

Aspermont Small Business Development Center, Inc.-

Benefit Summary effective July 1, 2025 – June 30, 2026

We are pleased to announce our benefits:

- Medical: Baylor Scott White Health

Full-time employees working at least **30 hours** per week are eligible to enroll in benefits and you may also cover your eligible dependents

Your benefits will begin on the **first of the month following 60 days**.

During this Open Enrollment period, you may:

- Make changes in your Medical Insurance
- Add or remove dependents
- Change beneficiaries



	Silver HMO HSA 5100 40788TX0360007
	IN-NETWORK
Deductible (Individual/Family)	\$5,100/\$10,200
Coinsurance	0%
Out-of-Pocket Maximum (Individual/Family)	\$5,100/\$10,200
BASIC & PHYSICIAN CARE	
Preventive Care	\$0
Primary Care Office Visit	DED + 0%
Specialist Office Visit	DED + 0%
Virtual Visits	DED + 0%
Independent Lab/X-Ray	DED + 0%
Independent Diag MRI / CT	DED + 0%
SICK AND QUICK CARE	
Urgent Care Facility	DED + 0%
Emergency Room	DED + 0%
HOSPITALIZATION	
Inpatient Hospital	DED + 0%
Outpatient Surgery	DED + 0%
PHARMACY	
Retail (up to 30 days)	Ded then \$0
Mail Order (90 days)	Ded then \$0
Specialty Drugs	Ded then \$0

⁽¹⁾ **Traditional Family Deductible:** Any individual family member will receive benefits once he/she has satisfied the single deductible, even if the family deductible has not been previously satisfied. Once the entire family deductible has been met, all remaining family members will receive benefits.

This publication highlights recent plan design changes and is intended to fully comply with the requirement under the Employee Retirement Income Security Act ("ERISA") as a Summary of Material Modification and should be kept with your most recent Summary Plan Descriptions

Aspermont Small Business Development Center, Inc.-

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Primary Contact Name: Patti Sedberry
Contact e-mail: psedberry@asbdc.net
Contact Phone #: 9409893538

Searching for a Provider?

Baylor Scott White Health: Visit www.bswhealthplan.com or Customer Service at **844-633-5325**

2025-2026 Rates Monthly	Silver HMO HSA 5100 40788TX0360007
Employee	\$872.79
EE + Spouse	\$1,745.58
EE + Child(ren)	\$1,745.58
Family	\$2,618.37



This document is an outline of the coverage proposed by in-force carriers based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.



My Company Plan

Appendix to the EBC HRA Summary Plan Description

This document outlines all of the options included in your company's EBC HRA. For further information about your plan, refer to your EBC HRA Summary Plan Description.

My Plan

Organization Name	Aspermont Small Business Development Center, Inc. (A86626)
HRA Name	Aspermont Small Business Development Center, Inc. Health Reimbursement Arrangement
Plan Year	January 1 - December 31

My Plan Eligibility

To be eligible to participate in this HRA you must enroll in a qualifying group health plan according to your employer's requirements.

My Eligible Expenses

A health reimbursement arrangement (HRA) allows your employer to provide additional funds for your health care expenses. These may be expenses eligible for coverage under your medical insurance policy, for which you have a responsibility to pay, or they may be expenses you pay for outside of your medical insurance. Refer to the My HRA Benefits by Coverage Level section for details about how much your HRA pays and when.

Your HRA pays for the following eligible expense types:	Deductible expenses submitted with an Explanation of Benefits (EOB) provided by your health plan
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My HRA Benefit Availability

Your employer contributes to your HRA at the start of the Plan Year. At this time your entire HRA balance is available to reimburse eligible expenses.

My HRA Benefits by Coverage Level

Find the Coverage Level below that applies to you to understand how much and when your HRA pays for each eligible expense types. If you don't use all of your HRA funds for eligible expenses incurred within the plan year, the remaining balance does not carry forward to the following plan year.



Single (Employee Only) Coverage

Deductible expenses

(submitted with an Explanation of Benefits (EOB) provided by your health plan)

<u>Payment Tier</u>	<u>You Pay</u>	<u>Your HRA Pays</u>
The first \$2,000 of eligible expenses	\$0	\$2,000
The next \$2,800 of eligible expenses	\$2,800	\$0
Maximum for this eligible expense type	\$2,800 out of pocket	\$2,000 maximum benefit



Family Coverage

Deductible expenses

(submitted with an Explanation of Benefits (EOB) provided by your health plan)

<u>Payment Tier</u>	<u>You Pay</u>	<u>Your HRA Pays</u>
The first \$4,000 of eligible expenses	\$0	\$4,000
The next \$5,600 of eligible expenses	\$5,600	\$0
Maximum for this eligible expense type	\$5,600 out of pocket	\$4,000 maximum benefit

Accessing Your HRA Funds

The Accessing Your Funds section in your EBC HRA Summary Plan Description includes more information about the following.

Submitting HRA Claims Online, through the Mobile App, or As Paper Claims

If you are required to file any claims directly with Employee Benefits Corporation, you may submit claims for reimbursement online at www.ebcflex.com, through the mobile app, or by filling out and submitting a claim form. Reimbursement is made in the order claims are received. The first claim received and processed is the first one paid from the HRA.

Paying for Eligible Health Care Expenses with the Benefits Card

Your employer’s HRA includes a Benefits Card. The Benefits Card is a prepaid debit card you can use to pay for eligible expenses with funds directly from your HRA balance.

The Benefits Card debits your HRA when you use the card at approved service providers and retailers to pay for eligible expenses. Remember to save your receipts and purchase documentation when using the Benefits Card. If your transaction cannot be automatically substantiated at the point of sale, you will be sent a Documentation Request to verify the expense is eligible for payment from your HRA.

You can only use your Benefits Card for an expense incurred in the same plan year it is paid. To be reimbursed during your runout period for prior plan year expenses, submit a claim for reimbursement online, through the mobile app, or on a claim form.

If you use your Benefits Card while you have pending claims for reimbursement that you previously submitted, your Benefits Card transaction may be processed before the pending claims. As a reminder, the first claim processed is the first one paid from the HRA.

Runout Period

Your runout period is 3 months long and you may submit claims for eligible expenses incurred during the plan year until March 31, 2026. If you end your employment or lose eligibility mid-plan year, you will still have 3 months to submit eligible claims from the date your employment ended or you lost eligibility.

My HRA ERISA Information

ERISA Status	The Plan is governed by ERISA
Contact	Human Resources Representative
Plan Administrator	Aspermont Small Business Development Center, Inc.
Address	9660 US Hwy 83 S. Aspermont, TX 79502
Telephone	(940)200-0339
Federal ID Number	75-1218257
Legal Plan Name	Aspermont Small Business Development Center, Inc. Health Reimbursement Plan
Plan Number	501
Original Effective Date	4/1/2019
Agent for Service of Process	Patti Sedberry
Collectively Bargained	No

Your company, Aspermont Small Business Development Center, Inc., has adopted the EBC HRA (the Plan) and has engaged Employee Benefits Corporation, P.O. Box 44347, Madison, WI, 53744 (telephone: 608 831 8445; toll free: 800 346 2126), to provide services related to the Plan. For purposes of federal law, the Employer is the Plan Sponsor and the Plan Administrator.

Contact Employee Benefits Corporation

Web Address	www.ebcflex.com
E-mail Address	participantservices@ebcflex.com
Fax Number	(608) 831-4790
Mailing Address	Employee Benefits Corporation PO Box 44347 Madison, WI 53744-4347

Phone Number

(800) 346-2126
(608) 831-8445