

## Hill Country Container & Supply

Employee Group Health Plan · Summary of Current Benefits

<b>Group number</b>	HCC-4471 · ERISA self-funded medical plan
<b>Plan year</b>	August 1, 2025 through July 31, 2026 · situs: Texas
<b>Administrator</b>	Lone Star Benefit Administrators, Austin TX (claims, eligibility, billing, COBRA)
<b>Network / PBM</b>	TexasFirst PPO regional rental network · ClearScript Rx pharmacy benefits
<b>Eligible class</b>	Class 1: all active employees regularly scheduled 30+ hours per week

### Medical schedule of benefits

Benefit	In network	Out of network
Individual / family deductible	\$2,500 / \$5,000	\$5,000 / \$10,000
Coinsurance (plan pays)	80% after deductible	60% after deductible
Individual / family out-of-pocket max	\$6,350 / \$12,700	\$12,700 / \$25,400
Preventive care (ACA schedule)	Covered at 100%	Not covered
Primary care / specialist office visit	\$30 / \$55 copay	60% after deductible
Telehealth (network vendor)	\$0 copay	Not covered
Urgent care	\$60 copay	60% after deductible
Emergency room (waived if admitted)	\$300 copay, then 80%	Paid as in network
Diagnostic lab and x-ray	80% after deductible	60% after deductible
Advanced imaging (CT / MRI / PET)*	\$150 copay, then 80%	60% after deductible
Inpatient hospital*	80% after deductible	60% after deductible
Outpatient surgery*	80% after deductible	60% after deductible
Maternity (delivery and inpatient)	80% after deductible	60% after deductible
Mental health / substance use, office	\$30 copay	60% after deductible
Mental health / substance use, inpatient*	80% after deductible	60% after deductible
Chiropractic (20 visits / year)	\$40 copay	60% after deductible
PT / OT / ST (30 combined visits / year)	80% after deductible	60% after deductible
Durable medical equipment*	80% after deductible	60% after deductible
Ambulance (emergency)	80%, deductible waived	Paid as in network
Home health (60 visits / year)*	80% after deductible	60% after deductible
Skilled nursing (60 days / year)*	80% after deductible	60% after deductible
Hospice	80% after deductible	60% after deductible

\* Prior authorization required. See page 2 for the utilization management list.

**Prescription drug benefits (ClearScript Rx)**

Tier	Retail (30 day)	Mail order (90 day)
Tier 1 · generic		\$10 \$25
Tier 2 · preferred brand		\$35 \$87.50
Tier 3 · non-preferred brand		\$60 \$150
Tier 4 · specialty (ClearScript Specialty only)	25% to \$250 max	Not available

Mandatory generic substitution applies. Step therapy applies to PPIs, non-sedating antihistamines, and select specialty classes. Specialty fills are limited to a 30-day supply through ClearScript Specialty.

**Utilization management / prior authorization**

Prior authorization is administered by the Lone Star care management unit for: all inpatient admissions (medical, surgical, behavioral), advanced imaging (CT, MRI, PET), outpatient surgery over \$5,000 billed, DME purchases over \$1,500, home health and skilled nursing services, transplant evaluation and services, dialysis, genetic testing, and all Tier 4 specialty pharmacy. Failure to obtain authorization reduces benefits by 50% to a \$2,500 maximum penalty.

**Eligibility**

Employees regularly scheduled for 30 or more hours per week are eligible the first of the month following 30 days of employment. Dependent coverage is available for legal spouses and children to age 26 (no student requirement). Disabled dependents may continue past 26 with proof of incapacity. Section 125 premium contributions are in effect. Rehires within 13 weeks resume prior eligibility.

**Current enrollment by tier (as of May 1, 2026)**

Tier	Code	Enrolled	Monthly premium equivalent
Employee only	EE	95	Available on request
Employee + spouse	ES	24	Available on request
Employee + child(ren)	EC	27	Available on request
Family	EF	26	Available on request
Total enrolled employees		172	

Current premium equivalent rates and administrative fees are maintained by the plan sponsor and are available on request.

**Stop loss coverage**

Provision	Current placement
Carrier	Caprock Reinsurance Company (A- rated, fictional)
Specific deductible	\$50,000 per covered person
Specific contract basis	24/12 (incurred in 24 months, paid in 12)
Specific TLO / no new lasers at renewal	Not included in current placement
Aggregate attachment point	125% of expected claims
Aggregate contract basis	Paid
Monthly aggregate factor (composite)	\$1,184.62 per employee (illustrative)
Policy renewal date	August 1, 2026

**Plan administration**

Role	Vendor
Third party administrator	Lone Star Benefit Administrators, Austin TX
Medical network	TexasFirst PPO
Pharmacy benefit manager	ClearScript Rx
Utilization / care management	Lone Star care management unit
COBRA administration	Lone Star Benefit Administrators
Form 5500 / SAR preparation	Plan sponsor's accountant of record

This summary is provided for request for proposal purposes only and does not modify the plan document. In the event of a conflict between this summary and the plan document, the plan document governs. Stop loss renewal terms for the August 1, 2026 policy year have not been released by the carrier as of the date of this summary.