartilage Surgery Benefit With Repair	Single repair: $1,000 Multiple repairs: $2,000
Ruptured Disc Surgery	$1,000
Blood And Plasma	$650
Physical, Occupational Or Speech Therapy	$60
Appliance	Major: Back brace, wheelchair, knee scooter $600 Minor: Brace, cane, crutches $300

*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

HOSPITAL INDEMNITY COVERAGE	
BRIEF SUMMARY OF BENEFITS*	
First Day Hospital Confinement Benefit	$1,000 (max one time per month)
Daily Hospital Confinement Benefit	$200 per day (max 30 days per confinement)
Daily Hospital Intensive Care Unit Benefit	$200 per day (max 30 days per confinement)

*This is a summary. Refer to plan documents for details.

HOSPITAL INDEMNITY COVERAGE	
BRIEF SUMMARY OF BENEFITS*	
Employee Only	$5.53
Employee + Spouse	$12.56
Employee + Child(Ren)	$9.16
Employee + Family	$15.30

Critical Illness Coverage

Critical Illness coverage through Aetna pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like; for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses.

Plan Highlights

» Guaranteed Issue Coverage (no medical questions)

» Children are covered at NO COST when you elect employee coverage.

» Benefits are payable based on the date of the covered event occurring or the date of diagnosis; illnesses or occurrences prior to the effective date of coverage will not be payable events.

» $50 annual Wellness Benefit is payable for each covered member for completing certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy or stress test (once per year per covered person).

» Coverage Amounts:

- Employee: $15,000 or $30,000
- Spouse: 100% of employee benefit
- Children: 50% of employee benefit for NO COST

BI-WEEKLY CONTRIBUTIONS				
AGE	$15,000 Face Amount		$30,000 Face Amount	
	Employee Only And Employee +Children	Employee + Spouse And Employee + Family	Employee Only And Employee +Children	Employee + Spouse And Employee + Family
<30	$1.29	$2.86	$2.24	$4.97
30-39	$2.22	$4.71	$4.07	$8.62
40-49	$4.23	$8.72	$8.06	$16.59
50-59	$8.95	$18.21	$17.45	$35.45
60-69	$17.24	$34.89	$33.93	$68.61
70+	$32.68	$65.72	$64.70	$130.03

Premiums are based on the employee's age on the effective date of coverage. Even if the spouse is in a different age band, the rates are driven off of the employee's age.

Children are covered at no additional cost when you elect Employee coverage.

COVERED CONDITIONS AND BENEFIT AMOUNTS*		
	$15,000 Face Amount	$30,000 Face Amount
Advanced Alzheimer's Disease	$15,000	$30,000
Advanced Parkinson's Disease	$15,000	$30,000
Benign Brain Tumor	$15,000	$30,000
Coma	$15,000	$30,000
Complete Loss Of Hearing	$15,000	$30,000
Complete Loss Of Sight	$15,000	$30,000
Complete Loss Of Speech	$15,000	$30,000
Coronary Artery Bypass Surgery	$3,750	$7,500
End Stage Renal Failure	$15,000	$30,000
Heart Attack	$15,000	$30,000
Major Organ Transplant	$15,000	$30,000
Paralysis	$15,000	$30,000
Pulmonary Embolism	$3,750	$7,500
Pulmonary Fibrosis	$3,750	$7,500
Stroke	$15,000	$30,000
Sudden Cardiac Arrest	$3,750	$7,500
CANCER BENEFITS		
Invasive Cancer	$15,000	$30,000
Carcinoma In SITU	$3,750	$7,500
Skin Cancer	$1,000	$1,000
SPECIFIED CHRONIC ILLNESSES		
Lupus	$3,750	$7,500
Lou Gehrig's Disease (ALS)	$3,750	$7,500
Multiple Sclerosis	$3,750	$7,500
Muscular Dystrophy	$3,750	$7,500
Osteomyelitis	$3,750	$7,500

*This is a summary. Refer to plan document for details including definitions, plan exclusions and limitations.

Prepaid Legal Coverage

LegalShield offers low-cost access to attorneys for personal legal services. Payments are made conveniently through payroll deductions. It's like having your own attorney on retainer for a lot less. There are attorneys standing by to assist you with:

» Estate planning, wills, and trusts

» Real-estate matters

» Identity-theft defense

» Financial matters, such as debt-collection defense

» Traffic offenses

» Document review

» Family law, including adoption and name change

» Advice and consultation on personal legal matters

» Divorce

Identity Theft Protection

Identity theft protection is available on a voluntary basis. There is a new identity fraud victim every two seconds. Protect yourself with IDShield. IDShield monitors millions of transactions every second, alerting you to suspicious activity by text, phone, or email. This plan offers a full set of features to help protect you and your covered family members against identity theft.

IDShield membership features:

» IDShield Identity Alert System

» Lost-wallet protection

» Address change verification

» IDShield Privacy Monitor

» Live member service support

» Identity-restoration support

» Data-breach notifications

This plan is available via payroll deduction and is yours to keep if you retire or leave Port Houston.

BI-WEEKLY PAYROLL DEDUCTIONS		
	EMPLOYEE ONLY	EMPLOYEE & FAMILY
Legalshield Only	$7.27	$7.27
Idshield Only	$3.21	$5.98
Legalshield & Idshield	$10.02	$12.37

Pet Insurance

We know your pets are part of the family, and just like any other family member, our furry friends are bound to have some medical expenses from time to time. For the most part, these expenses come from standard checkups and immunizations, but the occasional unexpected illness or injury can rack up some significant bills when you least expect it. Pet insurance through Nationwide Pet Insurance provides coverage for veterinary expenses related to accidents and illnesses, including X-rays, medications, vet visits, surgeries, and hospital stays. Policies are available for dogs, cats, birds, reptiles, and exotic pets. To enroll or for additional information, please contact Nationwide Pet Insurance at 877-738-7874 or visit www.petinsurance.com/porthouston.

Life and AD&D Benefits

It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection in the event of an unexpected event.

Basic Life and Accidental Death & Dismemberment Insurance

Port Houston provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through Securian Financial, which guarantees that your spouse or other designated survivor(s) receive benefits in the event of your death.

Your Basic Life and AD&D insurance benefit is 1.5 times annual base earnings, rounded to the next highest $1,000 of coverage and up to a maximum benefit of $750,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you waive other coverage.

Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under the Securian Financial insurance.

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age.

Contact Human Resources or your own legal counsel with any questions. You may review and update your beneficiaries at any time during the year.

Beneficiary Assist Program

Port Houston is here for you during your grief. Our Beneficiary Assist Program through PricewaterhouseCoopers LLP (PwC) provides assistance with the emotional, financial, and legal issues that arise after the loss of a loved one. This program is offered at no cost to beneficiaries of the Group Life or Accident plans. Contact information for this service will be provided to you or your family at the time of claim.

Services include:

- Unlimited phone contact for grief counseling, financial planning, and legal advice up to one year from the date of claim approval
- Assessment and action planning to develop an individualized course of action
- Up to five face-to-face sessions, or equivalent professional time, for any combination of emotional, financial, or legal counseling
- Referrals to additional resources to support specific situations like long-term grief counseling or complex probate and estate planning

Voluntary Life and AD&D Insurance

You may wish for extra coverage for more peace of mind. Eligible employees may purchase additional Voluntary Life and AD&D insurance. Premiums are paid through payroll deductions.

BASIC EMPLOYEE LIFE/AD&D	
Coverage Amount	1.5 times annual base earnings
Who Pays	Port Houston
Benefits Payable	To designated beneficiary or beneficiaries.
Maximum Benefit	$750,000
Evidence Of Insurability (EOI) Required	No - all coverages are guaranteed.
VOLUNTARY EMPLOYEE LIFE	
Coverage Amount	Increments of $10,000
Who Pays	Employee
Benefits Payable	To designated beneficiary or beneficiaries.
Maximum Benefit	$750,000
Evidence Of Insurability (EOI) Required	Yes - when elected within 30 days of being eligible, EOI is required for amounts elected over the guaranteed issue of $350,000. When elected after 30 days of being eligible, EOI is required for any amount elected
VOLUNTARY SPOUSE LIFE	
COVERAGE AMOUNT	Increments of $5,000
WHO PAYS	Employee
BENEFITS PAYABLE	To Employee
MAXIMUM BENEFIT	Dependent coverage is limited to 100% of the total basic and supplemental amount for which the employee is eligible, up to $250,000.
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Yes - when elected within 30 days of being eligible, EOI is required for amounts elected over the guaranteed issue of $50,000. When elected after 30 days of being eligible, EOI is required for any amount elected.
VOLUNTARY CHILD LIFE	
COVERAGE AMOUNT	$10,000, $15,000 or $20,000
WHO PAYS	Employee
BENEFITS PAYABLE	To Employee
MAXIMUM BENEFIT	$20,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No

VOLUNTARY LIFE INSURANCE			
RATES/$1,000 (BI-WEEKLY)			
AGE (AS OF JANUARY 1, 2025)	EMPLOYEE	AGE (AS OF JANUARY 1, 2025)	SPOUSE
Under 25	$0.05	**Under 25**	$0.03
25-29	$0.06	**25-29**	$0.04
25-29	$0.08	**25-29**	$0.06
35-39	$0.10	**35-39**	$0.07
40-44	$0.12	**40-44**	$0.08
45-49	$0.18	**45-49**	$0.12
50-54	$0.29	**50-54**	$0.19
55-59	$0.51	**55-59**	$0.31
60-64	$0.73	**60-64**	$0.52
65-69	$1.24	**65-69**	$0.91
70-74*	$2.10	**70-74***	$1.53
74+*	Rates available upon request	**74+***	Rates available upon request

VOLUNTARY CHILD LIFE INSURANCE
PREMIUM RATES – $1,000 BI-WEEKLY
$0.38

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:

$_____ / $1,000 = $_____ x Age Based Rate = $_____

Benefit Elected — Monthly Premium

Example Supplemental Life Monthly Premium Calculation

An employee who is 40 years old elects $80,000 of Supplemental Life Insurance:

- Coverage Elected: $80,000
- Total Number of Units: $80,000/1,000 = 80
- Rate per $1,000 (Age 40): $0.12 (from table)
- Rates Times # of Units: $0.12 x 80 = $9.60
- Monthly Premium = $9.60

Additional Services Offered by Securian Financial

This plan includes the following services at no additional cost to provide support and resources for life's every day and extraordinary needs.

- Travel Assistance: Access to emergency travel assistance services provided by RedpointWTP LLC. More information is available at www.lifebenefits.com/travel or by calling 855.516.5433.
- Legal, financial and grief resources: Services provided by LifeWorks by Morneau Shepell. Additional information is available at www.lifebenefits.com/Lfg (Username: lfg & Password: resources) or by calling 877.849.6034.
- Legacy Planning: Access a variety of information/resources, including end-of-life and funeral planning, final arrangements, important directives and survivor assistance.. Additional information is available at www.securiancom/legacy.
- Beneficiary Financial Counseling: Beneficiaries may choose to use independent beneficiary counseling services from PricewaterhouseCoopers LLP (PwC).

Disability Benefits

You and your loved ones depend on your regular income. That's why Port Houston offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury. A portion of your income is protected until you can return to work or you reach retirement age.

Basic Short Term Disability (STD) Insurance

Short Term Disability (STD) benefits are available at no cost. This insurance replaces 60% of your base weekly income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

Weekly Maximum Benefit	$2,500
Elimination Period	7 days
Maximum Benefit Period	12 weeks

Note

Around 30% of Americans ages 35-65 will suffer a disability lasting at least 90 days during their careers. (Source: Million Dollar Round Table)

Basic Long Term Disability (LTD) Insurance

Long Term Disability (LTD) benefits are available at no cost. This insurance replaces 60% of your base monthly income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

Monthly Maximum Benefit	$12,000
Elimination Period	90 days
Maximum Benefit Period	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.
Benefit Reductions	Benefits are reduced by other sources of income during disability, such as workers' compensation, social security and/or retirement systems.

Retirement Planning

Whether you're just starting out in your career or you've been in the workforce for years, it's always a good time to plan for retirement.

Defined Benefit (Pension) Plan

Employees hired prior to August 1, 2012 are covered under the Defined Benefit (Pension) Plan. Participants are fully vested in their accrued benefits under the Pension Plan upon attaining five (5) years of service with Port Houston. The Summary Plan Description for the Pension Plan ("Pension Plan SPD") is available on SharePort on the Human Resources page. Eligible participants in this plan will receive monthly payments after their designated retirement dates have been met. These employees are not eligible for benefits under the Defined Contributions plan. Contributions to the plan are made by Port Houston.

Defined Contribution (401a) Plan

Employees hired on August 1, 2012 and after are covered under the Defined Contribution (401a) plan. Participants are fully vested in their account balances under the DC Plan upon attaining three (3) years of service with Port Houston. Contributions are based on annual base pay and are only contributed by Port Houston. In addition, contribution percentages are based on employee's years of service (see below). These employees are not eligible for benefits under the Defined Benefit Pension Plan.

If you are a participant in the DC Plan, you choose how your account balance will be invested. You may select from various investment options, including professionally-managed funds. These contribution funds are currently managed by Nationwide Retirement Solutions, for whom contact information can be found on SharePort on the Human Resources page. Your vested account balance is also portable, which means that if your employment ends after 3 years of service, you can roll over your vested account balance to another employer's qualified retirement plan (provided your new employer will allow such transfer) or to your individual retirement account ("IRA").

VESTING SCHEDULE	
Years Of Service	Percent Contribution
0 to 5	6.00%
6 to 10	6.50%
11 to 15	7.00%
16 to 20	7.50%
21+	8.00%

Voluntary Deferred Compensation Benefits (457b) Plan

A Deferred Compensation Plan (457b) permits you, on a voluntary basis, to authorize a portion of your salary to be withheld and invested for payment to you at a later date. These salary deferrals, or "contributions", are allocated to the plan's investment choices at your instruction. Neither your contributions nor any investment earnings are subject to current federal and (in most cases) state income taxes. Taxes become payable when the deferred income plus earnings are distributed to you - generally at retirement, or separation from employment.

In today's environment, it is widely accepted that in order to have a comfortable retirement, you must rely on income sources other than your pension or social security. The Port Houston voluntary deferred compensation plan is an important and valuable means for preparing for your retirement.

For additional information, you may call Nationwide at 713.898.0249 or 877.677.3678. You may also go online at www.nrsforu.com.

Note

The average American starts saving for retirement at age 27. But it's never too late! (Source: Annuity.org)

Glossary

Balance Billing – When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $60, you may be billed by the provider for the remaining $40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

Deductible – The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is $1,000, your plan does not pay anything until you've paid $1,000 for covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.

Flexible Spending Accounts (FSAs) – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You'll save an amount equal to the taxes you would have paid on the money you set aside.

FSAs are "use it or lose it," so funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or rollover into the next plan year.

- Healthcare FSA – A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- Dependent Care FSA – A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

Network – A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- In-Network – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- Out-of-Network – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- Non-Participating – Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage.

Out-of-Pocket Maximum – The most you pay during the plan year before your health insurance begins to pay 100%

of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.

- Generic Drugs – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- Preferred Drugs – Brand-name drugs on your provider's approved list (available online).
- Non-Preferred Drugs – Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- Specialty Drugs – Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered.
- Prior Authorization – A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- Step Therapy – The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before "stepping up" to a non-preferred brand.

Reasonable and Customary Allowance (R&C) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.

Required Notices

Women's Health & Cancer Rights Act

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.

For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 713-670-1005.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 713.670.1005.

HIPAA Special Enrollment Rights

Port Houston Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Port Houston Plan (to actually participate, you must complete an enrollment form and may be required to pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan – your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Human Resources at 713.670.1005.

Notice of Creditable Coverage

Important Notice from Port Houston About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Port Houston 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. Port Houston has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

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 Port Houston coverage may not be affected.

If you do decide to join a Medicare drug plan and drop your current Port Houston coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

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

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

For More Information About This Notice or Your Current Prescription Drug Coverage:

Contact the person listed below for further information. 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 Port Houston 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 800.MEDICARE (800.633.4227). TTY users should call 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 800.772.1213 (TTY 800.325.0778).

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

Date:	January 1, 2025
Name of Entity/Sender:	Port of Houston Authority
Contact—Position/Office:	Human Resources
Address:	111 East Loop North
	Houston, TX 77029
Phone Number:	713.670.1005

Notes

This benefit guide prepared by

Gallagher

Insurance | Risk Management | Consulting

DCN24BGPHA