



CITY OF ENNIS

PLAN YEAR 2026



RETIREE BENEFITS GUIDE



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Benefit Contacts

CARRIER / VENDOR CONTACTS



Imagine360 - Medical

Group # H870922

800-716-2852

www.imagine360.com

Express Scripts By EVERNORTH

Express Scripts

RXGRP: GPARX4U / RXBIN: 003858 / RXPCN:A4

855-827-2615

www.express-scripts.com



Renaissance

Group # 236225

Dental: (800) 894-4532

Vision: (888) 358-9484

www.renaissancebenefits.com



Introduction

Eligible Employees

Eligible employees are full-time, working 30 hours or more per week.

Coverage Effective Date

Coverage is effective on the first of the month following date of hire.

Coverage Termination Date

Coverage is terminated at the end of the month you turn 65.

Eligible Dependents

Eligible dependents include:

- Legal Spouse
- Biological, adopted or stepchildren less than age 26. Benefits will terminate at the end of the month when the dependent reaches age 26.
- Physically or mentally impaired children (regardless of age)

How do I enroll, cancel or make changes?

To enroll, cancel, or make changes you must complete and submit the following document:

- Employee Benefits Enrollment Form

Can I change my coverage during the year?

The benefits you elect during open enrollment will remain in effect through the end of the plan year. Outside of open enrollment, you can only make a change to your coverage when you have a qualifying event.

Qualifying changes include:

- Change to your legal marital status
- Birth, legal adoption or legal placement for adoption of a child
- Dependent child ceases to be an eligible dependent
- Death of spouse or dependent child
- Termination of Employment
- Reduction of work hours
- Spouse or dependent child's loss of other coverage
- Eligibility for other coverage

Please note, you must notify Human Resources and submit required documentation within 31 days of the qualifying event.

Retiree Monthly Contributions

Retiree Monthly Contributions – Imagine360 Medical Effective 10/1/2026

Retiree Only	\$753.68
Retiree + Spouse	\$1,359.64
Retiree + Child(ren)	\$1,359.64
Retiree + Family	\$2,719.28

Retiree Monthly Contributions – Renaissance Dental Effective 10/1/2026

Retiree Only	\$32.16
Retiree + Spouse	\$64.98
Retiree + Child(ren)	\$85.23
Retiree + Family	\$118.27

Retiree Monthly Contributions – Renaissance Vision Effective 10/1/2026

Retiree Only	\$5.36
Retiree + Spouse	\$10.19
Retiree + Child(ren)	\$10.73
Retiree + Family	\$15.77

PLEASE CONTACT IMAGINE360 OR THE PPO NETWORK AT THE PHONE NUMBER OR WEBSITE SHOWN ON YOUR PLAN I.D. CARD FOR INFORMATION ABOUT WHICH PROVIDERS ARE INCLUDED.

DEDUCTIBLE AND ANNUAL OUT-OF-POCKET MAXIMUM	IMAGINE HEALTH FACILITIES/PHYSICIANS	ENNIS REGIONAL FACILITY/PHYSICIANS AND HEALTHSMART PPO PHYSICIANS	NON IMAGINE/ENNIS REGIONAL FACILITIES AND NON- PPO PHYSICIANS
Lifetime Maximum	Unlimited		
Plan Year Deductible			
- Per Covered Person	\$0	\$0	\$1,000
- Family Limit*	\$0	\$0	\$3,000
Annual Out-of-Pocket Maximum (includes Deductible, Medical and Rx Copays)			
- Per Covered Person	\$1,500	\$1,500	\$3,000
- Family Limit*	\$3,750	\$3,750	\$7,500

FACILITY BENEFITS – Payment Levels:

This section applies to covered expenses for services rendered by Hospitals and other types of facilities which are not included in the **Preferred Provider Organization (PPO) network**.

BENEFIT PERCENTAGE FOR:	IMAGINE HEALTH FACILITY BENEFIT	ENNIS REGIONAL FACILITY BENEFIT	NON IMAGINE / ENNIS REGIONAL FACILITY BENEFIT	MAXIMUM BENEFITS, LIMITS & PROVISIONS
Inpatient Hospital Services	90%	90%	70% after Deductible	UR Notification required.
Maternity Inpatient Hospital Services	90%	90%	70% after Deductible	Contact UR Company for coordination of care.
Routine Newborn Care Inpatient Hospital Services	90%	90%	70% after Deductible	Payable under covered mother's claim.
Skilled Nursing Facility/Rehabilitation Facility	90%	90%	70% after Deductible	UR Notification required. Limited to 60 days combined per Plan Year.
Hospital Services for Mental/ Nervous Disorders, Chemical Dependency, Drug and Substance Abuse Inpatient/Residential Treatment Facilities	90%	90%	70% after Deductible	UR Notification required.
Hospital Emergency Room - Medical Emergency/Accidental Injury	100% after \$150 Copay; Deductible waived		70% after Deductible	Contact UR Company for coordination of care.
Outpatient Surgical Facility	90%	90%	70% after Deductible	UR Notification required.
Outpatient Therapy/Other Services Physical/Occupational Therapy/Speech Therapy	90%	90%	70% after Deductible	Limited to 20 visits per therapy per Plan Year.
Cardiac Rehabilitation	90%	90%	70% after Deductible	
Outpatient Diagnostic Services Select Diagnostic Procedures (CT scans, MRIs, PET Scans, etc.)	90%	90%	70% after Deductible	.
All Other Diagnostic Lab/X-ray (Facility only)	100%	100%	70% after Deductible	
Preventive and Wellness Lab and X-ray	100%		70% after Deductible	

PHYSICIAN BENEFITS – Payment Levels and Limits:

This section applies to Physicians and all other Providers of service not included as Facility Providers. Benefits shown are available **based upon the Provider's participation in the PPO network.**

BENEFIT PERCENTAGE FOR:	IMAGINE HEALTH BENEFIT	ENNIS REGIONAL AND HEALTHSMART PPO BENEFIT	NON-HEALTHSMART PPO BENEFIT	MAXIMUM BENEFITS, LIMITS & PROVISIONS
Physician Hospital Visits/Surgeon/Anesthesia	90%	90%	70% after Deductible	
Physician Hospital Visit for Mental & Nervous Disorders/ Chemical Dependency, Drug and Substance Abuse	90%	90%	70% after Deductible	
Maternity (Including Prenatal delivery and Postnatal care)	90%	90%	70% after Deductible	Contact UR Company for coordination of care.
Routine Newborn Care (Pediatric care to date of mother's discharge.)	90%	90%	70% after Deductible	
Office Visit (includes Exam, treatment, office surgery)	100% after \$10 Copay PCP/\$30 Copay Specialist	100% after \$10 Copay PCP/\$30 Copay Specialist	70% after Deductible	
Allergy Testing/Serum	100% after \$10 Copay PCP/\$30 Copay Specialist	100% after \$10 Copay PCP/\$30 Copay Specialist	70% after Deductible	
Allergy Injections (without office visit billed)	90%	90%	70% Deductible waived	
Mental/Nervous Disorders and Substance Abuse Office Visits	100% after \$10 Copay PCP/\$30 Copay Specialist	100% after \$10 Copay PCP/\$30 Copay Specialist	70% after Deductible	
Urgent Care Facility Physician Medical Care - Medical Emergency/Accidental Injury	100% after \$25 Copay	100% after \$25 Copay	100% after \$75 Copay Deductible waived	
- Illness not a Medical Emergency	100% after \$25 Copay	100% after \$25 Copay	100% after \$75 Copay Deductible applies	
Recuro	N/A	\$0 Consult Fee		Call 844-715-1724
Chiropractic Services	100% after \$30 Copay	100% after \$30 Copay	70% after Deductible	
Select Diagnostic Medical Procedures CT Scans, MRIs, PET Scans, etc. (Physician's Office or Freestanding Facility)	90%	90%	70% after Deductible	
Diagnostic Lab/X-ray (Freestanding Facility, Independent Lab)	100%	100%	70% after Deductible	

BENEFIT PERCENTAGE FOR:	IMAGINE HEALTH BENEFIT	ENNIS REGIONAL AND HEALTHSMART PPO BENEFIT	NON-HEALTHSMART PPO BENEFIT	MAXIMUM BENEFITS, LIMITS & PROVISIONS
Outpatient Therapy/Other Services Physical/Occupational Therapy, Speech Therapy	100% after \$30 Copay	100% after \$30 Copay	70% Deductible waived	Limited to 20 visits per therapy per Plan Year.
Cardiac Rehabilitation	90%	90%	70% after Deductible	
Home Health Services	90%	90%	70% after Deductible	UR Notification Required. Limited to 60 visits per Plan Year.
Inpatient Hospice (Home Hospice)	90%	90%	70% after Deductible	UR Notification required.
Durable Medical Equipment	90%	90%	70% after Deductible	UR Notification required.
Prosthetic Devices and Orthotics	90%	90%	70% after Deductible	
Ambulance Services	90%			Contact UR Company for Coordination of Care
All Other Provider Covered Physician Services	90%	90%	70% after Deductible	

Preventive and Wellness Care Benefits

This benefit is payable for Covered Procedures incurred as part of a Preventive and Wellness Care Program and is not payable for treatment of a diagnosed illness or injury. Services must be identified and billed as routine or part of a routine physical exam/or as specified below.

BENEFIT PERCENTAGE FOR:	IMAGINE HEALTH BENEFIT	NON-PPO BENEFIT	LIMITS & PROVISIONS
	ENNIS REGIONAL AND HEALTHSMART PPO BENEFIT		
All Covered Wellness Benefits	100%; Deductible waived	100%; Deductible waived	See age and frequency limits and other special provisions below

Examples of Covered Wellness Procedures to include but are not limited to:

- 1) Routine Physical Exam
- 2) Annual Well Woman Exam
- 3) *Annual Pap smear and other routine lab
- 4) *Annual Routine Mammogram
- 5) *Bone Density test
- 6) Annual PSA test (routine)
- 7) Well Baby Care Exam/Well Child Care Exam
- 8) Vision Screenings (to age 19)
- 9) Hearing Screenings for newborns
- 10) Routine Immunizations
- 11) Flu vaccine/pneumonia vaccine
- 12) *Routine lab, x-ray, diagnostic testing and other medical screenings
- 13) Smoking/Tobacco Use Cessation (limited to 2 attempts + 4 counseling sessions per attempt)
- 14) *All FDA-approved Women's Contraceptive methods/Sterilization procedures
- 15) *Routine Colonoscopy (includes polyp removal) – age 40 and older or family history of colon cancer

* If these services are rendered by providers billing as a Facility, please refer to the appropriate category under Level I for the benefit.

Plan limits apply collectively / combined for PPO and Non-PPO Services.

NOTE: This Summary of Benefits only represents an overview of your medical benefits and are subject to change.

New member ID. New benefits site. Same great support.

Imagine360 is here to help you stay healthy – and we’ve made a few changes to make getting care even simpler. Here’s how to stay connected to your benefits.



What’s New

New member ID & benefits ID card

What to Know

Your member ID changed, but your group number stayed the same.

What to Do

Look for your new ID card in the mail. Swap out your old card and bring the new one to every provider visit.

New benefits site: Imagine360 Gateway

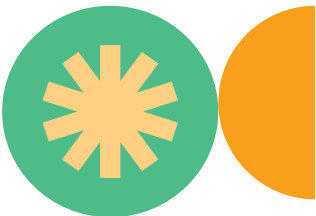
This 24/7 benefits hub has all the tools from miBenefits – plus more.

Go to imagine360.vbagateway.com, click “Register” to create your account, and choose paper or email for plan info. Members 18+ must create their own account but can share access with others.

New mobile app: “Imagine360”

Take your benefits on the go with this powerful but easy-to-use app.

Download “**Imagine360**” on the App/Play store to see your plan information and use smart tools, anytime, anywhere.



From care to claim, we have your back

It’s still hassle-free to get immediate help. **Call the member number on your benefits ID card** for health plan and healthcare questions big or small.

24/7 access to your health benefits: imagine360.vbagateway.com

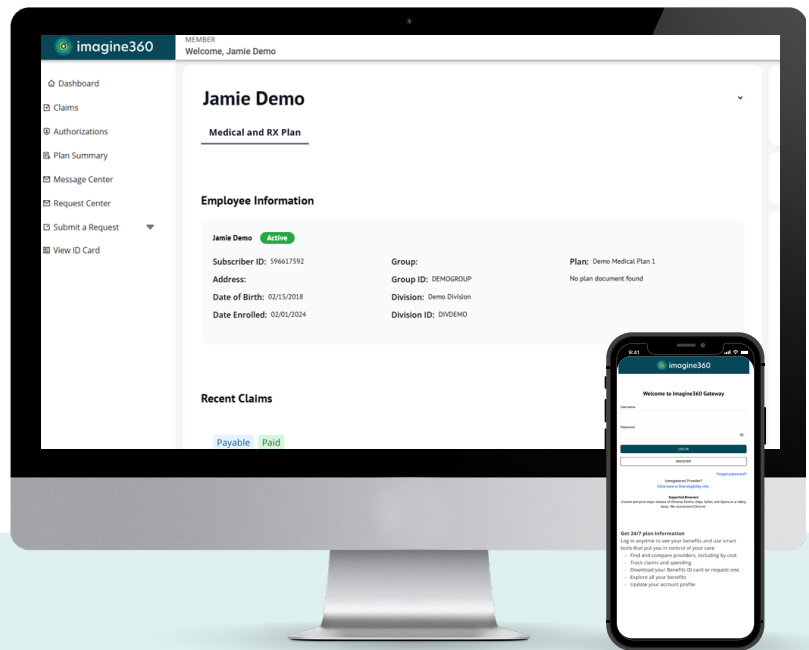
We’re here to help. Call the number on your benefits ID card.
Mon – Thurs: 7 a.m. – 9 p.m. CT | Fri: 7 a.m. – 7 p.m. CT



Imagine360 Gateway

24/7 plan information and tools

- Find and compare providers, including by cost
- Track claims and spending
- Explore all your benefits
- Download or request your benefits ID card



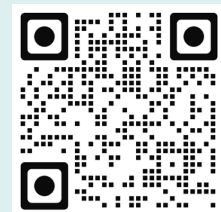
Manage Your Benefits Anytime, Anywhere
Sign up when your plan is live

Register

1. Go to imagine360.vbagateway.com.
2. Click "Register" and select "Member."

Take your benefits on the go

Download the free "Imagine360" app.



**Scan here to register
for Imagine360 Gateway.**

Your Benefits ID Card

When you go to a provider, always bring your card with you.
It has all the health plan information you and your providers need.

SAMPLE FRONT

<Company Logo>

Member: JOHN SAMPLE Member ID: SMPL0001	1	Group #: XXXXXXX
Dependents: JANE SAMPLE JIMMY SAMPLE		Network(s) 2
PPO XXXX IN Copays \$XX PCP / \$XX Specialist	3	RXBIN: XXXXXX RXPCN: XXX RXGRP: XXXXXX 4

SAMPLE BACK

5	Member Services: XXX.XXX.XXXX Member Portal: imagine360.vbagateway.com	SUBMIT CLAIMS TO: Payer ID: 48143 Imagine360 PO Box 749075 Dallas, TX 75374-9075
6	Provider Services: XXX.XXX.XXXX Provider Portal: imagine360.com	
7	Virtual Care: Provider FAQs Find Care Telemedicine	9
8	PPO XXXX Ded./OOPM: IN Ded: \$XXXX Ind / \$XXXX Fam IN OOPM: \$XXXX Ind / \$XXXX Fam OON Ded: \$XXXX Ind / \$XXXX Fam OON OOPM: \$XXXX Ind / \$XXXX Fam	NOTICE: Notification of all hospital admissions must be made within 48 hours. Possession of this card or UR Notification does not guarantee coverage or payment for the services or procedures reviewed.



Scan here to view, print or
order your benefits ID card.

- 1 Member ID/group number:** Information your provider uses to verify your benefits and submit claims for you and your dependents.
- 2 Provider networks:** The networks included in your plan. You can also see Open Access providers, sometimes called out-of-network. Find providers at imagine360.vbagateway.com.
- 3 Copays:** The copay amounts you're responsible for, if any, when you see a provider.
- 4 Pharmacy benefits:** Prescription coverage details, if included in your plan.
- 5 Member support:** Call the Member Services number for plan and provider help. Or visit imagine360.vbagateway.com for 24/7 plan information.
- 6 Support for providers:** A support line and website providers can use to verify your benefits.
- 7 Virtual care:** 24/7 access to care by phone or video, if available through your plan. Services vary by plan and may include urgent care, primary care and mental health care.
- 8 Out-of-pocket responsibility:** Your plan deductibles and out-of-pocket maximums, if any.
- 9 More plan details:** Scan the QR code for more plan information and answers to questions providers may ask.

24/7 access to your health benefits: imagine360.vbagateway.com

We're here to help. Call the number on your benefits ID card.

Mon – Thurs: 7 a.m. – 9 p.m. CT | Fri: 7 a.m. – 7 p.m. CT



Real

DOCTORS.
CARE.
CONVENIENT!

24/7 Virtual Care From Recuro Health

5 reasons to choose Recuro:

- 1 Comprehensive Services.** See board-certified providers for urgent care or primary care. You can also schedule consults with licensed counselors and psychiatrists. Prescriptions are sent to a pharmacy near you.
- 2 Convenience.** Skip the drive and avoid a crowded waiting room. Instead, get care in the comfort of your own home or while you're on the go. Choose from live video or phone options.
- 3 Speed.** Virtual visits fit your busy schedule and save time. When you're sick, you can see a provider almost immediately. For ongoing care or wellness visits, get appointments fast – sometimes even the same day.
- 4 Support.** Your provider will work with you to make sure you get all the care you need. If you need to be seen in person, Recuro can help you make an appointment.
- 5 Cost Savings.** Virtual care often costs you less than in-person options, such as urgent care clinics and

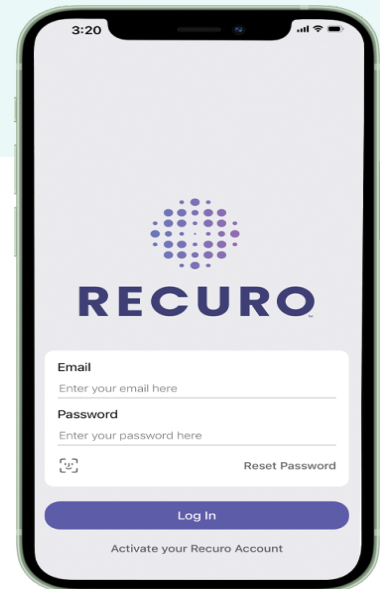
Recuro Health and Prescriptions

Recuro providers and psychiatrists can send medication prescriptions to a pharmacy near you. Prescriptions are based on the doctor's clinical judgement and laws they must follow.

Get Care Now

- Visit member.recurohealth.com/login.
- Call 844-715-1724.
- Download the "Recuro Care" app.

You must use your Imagine360 Gateway username and password to register.



Scan here to make a virtual care appointment.

24/7 access to virtual care at: member.recurohealth.com/login

You can also download the "Recuro Care" app or call 844-715-1724.



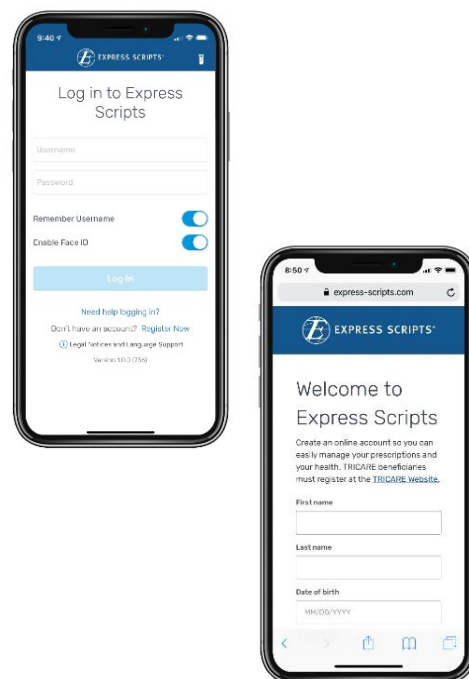
Registering with Express Scripts

Online access to savings and convenience

Manage your medicines anywhere, any time with express-scripts.com and the Express Scripts® mobile app

Register now so you can experience:

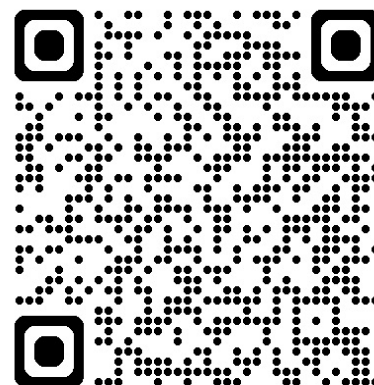
- **More savings.**
Compare prices of medicines at multiple pharmacies. Get free standard shipping¹ from the Express Scripts PharmacySM.
- **More convenience.**
Get up to 90-day supplies of your long-term medicine sent to your home. Order refills, check order status, and track shipments. Print forms and ID cards, if needed.
- **More confidence.**
Talk with a pharmacist from the privacy of your home any time, from anywhere. Find the latest information on your medicine, including possible side effects and interactions.
- **More flexibility.**
Download the Express Scripts mobile app to manage your medicines, find nearby pharmacies and get directions, and use your virtual ID card while on the go.



Get Started Today!

Registering is safe and simple. Your information is secure and confidential. Please have your member ID number or SSN available.

- Go to express-scripts.com and select **Register**, or download the **Express Scripts mobile app** for free from your mobile device's app store and select **Register**.
- Complete the information requested, including personal information and member ID number or Social Security number (SSN). Create your username and password, along with security information in case you ever forget your password.
- Click **Register now** and you're registered.
- To set preferences,² select **Communication Preferences** from the menu under **Account**, then scroll to **Communication** and **Viewing Preferences**. Click **Edit preferences**. Preferences can only be selected via the member website.



Members who have **touch or facial ID authentication** on their mobile devices can enable it to log in to their Express Scripts account on the mobile app, if desired.

¹ Standard shipping costs are included as part of your prescription plan benefit.

² Preferences include the option to share your prescription information with other adult members of your household (aged 18+) covered under your prescription drug plan.

- All covered adults (aged 18+) in the household need to register separately.
- When you grant permission to share your prescription information with other registered household members, they can view your information, place orders on your behalf and more.

The Express Scripts mobile app is available for iPhone®, iPad®, and Android™ mobile devices.

Price Protection & Billing Support

Your health plan includes built-in price protection so you don't overpay for care — no matter which provider you see.



OUR ROLE: Provide price protection

1. After you receive care, your provider sends us a payment request. This is called a claim.
2. We review the claim for errors and overcharges.
3. The claim is paid on a fair price of care.

YOUR ROLE: Keep an eye on provider bills

Occasionally, a provider may bill you the difference between what your plan paid and what the provider charged. This is called a balance bill — and there's an easy way for you to spot one:

Compare your Explanation of Benefits (EOB) ...

... to your provider bill.



From your health plan (not a bill)
Shows what your plan covered
and what you owe.

If they don't match, you have a balance bill.

How to get help with a balance bill

Most of the time, you won't have a reason to contact us about a provider bill. But if you ever receive a balance bill or aren't sure, let us know right away — we'll work on your behalf so you don't overpay.

When you contact us, **always include the balance bill and the best number to reach you.**



Email: bb@imagine360.com

This is the fastest way to receive balance bill support — do not send bills to your Human Resources team.



Fax: 888-560-2447



Mail: 1550 Liberty Ridge Dr., Wayne, PA, 19087

Need help? **Just call the member number on your benefits ID card.**

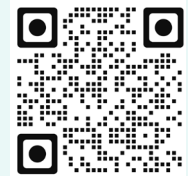
Advocating on your behalf

After we receive your balance bill, a personal advocacy expert will:

- Manage the bill resolution process so you don't have to
- Provide regular updates
- Bring in legal support, if needed, at no cost to you

Don't overpay: helpful tips

- Compare provider bills to your EOBs to check for balance bills.
- Send us balance bills right away.
- Quickly sign the authorization forms that allow designated experts to advocate on your behalf.
- Keep a folder of EOBs and bills you receive, in case questions come up.



Scan here to learn more about how price protection keeps your care costs as affordable as possible.

24/7 access to your health benefits: imagine360.vbagateway.com

We're here to help. Call the number on your benefits ID card.

Mon – Thurs: 7 a.m. – 9 p.m. CT | Fri: 7 a.m. – 7 p.m. CT



Dental Plan Highlights

Renaissance | Dental

Plan Explanation

Inspection and early detection of dental conditions are key elements to having a healthy smile. The City of Ennis provides dental insurance benefits to all eligible employees and their covered dependents through Renaissance. The plan includes a range of dental services and benefits designed to support oral health and wellness. You may access Renaissance PPO Network providers by visiting the following website at MyRenProviders.com

DEDUCTIBLE	IN-NETWORK	OUT-OF-NETWORK
Single	\$50	\$50
Family	\$150	\$150
MAXIMUM THE CARRIER WILL PAY		
Annual Maximum	\$2,000	\$2,000
DENTAL COVERAGE		
Cleanings	0%	0% of U&C
Exams	0%	0% of U&C
X-Rays	0%	0% of U&C
Sealants	0%	0% of U&C
Fillings	20%	20% of U&C
Simple Extractions	20%	20% of U&C
Endodontics	20%	20% of U&C
Periodontics	20%	20% of U&C
Crowns	50%	50% of U&C
Bridges	50%	50% of U&C
Implants	50%	50% of U&C
Dentures	50%	50% of U&C
Complex Extractions	50%	50% of U&C
Orthodontia	50%	50% of U&C
Orthodontia Lifetime Maximum	\$1,000	
Orthodontia Maximum Age	Up to age 19	
OUT OF NETWORK EXPLANATION		
	The out-of-network percentage of benefits is based on the schedule of usual and customary (U&C) fees in the geographic area in which the expenses are incurred.	
PLAN INFORMATION		
Network Name	Renaissance PPO	
Group Number	236225	
PREMIUM PER EMPLOYEE PAYCHECK		
Employee Only	\$3.79	
Employee + Spouse	\$7.66	
Employee + Child(ren)	\$10.05	
Family	\$13.95	



Disclaimer

This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

Vision Plan Highlights

Renaissance | Vision

Plan Explanation

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

The City of Ennis vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses. Benefits are offered through Renaissance. You may access **VSP** providers on their website at MyRenProviders.com

VISION COVERAGE	IN-NETWORK	OUT-OF-NETWORK
Eye Exam	\$10	Up to \$45
Single Vision Lens	\$10	Up to \$30
Lined Bi-Focal Lens	\$10	Up to \$50
Lined Tri-Focal Lens	\$10	Up to \$65
Lenticular Lens	\$10	Up to \$100
Contact Lens Allowance	\$150	Up to \$105
Frame Allowance	\$150	Up to \$70
FREQUENCIES		
Exam Frequency	Every 12 months*	
Lens Frequency	Every 12 months*	
Frame Frequency	Every 24 months*	
OUT OF NETWORK EXPLANATION		
	While you will receive a reimbursement when you go out of network, the out of network provider may not file the claim for you.	
PLAN INFORMATION		
Network Name	VSP	
Group Number	236225	
Laser Vision Correction	Discounts available averaging 15% off regular price or 5% off the promotional offer including LASIK or PRK	
PREMIUM PER EMPLOYEE PAYCHECK		
Employee Only	\$0.63	
Employee + Spouse	\$1.20	
Employee + Child(ren)	\$1.27	
Family	\$1.86	

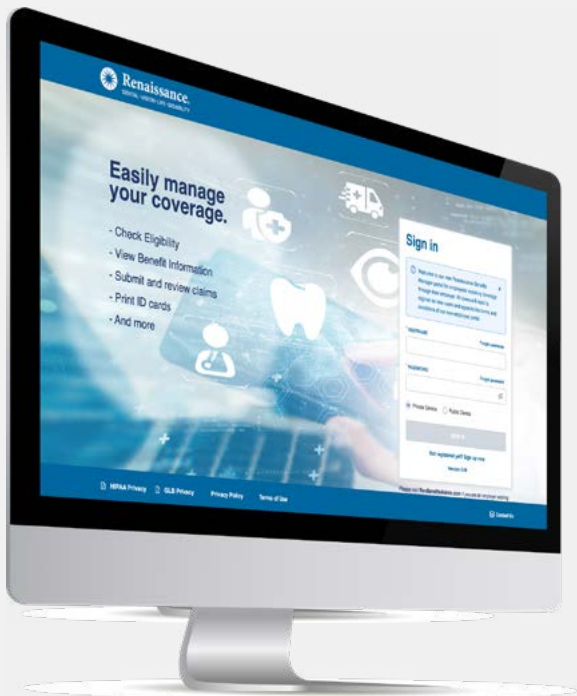
Disclaimer

This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.

*Allowance is one time use each 12 months or 24 months for frames. Be sure to use 100% of benefit at one time.



RENAISSANCE MEMBER *Online Portals*



MyRenBenefitsManager:

For employees who are part of an employer-sponsored plan, MyRenBenefitsManager makes it easy to view and manage your benefits information.

MYRENBENEFITSMANAGER FEATURES:



Review Coverage: View your profile, review coverage and access certificate information.



Real-Time Benefit Information: See your coverage levels, deductible information, and remaining annual maximum amount.



Claims: View claims transactions and payments. Submit life and disability claims with access to claims status updates, including claim examiner notes.



ID Cards: View, download and print your ID card.



Provider Search: Access to our provider search tool to find the right provider in your area.

Login or Register Today!
MyRenBenefitsManager.com

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



This Benefits Enrollment Guide (this “Guide”) is presented by Frost Insurance Agency, Inc. (“FIA”) on behalf of The Plan Sponsor for illustrative and informational purposes only. This Guide does not include all of the details contained in the applicable insurance contracts and plan documents. If there is any discrepancy between this information and the insurance contracts and plan documents, the insurance contracts and plan documents will control. If there are any errors or omissions in this Guide, the Plan Sponsor and FIA reserve the right to correct such errors or omissions. In addition, Plan Sponsor reserves the right to unilaterally amend, change, or terminate the health benefit plans, any underlying contracts or any other programs, at any time and without notice, at its sole discretion, according to the terms of the applicable plans or programs.