

WELCOME TO



EMPLOYEE HANDBOOK & WORKERS' COMPENSATION INFORMATION

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WORKERS' COMPENSATION INFORMATION (English/Spanish)



online, everywhere Visa debit cards are accepted and where Debit Mastercard is accepted.³ Pay with a single touch anywhere Apple Pay®, Samsung Pay®, or Google Pay[™] is accepted.



Safe and Secure — Balance is protected from fraud if the card is lost or stolen, and is FDIC insured.8

to 2 days early⁴ for your pay and other sources of income.⁵ A no-fee⁶ upgrade is required.⁷



Manage your Money — Save for a rainy day, plan your budget, and track your spending to boost your financial wellness with myWisely® app.9

Adding funds from other sources requires additional cardholder identification verification

- ² Wisely Pay is not a credit card and does not build credit.
- ¹ Additional terms and third-party fees may apply

* You must opt into early direct deposit on myWisely.com/pay or myWisely mobile app. Early direct deposit of funds is not guaranteed and is subject to payer's support and the timing of payer's payment instruction. Faster-funding claim is based on a comparison of our policy of making funds available upon our receipt of payment instruction with the typical banking practice of posting funds at settlement. Please see full disclosures on myWisely.com or myWisely app. Please allow up to 3 weeks for funds to be loaded to the card after initial setup of direct deposit to your card. Please allow up to 3 weeks for your pay to be loaded to the card after initial setup of direct deposit to your card.

* While this feature is available at no additional charge, certain other transaction fees and costs, terms, and conditions are associated with the use of this Card. See the cardholder agreement for more details

⁷ Additional verification required and may not be available to all cardholders.
⁸ You must notify us immediately and assist us in our investigation if your card is lost or stolen or you believe someone is using your card without your permission. * Standard text message fees and data rates may apply.

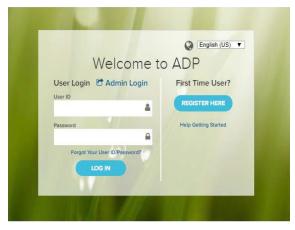
The Wisely Pay Mastercard® is issued by Fifth Third Bank N.A., Member FDIC, or MetaBank®, N.A., Member FDIC, pursuant to license by Mastercard International Incorporated. The Wisely Pay Visa® is issued by Fifth Third Bank N.A., Member FDIC, or MetaBank®, N.A., Member FDIC, pursuant to a license from Visa U.S.A. Inc. ADP and the ADP logo are registered trademarks of ADP, Inc. Wisely, myWisely, and the Wisely logo are registered trademarks of ADP, Inc. Apple, the Apple logo, and Apple Pay are registered trademarks of Apple Inc. App Store is a service mark of Apple Inc., registered in the U.S. and other countries. Google Pay, Google Play, and the Google Play logo are trademarks of Google LLC. Samsung Pay is a registered trademark of Samsung Electronics Co., Ltd. All other marks are the property of their respective owners. Copyright © 2020 ADP, Inc. All rights reserved.

WiselyCard_Poster_V4_Rev. Aug 2020

PAY STATEMENT INSTRUCTIONS

Welcome! Please Register an account with ADP to allow access to your employee and company information. Through ADP, our payroll provider, we are able to offer you access to your Earning Statements and W-2 forms 24 hours per day, 7 days a week.

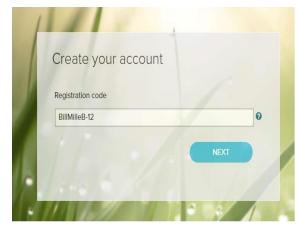
1) Access www.workforcenow.adp.com and select "First Time User?" REGISTER HERE



3) The following prompt will appear click on YES

Do you want to se	t up an account
with Bill Mille	and the second
	1
NO	YES

2) Enter the following into the Registration Code Field: <u>BillMilleB-12</u>



4) Please complete the information as requested to validate your account:

Identify yourself		
First name*	Last name*	
SSN, EIN, or ITIN*		
I'm not a robot	RCAPTCHA	
	Privacy-Terma	
		NEXT

- 5) Add contact email address(s) and mobile number(s) to your account.
- 6) Set up your user ID, password, and select security questions and answers.
- 7) Click Register Now. Use your user ID and password to access your ADP service(s).

Upon completing the registration process, you may access you pay statements at www.workforcenow.com. If you become locked out, call the Payroll Department at 210-225-4461.

Never wait for a paycheck again!

Access your earned pay when you need it.

Get started today!





or text START to 66867

Benefits of DailyPay include the ability to:



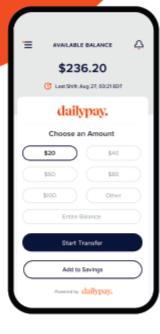
Track your daily income with updates after every shift you work



Transfer your earnings instantly or next-day



Automatically save a portion of your paycheck



SCAN HERE



dailypay.tm/nh





PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Payroll Dept. 210-225-4461.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name	4. Employer Identi	4. Employer Identification Number (EIN)				
Bill Miller Bar-B-Q	74-1595559	74-1595559				
5. Employer address PO Box 839925	6. Employer phon 210-225-4461	e number				
7. City		8. State	9. ZIP code			
San Antonio		TX	78283			
 Who can we contact about employee health coverag Pavroll Dept. 	e at this job?					
11. Phone number (if different from above)	12. Email address					
210-225-4461	payroll@billmillerbbq.	.com				
Here is some basic information about health coverage offered by this employer: •As your employer, we offer a health plan to: All employees. Eligible employees are:						
Some employees. Eligible empl	oyees are:					
Active employees after meeting eligibility requirements						
•With respect to dependents: X We do offer coverage. Eligible of	lependents are:					
Dependent children under 26 years of age						
Spouse who is not eligible for employer sp	consored health plan thru his/he	r employer				
We do not offer coverage.						
If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.						
** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium						

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?
 Yes (Continue) If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? (mm/dd/xxxx) (Continue) No (STOP and return this form to employee)
 14. Does the employer offer a health plan that meets the minimum value standard*? X Yes (Go to question 15) No (STOP and return form to employee)
 15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would <u>pay_if</u> he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs. a. How much would the employee have to pay in premiums for this plan? b. How often? Weekly X Every 2 weeks Twice a month
If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, <u>STOP</u> and return form to employee.

- 16. What change will the employer make for the new plan year?
 Employer won't offer health coverage
 Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value <u>standard.*</u> (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ b. How often? Weekly Every 2 weeks Twice a month Monthly

Quarterly Yearly

[•] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 368(c)(2)(C)(ii) of the Internal Revenue Code of 1966)

Dear Staff Member,

I would like to welcome you to Bill Miller Bar-B-Q and hope that our association may be long and happy.

As you well know, the primary objective is to provide a quality product and good, fast efficient service.

In addition to serving our customers, we are also extremely concerned about the employee, since it is through the employee that our primary objectives are realized. Therefore, we have developed this handbook so that you will know what benefits you can expect from Bill Miller Bar-B-Q as your employer and will also be informed as to what is expected from you as an employee.

As we work together fulfilling our various responsibilities, questions and problems may arise. This book has been prepared to present the basis for answers to these questions and problems. If you have questions concerning any of the policies, your manager, or area manager will be glad to explain them; however, you always have the invitation to speak with me concerning the policies contained in this handbook.

Your personal success is important to the company since it is only through your efforts, when combined with those of other employees, that service can be provided for all. Every effort will be made to assist you in adjusting to employment with Bill Miller Bar-B-Q, and finding satisfaction and productive achievement of your work, and in seeking out those opportunities for advancement and promotion in accordance with your talents and potential for development.

Your personal happiness will be closely related to your happiness in your work, thus the first step in any successful activity is to clearly understand the rules that regulate that activity. For this reason, you should become familiar with all the policies and regulations as soon as possible and keep this book handy for ready reference.

I am proud of our employees and the progressive environment we have developed, and it is my hope that you will enjoy your association with our company. We look forward to many years of mutually rewarding and satisfying experiences.

11/5-

Jim Guy Egbert

HANDBOOK INTERPRETATION

This handbook is intended to provide employees with a general understanding of the personnel policies at Bill Miller Bar-B-Q. The personnel policies in this handbook supersede and replace all prior published or unpublished policies.

The information in this handbook should be helpful in familiarizing employees with the company. This handbook, however, cannot anticipate every situation or answer every question about employment. Neither does this handbook nor any provision in the handbook constitute a contract of employment or any other type of contract. Bill Miller Bar-B-Q must demonstrate flexibility in the administration of policies and procedures and reserves the right to change or revise policies and procedures without notice when such action is deemed necessary by the company.

INTRODUCTION

Mr. And Mrs. Miller started their business career in April of 1952, retailing fresh dressed poultry and eggs. The food service segment of the business started in March of 1954 as a small fried chicken-to-go establishment. Fried chicken sales led to barbecue and hamburgers. There were few, if any, food-to-go stores in the fifties, and Bill Miller was one of the first to offer quality food and to promote five (5) minute service. Personal savings during those years led to the opening of a second restaurant in February of 1965.

The company now operates many restaurants in South Texas serving specially-prepared barbecued meats, potato salad, rice and beans. The restaurant dining rooms seat 80 to 150 people. Bill Miller Bar-B-Q takes pride in its fast and efficient food-to-go service.

Another service offered by Bill Miller Bar-B-Q is catering to small and large groups all over South Central Texas.

The Home of Bill Miller Bar-B-Q (Central Plant) operates a commissary, a sausage kitchen, bakery, laundry and a distribution center.

EQUAL EMPLOYMENT OPPORTUNITY

It is and shall continue to be the policy of Bill Miller Bar-B-Q that all persons are entitled to equal opportunity regardless of race, color, religion, national origin, age or disability, sexual orientation or any other classification protected by federal, state or local law.

In compliance with the provisions of all applicable state and federal civil rights laws, every effort will be made to employ the most qualified individuals without regard to the above factors.

Bill Miller Bar-B-Q prohibits discriminatory practices or harassment based on sex, race, color, religion, national origin, age, or disability involving employees, customers, or the general public.

Additionally, it is and shall continue to be our policy to provide promotion and advancement opportunities in a nondiscriminatory fashion.

It is and shall continue to be the policy of Bill Miller Bar-B-Q that its employees and their work environment shall be free from all forms of harassment and intimidation, including but not limited to sexual harassment. Verbal and physical conduct of a sexual nature by any employee, supervisor or manager, including sexual advances, requests for sexual favors or other conduct which tends to create an intimidating, hostile or offensive work environment, is strictly prohibited.

All employees are responsible for maintaining a workplace free of harassment and/or discrimination. Any person may file a harassment and/or discrimination complaint regarding incidents experienced personally or observed in the workplace. Do not assume that Bill Miller Bar-B-Q is aware of a problem. It is the responsibility of all personnel to bring complaints to the Company so that it can help resolve them.

Employees who believe they are being subjected to any harassment, including but not limited to sexual harassment, by a co-worker, manager or supervisor or believe their employment is being affected by such conduct, shall report such incidents to the manager, Area Manager, Assistant Director of Operations, Director of Operations, or the Director of Personnel. There will be no retaliation against the complaining person or any person who participates in the investigation of a complaint. A prompt thorough investigation of your complaint will be conducted. If it is determined that a violation of this policy has occurred, prompt and appropriate action will be taken, which may result in discipline up to and including termination. If you are not satisfied with the conclusions or results of the investigation, you may present your complaint in writing to the President/CEO.

ATTENDANCE/TARDINESS

Regular attendance and punctuality in reporting for work are essential to the efficient operation of the business and to the maintenance of good customer relations. Excessive absenteeism or tardiness excused or unexcused, regardless of the reason, disrupts work schedules, places an undue burden on co-workers, and prevents Bill Miller Bar-B-Q from providing customers the service to which they are entitled. Once the schedule has been posted, any changes must be initialed on the schedule sheet by both the manager and the employee.

ABSENTEEISM

If it is necessary for you to be absent from work, you must give notice by calling the manager on duty every day that you are absent. Absences will be considered excessive when they total **seven** (7) in a consecutive 12-month period, beginning on the date of the first absence. The **seventh absence** will result in a verbal warning, the **eighth absence** results in a written warning, the **ninth absence** results in a second written warning, and the **tenth absence** will result in discharge. Extended illnesses will count as a single instance.

If you are absent due to an illness or injury for 3 consecutive workdays, you may be required to provide a doctor's excuse for the length of the illness, injury, or disability. Failure to provide this doctor's excuse may result in disciplinary action up to and including discharge.

Jury duty, funeral leave, leave of absence, vacation leave, any approved leave or schedule accommodation as defined by the American with Disabilities Act (ADA) or Family Medical Leave Act (FMLA) will not count as an instance. ***STORE MANAGEMENT MUST NOTIFY THE AREA MANAGER ON DUTY.**

TARDINESS

If you are going to be late or tardy, you must notify the manager on duty. Tardies will be considered excessive when they total **seven** (7) in a consecutive 12-month period, beginning on the date of the first tardy. The **seventh tardy** will result in a verbal warning, the **eighth tardy** results in a written warning, the **ninth tardy** results in a second written warning, and the **tenth tardy** will result in discharge.

*STORE MANAGEMENT MUST NOTIFY THE AREA MANAGER ON DUTY.

LEAVING PRIOR TO THE END OF SHIFT

Employees needing to leave prior to the end of their shift due to a personal situation, stemming from outside of work, causes disruption and places undue burden on fellow employees. Employees must notify the manager on duty prior to leaving. Having to leave will be considered excessive when they total **seven** (7) in a consecutive 12-month period, beginning with the date of the first incident. The **seventh incident** will result in a verbal warning, the **eighth** will result in a written warning, the **ninth** a second written and the **tenth** will result in discharge.

*STORE MANAGEMENT MUST NOTIFY THE AREA MANAGER ON DUTY.

NO CALL NO SHOWS: (Absenteeism without notification)

Two separate instances of no call, no show will result in termination after the first incident of a written warning with notification that a second incident will result in discharge.

Two consecutive no call, no shows for two consecutive "scheduled days" will be considered a voluntary resignation.

WALKING OFF THE JOB

Job abandonment or walking out constitutes a voluntary resignation.

BULLETIN BOARDS

Bulletin boards are to be used to keep employees current on notices, special events, changes in company rules, regulations or policies, and other information. Only authorized materials may be posted.

CONDUCT/WORK PERFORMANCE

Whenever and wherever people work together, each person must conform to standards of reasonable conduct in order to maintain an orderly, efficient atmosphere. This is particularly true in an organization where the actions of one employee may adversely affect the efficiency, productivity, job security and chances for opportunity for fellow employees. Accordingly, an employee may be disciplined, including dismissal, in order to protect the rights of others and to encourage correct conduct and cooperation.

Corrective measures are not intended to inflict punishment. Various measures are designed to correct whatever problem the employee has, and to make employees aware of the importance of abiding by our company policies and procedures. In some cases, it may be necessary to dismiss an employee because of the seriousness or continuation of an offense. Violation of any rule, regulation or work practice will result in the positive discipline system being enforced. Depending on the circumstances and the employee's record, this disciplinary action could be a Verbal Warning, Written Record, Suspension or Termination. The intent of our discipline system is to use disciplinary action as a means to assist and encourage employees to correct their conduct and to achieve satisfactory work performance.

We are listing offenses in two main categories to provide our employees with an understanding of what they can expect if they violate certain policies and procedures. It is not possible to list every conceivable infraction, however, the two areas listed should provide a guideline as to what discipline may apply for situations not listed.

Serious Offenses

These infractions are extremely serious and due to the severity, the employee is subject to written record, up to termination on the first offense:

- Gambling
- Violating the Company's Equal Employment Opportunity Policy
- Customer or employee abuse or neglect
- Insubordination
- Inappropriate behavior
- Refusal to allow packages, purse, or pockets to be checked by authorized personnel.
- Petty Thievery/Pilferage (A \$100 reward will be paid to anyone reporting such activity that can be confirmed. This offer does not expire, and the source of the information will not be disclosed. Should you become aware of such an occurrence, please contact your manager, area manager, or operations director).
- Giving unauthorized discounts or accepting an unauthorized discount
- Not paying for any food eaten or not charging a co-worker, friend, relative, etc.
- Violation of cashiering policies
- Responsible for instigating or fighting on company property or threatening to do bodily harm.
- Indecency or immoral conduct on company property within or outside of normal working hours
- Forging, altering, or deliberately falsifying any document.
- Clocking in or out for another employee
- Possession of illegal drugs, drug paraphernalia, drug use, or impairment on duty because of drugs or alcohol; refusing to be tested if reasonable cause to suspect such influence.
- Possession of firearms or explosives or other dangerous weapons
- Dishonesty or removal of another employee's property or company property without permission
- Misrepresentation on employment application
- Conviction of a punishable crime as a felony
- Jeopardizing the health and safety of others
- Leaving work at end of shift without the permission of manager in charge or not ready to go to work at the start of shift.
- Smoking or dipping while on the clock.

Other Offenses

Although these infractions are serious, it is felt that through counseling and other measures an employee should be aware of and correct his actions and conduct. Failure to do so will result in disciplinary action, up to and including discharge.

• Substandard quality and quantity of work

- Disruptive behavior
- Smoking or eating in unauthorized areas.
- Loafing or lack of application or effort on the job
- Disobeying instructions, policies and procedures
- Violation of parking policy
- Dress code violation
- Using equipment, material or supplies in a careless or wasteful manner.
- Poor customer relations
- Bad personal hygiene
- Violation of confidentiality
- Solicitation
- Disorderly conduct on company property
- Mishandling, abusing, destroying or defacing property belonging to the company and/or other employees.
- Placing company property at risk of theft or vandalism
- Undue familiarity with other employees while at work will not be permitted.
- Indiscriminate gossiping or criticizing
- Making or receiving excessive phone calls while on duty
- Failure to attend mandatory employee meetings.
- Failing to promptly report an accident or job-related injury.
- Excessive talking about personal affairs while on duty.
- Taking pictures or videos inside the store.

CHANGE OF STATUS

It is important that Bill Miller Bar-B-Q keep an accurate record of each employee's personal status. Any change in address, telephone number, marital status, dependents or credential should be reported immediately to the Personnel Department. This is especially important as unreported changes in dependency status, which affect the employee's insurance program, might cause the insurance to be declared invalid in the event of a claim.

CONFIDENTIALITY

Employees of Bill Miller Bar-B-Q are exposed to information concerning company recipes and activities that must be held in confidence. Employees should not discuss company affairs with other employees or outsiders, except as necessary for the discharge of official duties. Violation of confidence may result in disciplinary action up to and including termination.

CUSTOMER COMPLAINTS

When an employee becomes the recipient of a customer complaint, the employee should not handle the situation. The policy of Bill Miller Bar-B-Q is that all customer complaints should be handled by a member of the management team. Inform the customer of our policy and excuse yourself to locate the manager.

DRESS REGULATIONS

All employees shall present a well-groomed professional appearance, which inspires confidence in customers, families and visitors. Personal appearance will be regarded as an important aspect of employees' overall effectiveness. The appearance of an employee is an important part of the company's image.

Upon employment, employees are required to purchase a Bill Miller shirt, identification badge, and a cap or visor. Payment for uniforms will be fulfilled through payroll deductions until the entire amount due is collected. Employees must be in uniform at all times while on duty and while on Bill Miller property. Additional/replacement uniforms and/or identification badge, which has been lost or damaged, can be ordered through the employee's manager.

When an employee is not in proper uniform, the company reserves the right to send the employee home (without pay) in addition to counseling the employee. The following regulations are to be observed:

Uniformed Hourly Personnel: Clothing/Footwear

- Bill Miller work shirt clean and tucked in.
- Bill Miller clean printed cap or visor with hairnet. (No bandanas, stocking caps, scarves, etc. are to be worn under caps or visors.)
- Printed nametag with correct name, worn on collar of shirt. No extra stickers, marks, pins, etc., may be added to your nametag.
- Neat, clean blue or black jeans, not torn, worn at waist level and belted if looped. No corduroys. Nothing should be allowed to hang out of pant pockets while on duty (combs, brushes, keys or key chains, wallets).
- Safe, comfortable shoes (clean, not worn); leather uppers with rubber soles and dark colors only (black or brown). Sandals, clogs, canvas, open-toed, or open-back shoes are not acceptable.
- You are not allowed to use your cell phone nor headphones/earbuds while clocked in.

General Dress Regulations for all Bill Miller Employees:

Hair:

- 1. Hairstyles of employees are expected to be in good taste, clean, well kept, and conservative in style.
- 2. Mustaches and sideburns are to be kept clean, and well-trimmed at all times.
- 3. Beards and goatees must be neatly trimmed with clean edges and length must be no longer than ¹/₂ inch long. Beard net must be worn at all times.

Make-up:

- 1. Make-up should not be excessive.
- 2. Fingernails must be trimmed, filed, maintained to be smooth, cleanable, and not rough. Polished, sculptured, or artificial nails are allowed but the employee must wear gloves at all times. Jewels on nails are not allowed. Length of fingernails/artificial nails cannot be longer than a ¹/₄ inch long.
- 3. Hickies are not allowed.

Tattoos:

- 1. Visible tattoos are allowed provided they are not obscene, offensive, or vulgar.
- 2. Facial tattoos are not allowed.

Perfume/Cologne:

1. Perfume/Cologne should not be applied excessively and should be conservative in scent.

Jewelry/Accessories:

- 1. No jewelry on hands except for one smooth plain wedding band.
- 2. Stud ear piercings are limited to a maximum of 3 per ear. A bar in your ear counts as 2 of the 3 ear piercings.
- 3. Only one facial piercing is allowed.
- 4. If you choose to wear a mask it must be a clear face mask.

Personal Hygiene:

1. Good personal hygiene should be maintained at all times.

EMPLOYEE BENEFITS

Bill Miller Bar-B-Q regularly reviews the employee benefits program. Changes that occur from time to time will generally be communicated to employees through the main office.

401K PLAN

A personal account can be established for each individual to which you can make either pre-tax contributions or contribute to a 401K Roth account ranging from 2% to 15% of your compensation. Bill Miller Bar-B-Q will contribute to a maximum of \$1,500.00 per calendar year. The company's contribution rate is reviewed each year and is related to the company's profitability. All employees who are at least 21 years of age, have completed six months of service and work an average of 20 hours or more per week are eligible to participate.

For more information you may contact the main office.

BREAKS AND MEAL DISCOUNT

Employees are scheduled for a thirty (30) minute break if they work a minimum of six (6) hours. Employees are required to clock out for their break. If the employee does not get a scheduled break, the employee must report this to his/her immediate supervisor. Failure to clock out for a break will result in termination.

Hourly employees are provided a 50% discount for meals, including their drinks. Store employees receive free meals Saturday and Sunday, at their respective unit while scheduled to work. Discounted food is for dining room consumption only; all food to-go is full price. Employees may come in just prior to their work schedule and eat or they may eat after their scheduled shift for that day.

Eating or drinking is not allowed while an employee is clocked in, except from the water fountain. Violating this policy is considered a serious offense and is subject to termination on the first offense.

Giving unauthorized discounts, not paying for food eaten, knowingly not charging fellow employees or friends correctly, or paying half price for food and then giving it to someone else to eat is stealing. An employee caught stealing will be discharged. It will mar his or her work record permanently.

EDUCATIONAL ASSISTANCE PROGRAM

The continued educational growth and development of employees is important to the success of Bill Miller Bar-B-Q. If employees would like to continue their education while working, Bill Miller Bar-B-Q will assist financially, a maximum amount of \$600 (six hundred dollars) per semester, providing the following criteria is met:

A. Six (6) months or more of continued employment

B. Working an average of twenty (20) hours or more a week for the six (6) months prior to the end of the semester.

- *C.* Courses must be taken at an accredited institution (Jr. College or University) or approved technical school and completed with a minimum passing grade of a "C". Incomplete, dropped courses or grades less than a "C" will not be considered for reimbursement.
- D. Applications for assistance must be received within 90 days of the end of the semester that is to be reimbursed.
- E. Employee must be active or left in good standing to be considered.

Upon completion of the semester, the Manager will forward a completed Educational Assistance Application, itemized receipts for payments from the institution and grades to the Personnel Department to be processed for reimbursement. The check will be forwarded to the employee at the store in which he/she is employed.

A permanent copy of the application with attached grade slip and bill will be maintained in the employee's personnel file.

FAMILY AND MEDICAL LEAVE ACT

This type of leave is provided by the new federal law adopted in 1993 for employees with twelve (12) months of employment and a minimum of 1250 hours worked during the period preceding the request. The granting of up to twelve (12) weeks of unpaid leave in any twelve (12) month period is approved for the resolution of personal or domestic issues such as:

- 1. The birth of a child or to care for the baby (eligibility for leave expires twelve (12) months from date of birth);
- 2. The placement of a child or for foster care (eligibility for leave expires twelve (12) months from placement of child);
- 3. To care for a spouse, child or parent who has a serious health condition. The leave under this reason may be taken intermittently or on a reduced time basis, if such a schedule is needed for medical reasons.
- 4. Because of the employee's own serious health condition, where the employee is unable to perform his/her job. The leave under this reason may be taken intermittently or on a reduced time basis if medically necessary to do so.
- 5. A "spouse, son, daughter, parent, or next of kin" to take up to 26 workweeks of leave to care for a "member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness."
- 6. Qualifying Exigency Leave: A covered employer must grant an eligible employee up to a total of 12 workweeks of unpaid leave during the normal 12-month period established by the employer for FMLA leave for qualifying exigencies arising out of the fact that the employee's spouse, son, daughter, or parent is on active duty, or has been notified of an impending call or order to active duty, in support of a contingency operation. Under the terms of the statute, qualifying exigency leave is available to a family member of military member in the National Guard or Reserves; it does not extend to family members of military members in the Regular Armed Forces.

Employees are required to give their employer at least thirty (30) days advance written notice of such leave, to the extent advance notice is practicable. Also, if the leave is for planned medical treatment, the employee is expected to schedule the treatment so as to create minimum disruption for the employer.

The employee will be required to provide documentation from the Health Care Provider about the employee's or family member's condition before leave will be granted.

Should you need additional information, please contact the Personnel Department at the main office.

FUNERAL LEAVE

It is the policy of Bill Miller Bar-B-Q to grant employees bereavement time off without loss of pay when a death occurs in the immediate family. All employees are eligible after one year of continuous employment. One day of leave is granted for funerals held within 100 miles of the employee's residence. Two days are granted for those greater than 100 miles. If for extenuating circumstances more time is needed, arrangements may be made with your area manager. If the employee is scheduled off for that particular day, no pay is granted for that day. You must provide verification for funeral attendance (example: certificate from funeral home).

Immediate family members are considered to be spouse, children, parents, brother, sister, grandparents, aunt, uncle, niece, nephew, father-in-law, mother-in-law, stepchildren, sister-in-law, brother-in-law, daughter-in-law, son-in-law or member of employee's household.

HOLIDAYS

Bill Miller Bar-B-Q stores are open seven (7) days a week, opening half a day on Thanksgiving and closing Christmas Day. The main office will be closed for the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the Friday after Thanksgiving Day, and Christmas Day.

INSURANCE

Bill Miller Bar-B-Q offers medical, dental, vision and life insurance to all employees. Hourly employees may obtain these coverages provided they meet the following criteria:

- 1. Six (6) months or more of continuous employment
- 2. Work an average of twenty-five (25) hours or more weekly.

Management employees may obtain these coverages after 30 days of continuous employment.

Whenever an employee is on any type of leave, it will be necessary for the employee to pay the insurance premium payments prior to the beginning of the leave, and on a monthly basis in advance thereafter. If the employee fails to pay the premiums in advance, the insurance will be terminated at the end of thirty (30) days.

The company's group health insurance plan provides temporary extension of health coverage for eligible employees with certain qualifying events, in compliance with federal law. Details are noted in the Continuation of Benefits Policy.

For more information regarding coverage, costs, etc., please contact the main office.

JURY DUTY

All employees are eligible after one year of continuous employment. Employees will be paid for the scheduled hours missed at their current base rate of pay while serving on jury duty provided that he/she submits a copy of the jury duty **certificate**, not the summons, to their manager as soon as it is received. Management employees will receive their regular salaries during weeks in which they have required jury duty.

Employees will be required to work evenings and weekends as scheduled while in jury service.

LEAVE OF ABSENCE

A leave of absence is defined as time off from work for which the employee has received prior approval. Employees must have worked a minimum of six months to qualify for this type of leave not covered by the Family and Medical Leave Act. A leave of absence may be granted for up to 12 weeks. Requests for a leave are submitted for consideration to the manager or area manager in writing, stating anticipated starting date and date of return. Leaves of absence are not automatically granted. An employee returning from a leave of absence will be eligible for re-employment if a vacant position for which they are qualified is available. An employee returning from a leave of absence who refuses a vacant position for which they are qualified may be terminated. Failure to return to work at the conclusion of a leave of absence will be recognized as a voluntary resignation.

Whenever an employee is on any type of leave, it will be necessary for the employee to pay the insurance premium payments prior to the beginning of the leave, and on a monthly basis in advance thereafter. If the employee fails to pay the premiums in advance, the insurance will be terminated at the end of thirty (30) days.

If an employee is employed elsewhere while on a leave, and the employee is able to work and does not contact his/her manager, his/her employment will be terminated.

PERSONAL PAID DAYS

Hourly employees are eligible for 3 personal days each year upon qualification. Employees must average 25 hours or more per week, qualify each year on their anniversary date, and personal days may not be carried over from one year to the next. A personal day for an hourly employee is equal to 1/5 of their weekly vacation average.

Managers are eligible for up to 7 personal days after 1 year in a management position. Personal days are based on a calendar year, January through December. There is no pay-out for unused days. Days may be carried over up to a maximum of 14 in a year. Number of days will be prorated upon completion of 1st year in the position. Refer to chart below:

Jan/Feb	7	Sept/Oct	3
Mar/Apr	6	Nov	2
May/June	5	Dec	1
July/Aug	4		

Personal days may not be used the day before, the day of, or the day after the following holidays:

New Year's Day – Super Bowl – Easter – Mother's Day – Memorial Day – Father's Day – July 4th –

Labor Day.

Personal days along with vacation time may not be taken the week before or the week of Thanksgiving, or during the 7 days prior to Christmas.

Laguna Madre employees are also not able to use personal days on Ash Wednesday and any Friday during Lent. Personal days must be taken concurrent with any type of leave.

PROMOTIONS

Whenever a job opening occurs, the company will attempt to fill the vacancy by promotion from among present qualified employees, if possible.

PUMP ACT

- Employees shall be provided reasonable time to express milk at work for up to one year following the child's birth each time the employee has the need to express milk.
- Employees will be provided a private place, typically the office, to express breast milk.
- Employee is responsible for giving supervisors advance notice of the need for lactation accommodations, preferably prior to their return to work following the birth of the child.
- Employee is responsible for ensuring the safekeeping of the expressed breast milk, stored in any refrigerator, on the premises. Expressed breast milk may also be stored in the employee's personal cooler.

No employee shall be discriminated against for breastfeeding or expressing milk during the work period, and reasonable efforts will be made to assist employees in meeting their infant feeding goals while at work.

PREGNANT WORKERS FAIRNESS ACT (PWFA)

The Pregnant Workers Fairness Act (PWFA) 2023, requires covered employers to provide "reasonable accommodations"

to a qualified worker's known limitations related to pregnancy, childbirth, or related medical conditions.

Contact the Personnel Department for additional information.

STAFF LEADER PROGRAM

This program is designed to develop people toward management. A series of testing and evaluations are performed to identify employees who qualify to participate in this program. Staff leaders must be at least 18 years of age and must be available to work additional hours. Any employee interested in this program should contact their manager or area manager.

VACATION

Employees are eligible for one (1) week of paid vacation after six months of service and averaging 25 hours or more a week. Employees will then be eligible for a second week of paid vacation after one year of continuous service and an average of 25 hours or more per week. Employees are eligible for three (3) weeks of vacation after six years of service, four (4) weeks after twenty-five years of service and (5) weeks of vacation after thirty-five years of service. Vacations should be requested well in advance to allow for proper scheduling of replacements during the vacation periods. Generally, vacation weeks may not be taken consecutively unless an employee is on leave covered by the Family Medical Leave Act or leave of absence. Personal days and vacation must be taken concurrent with leave.

Vacation may not be taken the week before or the week of Thanksgiving, or during the 7 days prior to Christmas.

Vacation will be paid out if not taken in the year following the year in which the vacation was earned.

EMPLOYEE MEETINGS

Employee meetings are held quarterly. Attendance is considered part of the duties of each employee. Employees will be paid for attending all mandatory meetings. Employees who fail to attend will be subject to the attendance policy.

EMPLOYMENT OF RELATIVES

Relatives of employees may be considered for employment, if qualified for specific vacancies. Relatives of management are not considered for employment in the same store. In no case will relatives supervise one another. Clarification or conflict regarding this policy should be resolved only by the Director of Operations or Director of Personnel. Relatives of hourly employees, except for Staff Leaders, may be employed at the same unit with the Area Manager's approval.

FOOD SAFETY

The Texas Department of State Health Services (TXDSHS), under Texas Food Establishment Rules (TFER) §228.33, requires that '...all food employees shall successfully complete an accredited food handler training course". Bill Miller Bar-B-Q requires that all employees have a valid Texas Food Handlers Card License from an accredited testing provider.

FRATERNIZATION

Fraternization between management personnel and hourly employees is not permitted. Fraternization is defined as having a close personal relationship with and/or engaging in activities while on or off duty that could negatively affect the work environment. Such activities include but are not limited to, dating, attending an employee party, socializing with, dining with, etc. Violations of this policy are serious and subject to disciplinary action up to and including termination.

GRIEVANCE PROCEDURE

Whenever a group of people are required to work together for an extended period of time, problems and misunderstandings can occur. To ensure prompt and constructive problem solving, employees are encouraged to follow this procedure:

- 1. A person who has a grievance submits it to his immediate supervisor.
- 2. In the event a solution cannot be reached, the supervisor will discuss the full particulars with his area manager. The area manager will discuss the problem with both parties and make an effort to reach a solution agreeable to both.
- 3. If a solution is not reached, the problem should be presented to the Director of Operations or the Director of Personnel.

Although the corporate personnel are listed at the last of the procedure, they may be called on at anytime to render assistance.

HOURS OF WORK AND WORK SCHEDULES

Bill Miller Bar-B-Q operates all store locations seven (7) days a week. In the best interest of providing quality product and prompt customer service, employees are expected to work any shift if the need arises or in any work area for which they are qualified. Hours of work are scheduled by the manager to meet the needs of the restaurant as required by customer flow. Requests for time off are to be made in writing by Tuesday, two weeks ahead of time. All requests must be dated with date the request is submitted.

LOST AND FOUND

When an item is found or turned in, the item should be given immediately to the manager on duty, to put in the office for safekeeping.

OVERTIME

As a result of work activity, it may be necessary for some employees to work in excess of their regular schedule. Overtime hours are approved by the supervisor or manager prior to the employee working overtime. Hourly employees will be paid overtime premiums in accordance with the Fair Labor Standards Act.

PARKING

Some of the Bill Miller Bar-B-Q restaurants have adequate parking for customers and employees. At these locations, employees may park in the rear. This will ensure that customers will have access to the more convenient parking.

At the restaurants that do not have adequate parking facilities, the employees are asked to make other arrangements for parking. Any employee that does not abide by this policy is subject to disciplinary action up to and including termination.

PAYDAY

The payroll period covers two weeks, beginning on a Monday of the first week through Sunday two weeks later. Paydays are on the Friday following the end of the two-week pay cycle.

Upon termination, direct deposit will automatically be cancelled.

Commissions: Members of management who receive commission pay must complete a 28-day period prior to resignation to earn commissions for that period.

PAYROLL DEDUCTIONS

The Payroll Department will deduct from employee earnings only those deductions required by law (social security, withholding tax, etc.), plus authorized deductions and contributions such as uniform expense and insurance premiums.

PERSONAL TELEPHONE CALLS

Phone lines are for business use only. Business number may be provided for emergency calls only.

PRE-EMPLOYMENT/PROMOTION TESTING

It is the policy of Bill Miller Bar-B-Q that testing only be utilized as a tool in assessing the individual's ability and not as a definite determinate in hiring and promoting an individual. Tests that are utilized will comply with EEOC Guidelines and will be validated as to job content.

SAFETY

The company attempts to provide a safe work environment. Most accidents can be prevented through proper body mechanics, proper use and maintenance of equipment and facilities, alertness on the job and good housekeeping practices.

If an employee is injured on the job, the incident must be reported immediately to the immediate supervisor or manager.

SAFETY RULES

The following rules have been adopted to ensure your safety when you are working for Bill Miller Bar-B-Q. Please read them carefully and abide by them at all times.

- 1. The floors in our restaurants get wet. Take care when working in wet areas. Take your time, especially when turning corners. Shoes with leather uppers and rubber soles are a must. **Canvas shoes are not allowed.** Kitchen floor should be kept free of excess water at all times. Always catch crumbs in your hands, never wipe onto floors. All spills are taken care of immediately. Notify everyone of a wet floor hazard by calling out "Wet Floor". Keep floor clear. Pickles, fries, boxes, etc., create slipping and tripping hazards.
- 2. Never place a sharp knife in a sink of hot soapy water. Wash the knife; rinse it; then put it back in its place. Never slide the knife under the cutting board. Place it on top of the cutting board when not in use. When using the knife, take your time. Keep your mind on the task at hand and exercise caution.
- 3. When cooking, keep pot handles away from the flames and away from the walking areas. Place items in the ovens where they can be easily reached. When transporting hot liquids, never fill the inserts more than 2/3 full and always notify your fellow employees when you are nearby calling out **"Hot"** and the name of the item you are carrying. Never carry a full pot of beans, remove at least ½ of the product first then ask for help to move the pot with the remaining beans from the stove. Hot water from the coffee brewer may only be used for bean juice and then only if it is placed in an insert. Do not use plastic buckets for transporting any hot items. Use caution when removing items from the microwave; avoid the steam and liquid, as these will be very hot.
- 4. Take your time when working around the fryolators. Hastiness can cause a serious burn. Gently lower the baskets into the fryolators, do not drop. Never stand on the fryolators, grill or stove. When cleaning vent-a-hood, wrap a towel around a deck brush or use a ladder. Use a broom handle to remove or replace vents, by sliding each to the

end. Pull stove out for easier accessibility. Fryolators should not be turned on until the vent-a-hood is cleaned and the vents are back in place.

- 5. The slicing machine can be a dangerous piece of equipment if not used properly. Never attempt to operate the slicer until you have been properly trained. Only qualified individuals may operate the slicer. Those working the slicer must remember to keep the blade closed, dial set at "0", and turned off when transferring product in and out or when not in use. Never place hand inside the carriage with the blade open. Additionally, the slicer must be unplugged when disassembling for cleaning, blade closed and draped with a towel. All employees must be cautious when working around the slicer. Do not bump into them.
- 6. The amount of weight you can safely lift varies from individual to individual. Always get help when lifting anything in excess of 50 pounds, and for less than that if needed. Teamwork is the key. Always use 2 people to empty trash into the dumpster regardless of the weight of the barrel. Remember when lifting use your legs not your back.
- 7. Absolutely no horseplay or cursing is permitted on the premises. These actions create an unsafe work environment as well as other problems. They will not be tolerated.

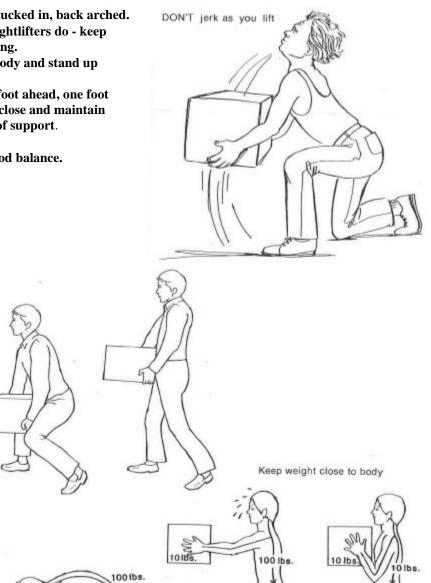
If at anytime you witness an unsafe act or situation, report it immediately to your manager. We have taken the precautions to provide you with a safe place to work, so please follow these instructions.

PROPER LIFTING TECHNIQUES

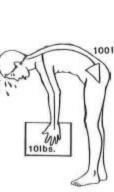
General Lifting Rules

- Keep head high, chin tucked in, back arched.
- Do as professional weightlifters do keep back arched when lifting.
- Keep weight close to body and stand up straight.
- Use diagonal lift (one foot ahead, one foot back) to get weight in close and maintain a wide balanced base of support.
- Clear your path.
- Keep feet apart for good balance.
- Protect yourself.

The Diagonal Lift











DO

DON'T

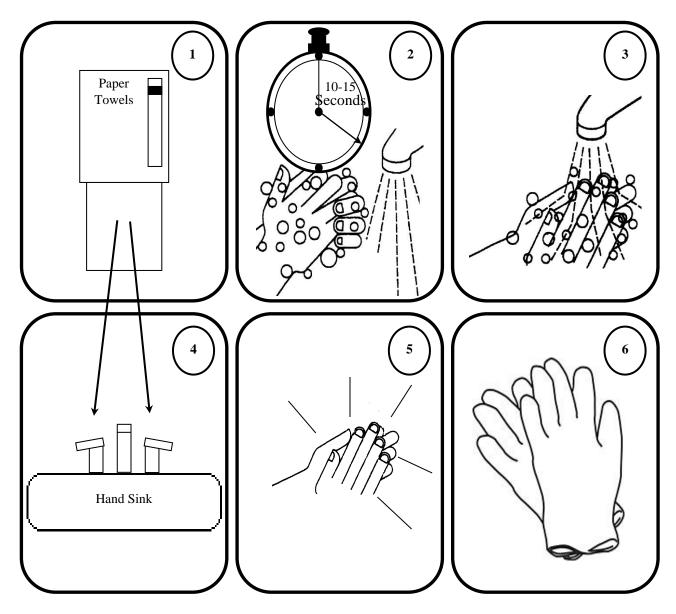
DO

DON'T

The following list summarizes specific practices that must be observed by every food service worker at Bill Miller Bar-B-Q.

- 1. Wash hands and arms and clean fingernails frequently at the hand washing sink using the
 - following procedure:
 - 1) Pre-dispense a length of paper towel.
 - 2) Using hot water and soap, vigorously rub lathered hands and exposed portions of arms (up to elbow) for at least 10-15 seconds. Pay particular attention to areas between the fingers and underneath fingernails.
 - 3) Rinse hands and arms thoroughly.
 - 4) Using pre-dispensed paper towel (step 1) turn off water spigot.
 - 5) Allow hands to air dry.
 - 6) Don gloves if task requires.
- 2. Keep body and clothes as clean as possible.
- 3. Don't cough, spit, sneeze, smoke, or dip tobacco near food or dishes.
- 4. Keep fingers out of and off the food. Hold glasses by the base, cups and silverware by the handles.
- 5. Serve wholesome food only. Never serve food held for longer than its established time. Check with manager when in doubt.
- 6. Do not serve foods if you have an infected arm, hand, or finger that is not properly covered.
- 7. Do not use a dirty towel to wipe eating utensils.
- 8. Do not let dirty utensils or equipment touch food.
- 9. Keep all perishables in the vault.
- 10. Keep premises sparkling clean.
- 11. When handling food and money wash hands before handling food after a money transaction. Follow the hand-washing procedure.
- 12. Keep fingernails clean. If a Band-Aid is worn on a finger you must wear a glove.
- 13. Use hand sink for hand washing only.
- 14. <u>SANITATION BUCKET</u> ½ BUCKET OF WATER and ½ CAPFUL OF BLEACH <u>SLICER BUCKET</u> – ½ BUCKET OF WATER, 1½ OZ. SOAP ("COMPLIMENTARY PICO DE GALLO CUP") and 1 FULL CAP OF BLEACH.

Hand Washing Procedure



- 1. Pre-Dispense a length of paper towel.
- 2. Using hot water and soap, vigorously rub lathered hands and exposed portions of arms (up to the elbow) for 10 to 15 seconds. Pay particular attention to areas between the fingers and underneath fingernails.
- 3. Rinse hands and arms thoroughly.
- 4. Using pre-dispensed paper towel (step 1) turn off water spigot.
- 5. Allow hands to air dry.
- 6. Don gloves if task requires.

SECURITY

Employees are urged to be alert to the entry of unauthorized persons in any areas. An employee who sees anyone who does not appear to be an employee (or even an employee who might be outside his/her regular working area) should offer assistance in directing that person to his/her destination.

The cooperation of all employees is essential to prevent theft. Supplies and equipment should be stored in approved areas and maximum-security measures observed. Employees should not bring excessive amounts of money or valuables with them to work. Company property may not be removed from the premises except by written authorization in advance from the proper authority.

Once the doors are locked at closing, no one is allowed to open the door except for the manager. Violations of the policy will result in disciplinary action up to and including discharge.

SMOKING

Smoking and/or vaping are prohibited on premises.

SOLICITATION

To avoid disruption of store operations or disturbance of customers, the following rules apply to solicitation and distribution of literature on company property:

OUTSIDERS - Persons not employed by Bill Miller Bar-B-Q may not solicit or distribute literature on company property at any time, for any purpose.

EMPLOYEES OF BILL MILLER BAR-B-Q - May not solicit during working time for any purpose. Working time includes the working time of both the employee doing the soliciting and the employee to whom the soliciting is directed. Employees may not distribute literature at any time, for any purpose.

SUGGESTIONS

New ideas and suggestions are always welcome. Employees are encouraged to assist management by submitting beneficial suggestions in writing or to discuss verbally their ideas with their manager or area manager as needs arise or ideas occur.

TELEPHONE COURTESY

Employee courtesy in using the telephone can make friends for the company. In using the telephone, employees should keep in mind the following rules:

- Answer properly and promptly.
- Provide identification by giving company name, location "Bill Miller Bar-B-Q on Jackson Keller & West Ave."
- Give accurate and careful answers.
- Always say "Please" and "Thank You."
- Always use a helpful and pleasant tone of voice.
- If they ask for a manager respond with "One moment, please".
- Do not drop the phone.
- Hang up gently.

TERMINATION

Since employment at Bill Miller Bar-B-Q is based upon continuing mutual consent, either the employee or the employer is privileged to terminate employment at anytime for any reason. No exceptions to the foregoing policy will be recognized unless contained in written agreement signed by the President. No employee has the authority to modify this policy.

It is important for the employee's record that appropriate termination procedures be followed. It is also important for Bill Miller Bar-B-Q that it have adequate advance notice of the employee's desire to terminate. There are several types of termination:

RESIGNATION: An employee who terminates service with the company should give at least two (2) weeks written notice to the immediate supervisor. This will allow the manager to arrange for replacement.

RESIGNATION WITHOUT NOTICE: This term is applied when an employee leaves without notice or less than the required notice. This practice causes the employee's record to carry a poor termination report and negatively affects the opportunity for re-employment.

DISCHARGE: An involuntary termination initiated by the company.

FINAL CLEARANCE: Generally, management employees leaving the employment of Bill Miller Bar-B-Q complete an outgoing clearance with the Personnel Department. This is to assure that all company equipment and keys have been returned and that employee benefits conversion has been discussed.

TESTING FOR ILLEGAL DRUGS/CONTROLLED SUBSTANCES

Illegal drugs and other controlled substances have become serious threats to the safety and productivity of employees. One indication of the magnitude of that threat is legislation enacted by Congress known as the Drug Free Workplace Act of 1988. Bill Miller Bar-B-Q likewise has as one of its objectives the elimination of illegal drugs in the workplace because of the risks to safety, security, and health that are caused by those substances, not only to employees but also to innocent co-workers, customers, and members of the general public. It is a condition of employment that employees will be required to submit to company approved drug tests under the following circumstances:

- 1. Pre-employment testing.
- 2. As part of qualifying criteria for promotion
- 3. Incident to investigations of accidents resulting in bodily injury or property damage.
- 4. When violations of safety rules or procedures are suspected,
- 5. When drug involvement is suspected.
- 6. On a periodic or random basis.

Refusal or failure to cooperate in test administration or compromising test results will be subject to termination or application for employment will not be given further consideration.

If you are tested, and test positive for illegal drugs, you will automatically be terminated.

TIME CLOCK/SHEET PROCEDURE

You are required to clock in and out, as per your own schedule. Under no circumstances are you to clock in or out for someone else. Violation of this regulation will result in immediate dismissal for all parties involved.

All time worked both before and beyond your posted schedule must be authorized and approved, prior to such work, by your immediate supervisor or manager.

If you are working, you must be clocked in. On occasion you may be required to stay later due to business.

TRANSFERS

Transfer from one store to another is made upon request only if the transfer is agreed upon by the two store managers and the area managers.



Notice of Network Requirements

(Post in visible area for all employees)

Your employer has chosen WorkWell, TX as its certified workers' compensation health care network in partnership with Texas Mutual Insurance Company, a workers' compensation insurance carrier. WorkWell, TX will manage the health care and treatment you may receive if you are injured on the job or diagnosed with an occupational illness while employed here. WorkWell, TX doctors are trained in treating work-related injuries and illnesses and getting people back to work and back to a productive life.

The information in this packet will help you to seek care for your injury and describes what to do if you are injured while on the job.

What to do if you are injured while on the job

If you are injured at work, tell your employer right away. Your employer will help with any questions you may have about seeking treatment through WorkWell, TX. You may also contact Texas Mutual if you have any questions about your treatment. Our shared goal with your employer is to return you to work as soon as it is safe to do so.

A list of network doctors in your service area is available on texasmutual.com or by downloading the WorkWell, TX mobile app. You may contact us at (844) 867-2338 or at the address below for assistance.

WorkWell, TX Attn: Network Services PO Box 12029 Austin, TX 78711-2029

In case of an emergency

If you are injured and it is an emergency, you should seek treatment at the nearest medical care facility immediately. This also applies if you are injured outside the service area. Emergency care does not require preapproval. Texas law defines "medical emergency" as a medical condition that comes up suddenly.

After you receive emergency care, you may need ongoing care. Select a network doctor from the WorkWell, TX network. The doctor you choose will oversee the care for your injury. You must obtain referrals to see another health care provider or specialist from your treating doctor, except for emergency care.

Non-emergency care

Report your injury to your employer as soon as you can. Find a network treating doctor on texasmutual.com or by downloading the WorkWell, TX mobile app. Go to that doctor for treatment.

Treatment prescribed by your doctor may need to be approved in advance. Your doctor needs to request approval from the network for a specific treatment before the treatment or service is provided. You may continue to need further care after completing the approved treatment.

Choosing a treating doctor

If you are hurt at work and it is not an emergency and you live in the network service area, you must choose a treating doctor from the WorkWell, TX network. This is required so that WorkWell, TX covers the costs for the care. If you belong to a health maintenance organization (HMO) at the time of your injury, you may choose your HMO primary care doctor as your treating doctor. You must have chosen the doctor as your primary care doctor before your injury. We will approve the choice of your HMO doctor if they agree to the terms of the network contract and to abide by applicable laws.

For a list of network doctors available in your area, please visit texasmutual.com or download the WorkWell, TX mobile app. The WorkWell, TX provider directory is updated monthly. Doctors who speak Spanish or who are no longer taking new patients will be flagged with an icon on their record.

If your treating doctor leaves the network, we will notify you in writing. You will have the right to choose another treating doctor from the network directory. If your doctor leaves the network and you have a life threatening or acute condition for which a disruption of care would be harmful to you, your doctor may request to continue your treatment for an extra 90 days.

If you live outside of the service area, you may request a service area review by calling WorkWell,TX. You should provide proof to support your request. WorkWell, TX will inform you of its decision within seven days of receiving your request. If you disagree with WorkWell, TX's final decision, you have the right to file a complaint with the Texas Department of Insurance. Your complaint must include your name, address, phone number, a copy of WorkWell, TX's decision and any proof you sent to WorkWell,TX for review. A complaint form is available on tdi.texas.gov or you may ask for a form by writing to:

Managed Care Quality Assurance Office Mail Code 103-6A Texas Department of Insurance PO Box 149104 Austin, Texas 78714-9104

When waiting for WorkWell, TX to make a decision or for the Texas Department of Insurance to review your complaint, you are still expected to use the network for all health care. You may be required to pay for health care services received out of the network if it is decided you do live in the network's service area.

Changing doctors

If you are not satisfied with your first choice of a treating doctor, you can select a different treating doctor from the network directory. We will not deny your choice to see a different treating doctor. Before you can change treating doctors a second time, you must get permission from the network by calling (844) 867-2338.

Referrals

You do not have to get a referral if you have an emergency. All other health care and specialist referrals should be made through your treating doctor. All health care services that you request will be made available by the network on a timely basis, as required by your medical condition. This includes referrals. All health care services, including referrals, will be made available within 21 days after your request.

Out-of-network approvals

WorkWell, TX must approve all of your treating doctor or specialist's out-of-network referrals before you visit the provider. If you need to request approval, please call (844) 867-2338.

Payment for health care

Network doctors have agreed to seek payment from Texas Mutual for your treatment. They will not look to you for payment. If you receive treatment from a doctor who is not in the network without prior approval from WorkWell, TX, you may have to pay for the cost of that care. Medical costs for treatment by non-network health care providers may be covered only if one of the following situations occurs:

- Emergency care is needed. You should go to the nearest hospital or emergency care facility.
- You do not live within the service area of the network.
- Your treating doctor or specialist refers you to an out-of-network provider or facility and WorkWell, TX approves the referral.
- You have chosen your HMO primary care doctor. Your doctor must agree to abide by the network contract and applicable laws.

Preauthorization, adverse determination and independent review

A list of the procedures and services that need preauthorization is on texasmutual.com. The list in this packet is not intended to be all-inclusive; health care is an evolving science. Procedures and treatments requiring prior approval will also evolve. Treating providers should verify preauthorization requirements by referring to the updated list on texasmutual.com.

If WorkWell, TX denies the request, you or the requesting doctor may ask for a review of that decision. If still dissatisfied, you, your provider or a person acting on your behalf may request an independent review. The preauthorization agent will provide any relevant medical records related to the injury to the independent review group. They may also provide any treatment guidelines used and a list of the doctors who provided care to you.

Complaints

We take your concerns seriously. If you are dissatisfied, you can file a complaint with WorkWell, TX. You may do this if you are not satisfied with any aspect of the network, including care you received. You must file your complaint within 90 days after the date of the event that is the basis for the complaint.

If you have questions about the complaint process you can reach the Grievance Coordinator by phone at (844) 297-5723, by fax at (512) 224-8800, by email at wwtxcomplaints@texasmutual.com, or by mail at the address below.

WorkWell, TX Attention: Grievance Coordinator PO Box 12029 Austin, Texas 78711-2029

Texas law does not permit WorkWell, TX to retaliate against you if you file a complaint against the network. We will not retaliate if you appeal the decision of the network. The law does not permit us to retaliate against your provider if they file a complaint against the network or appeal the decision of the network on your behalf.

You have the right to file a complaint with the Texas Department of Insurance. The Texas Department of Insurance complaint form is available on the department's website at tdi.texas.gov or you may request a form by writing to:

Managed Care Quality Assurance Office Mail Code 103-6A Texas Department of Insurance PO Box 149104 Austin, Texas 78714-9104

Hospital/ASC

All non-emergency hospital or ASC (inpatient, outpatient, and observation) admissions

including principle scheduled procedures and length of stay. Preauthorization request should include specific hardware, implantables, external delivery system, etc. to be utilized.

Surgery/Procedures/Integral Devices

All non-emergency surgeries represented by AMA CPT codes 10010-69990 and/or G codes which represent a surgical procedure performed in a setting or place of service other than the doctor's office [POS 11]. Preauthorization request should include specified hardware, implantables, external delivery system, etc. to be utilized.

- All botox injections
- All spinal injections (including but not limited to):
 - » Epidural steroid injections
 - » RFTC or cryotherapy/cryoablation
 - » Sacral iliac joint injection
 - » Facet injection
 - » Medical branch block
- Trigger point injections (AMA CPT 20553)
- Bone growth stimulators
- Discograms
- Implantable drug delivery system
- Investigational or experimental procedures or devices as determined by ODG or listed as an AMA category III code. Stimulator devices (including, but not limited to):
 - » TENS units
 - » Interferential units
 - » Neuromuscular stimulators
 - » Dual units
 - » Spinal cord stimulator
 - » Peripheral nerve stimulator
 - » Brain stimulator

Physical Medicine

- All chiropractic treatments
- Manipulations under anesthesia (MUA)
- All PT/OT (unless requestor or rendering provider/facility is participating through Align)
- Biofeedback

Diagnostics

- All initial and repeat MRI and CT scans
- Bone density scans
- Surface electromyography (EMG)
- Unless otherwise specified in this list, all repeat individual diagnostic studies (series) having a billed amount greater than \$350.
- Surface electromyography (EMG)

Other

- Durable medical equipment (DME), prosthetics and/or orthotics, greater than \$500.00 billed (purchase or accumulated rental or combination of rental/purchase)
- Gym memberships
- Texas Department of Insurance, Division of Workers' Compensation (DWC)
 Pharmacy Closed Formulary per 28 TAC §134, Subchapter F.

Alternative Treatment

- Acupuncture outside ODG
- Acupressure
- Yoga

Rehab Programs

- Work conditioning
- Work hardening
- Chronic pain management program
- Medical rehabilitation
- Brain and spinal cord rehabilitation
- Chemical dependency programs
- Weight loss programs

Nursing Home

- Skilled nursing facility, including skilled care within the same facility
- Convalescent care
- Residential care
- Assisted living/group homes

Psychological Testing and Psychotherapy

- Subsequent evaluations
- Subsequent tests or testing
- Therapy
- Biofeedback



WorkWell, TX Service Area County List

Kendall

A

Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin

B

Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco Bosaue Bowie Brazoria Brazos Briscoe Brooks Brown Burleson Burnet

<u>C</u>_____ Caldwell Camp Calhoun Callahan Cameron Camp Carson Cass Castro Chambers Cherokee Clay Cochran Coke Coleman Collin Colorado

Comal Comanche Concho Cooke Corvell Crane Crosby D Dallam Dallas Dawson **Deaf Smith** Delta Denton Dewitt Dickens Donley Duval E Eastland Ector El Paso Ellis Erath F Falls Fanin Fayette Fisher Floyd Fort Bend Franklin Freestone Frio G Gaines Galveston Garza Gillespie Glasscock Goliad

Gonzales

Gray Grayson Gregg Grimes Guadalupe

Н

Hale Hall Hamilton Hansford Hardin Harris Harrison Hartley Haskell Havs Hemphill Henderson Hidalgo Hill Hockley Hood Hopkins Houston Howard Hudspeth Hunt Hutchinson

I_____ Irion

<u>J</u> Jack Jackson Jasper Jefferson Jim Hogg Jim Wells Johnson Jones

<u>K</u>_____

Karnes kaufman

Kenedy Kent Kerr Kimble Kleberg L Lamar Lamb Lampasas Lavaca Lee Leon Liberty Limestone Lipscomb Live Oak Llano Loving Lubbock Lynn M Madison Marion Martin Mason Matagorda

McLennan McMullen Medina Menard Midland Milam Mitchell Montague Montgomery Moore Morris Motley

McCulloch

Ν

Nacogdoches Navarro

Newton Nolan Nueces

0_____

Ochiltree Oldham Orange

P_____

Palo Pinto Panola Parker Parmer Pecos Polk Potter

<u>R</u>____

Rains Randall Reagan Real **Red River** Reeves Refugio Roberts Robertson Rockwall Runnels Rusk

S

_____ Sabine San Augustine San Jacinto San Patricio San Saba Schleicher Scurry Shackelford Shelby Sherman Smith Somervell Starr

Stephens Sterling Stonewal Swisher

Т

Tarrant Taylor Terry Throckmorton Titus Tom Green Travis Trinity Tyler

<u>U</u>____

Upshur Upton Uvalde

<u>v</u>____ Van Zandt Victoria

W

Walker Waller Ward Washington Webb Wharton Wichita Wilbarger Willacy Williamson Wilson Winkler Wise Wood

Y

Yoakum Young

WORKWELL,TX

Employee Acknowledgment of Workers' Compensation Network

I have received information that informs me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this packet, I understand that:

- I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual Insurance Company at (844) 867-2338 to notify them of my choice.
- I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me to a specialist. If I need emergency care, I may go anywhere.
- Texas Mutual will pay the treating doctor and other network providers for the treatment for my compensable injury.
- I may have to pay the bill if I get health care from someone other than a network doctor without prior network approval.

Knowingly making a false workers' compensation claim may lead to a criminal investigation that could result in criminal penalties such as fines and imprisonment.

Signature		Date	Printed name		
I live at:					
	Street address				
	City	State		Zip code	
Name of e	employer:				
Name of r	network: WorkWell, TX				
To the	employer:				
	ployee must sign this for ne time an injury occurs ppleted.				j hired,
🗆 Initia	nting the network progra al employee notification by notification (Date of in	(new hire))		
Keep thi	s completed form in the	employee's personne	el file. It could be r	equested by Texas	<u>; Mutual.</u>

LB 1234-1708+12017 Texas Mutual Insurance Company



Notificación de los requisitos de la red

(Publicar en una área visible para todos los empleados)

Su empleador ha elegido a WorkWell, TX para que sea su red certificada de servicios médicos de compensación para trabajadores, en asociación con Texas Mutual Insurance Company, una compañía de seguros de compensación para trabajadores. WorkWell, TX administrará los servicios médicos y el tratamiento que usted reciba en caso de sufrir una lesión en el trabajo o de que se le diagnostique una enfermedad ocupacional mientras trabaja aquí. Los médicos de WorkWell, TX están capacitados para tratar lesiones y enfermedades laborales, y lograr que las personas vuelvan a trabajar y a tener una vida productiva.

La información de este paquete le ayudará a solicitar atención médica, y explica lo que debe hacer si sufre una lesión en el trabajo.

Qué debe hacer si sufre una lesión en el trabajo

Si sufre una lesión en el trabajo, informe al empleador de inmediato. El empleador responderá todas las preguntas que usted tenga acerca de cómo solicitar tratamiento a través de WorkWell, TX. Si tiene preguntas sobre el tratamiento, también puede comunicarse con Texas Mutual. Nuestro objetivo común con el empleador es lograr que usted regrese al trabajo cuanto antes y de la manera más segura posible.

La lista de los médicos de la red que atienden en su área de servicio se encuentra disponible en texasmutual. com o descargando la aplicación móvil de WorkWell, TX. Si necesita ayuda, puede comunicarse con nosotros al (844) 867-2338 o a la siguiente dirección.

WorkWell, TX Attn: Network Services PO Box 12029 Austin, TX 78711-2029

En caso de emergencias

Si sufre una lesión y es de emergencia, deberá solicitar tratamiento de inmediato en el centro médico más cercano. Esto también aplica si sufre una lesión fuera del área de servicio. Para recibir atención de emergencia, no se requiere aprobación previa. La ley de Texas define una "emergencia médica" como una afección que se presenta de forma repentina.

Después de que le atiendan para tratar la emergencia, es posible que necesite seguir recibiendo atención. En ese caso, tendrá que seleccionar a un médico de la red de WorkWell, TX. El médico elegido supervisará la atención que reciba por la lesión. Excepto en emergencias, para consultar a otros proveedores o especialistas de salud, deberá obtener una derivación de su médico de tratamiento.

Atención en casos que no son de emergencia

Informe a su empleador sobre la lesión lo antes que pueda. Busque a un médico de tratamiento de la red en texasmutual.com o descargando la aplicación móvil de WorkWell, TX. Acuda a ese médico para recibir tratamiento.

Es posible que el tratamiento prescrito por el médico necesite ser aprobado con anticipación. Para un tratamiento específico, el médico tendrá que solicitar la aprobación de la red antes de brindar el tratamiento o servicio. Una vez que complete el tratamiento aprobado, podría requerir más atención médica.

Elección del médico de tratamiento

Si se lesiona en el trabajo pero no es una emergencia, y vive en el área de servicio de la red, deberá elegir a un médico de tratamiento de la red de WorkWell, TX. Esto es necesario para que WorkWell, TX cubra los costos de la atención. Si está afiliado a una organización para el mantenimiento de la salud (Health Maintenance Organization, HMO), puede elegir como médico de tratamiento a su médico de cabecera en la HMO. Para ello, debe haber elegido a dicho médico como médico de cabecera antes de sufrir la lesión. Nosotros aprobaremos al médico elegido de la HMO, si este acepta los términos contractuales de la red y cumple con las leyes aplicables.

Para ver una lista de los médicos de la red que atienden en su área, visite texasmutual.com o descargue la aplicación móvil de WorkWell, TX. El directorio de proveedores de WorkWell, TX se actualiza todos los meses. Los médicos que hablen español o que no acepten más pacientes nuevos estarán señalados con un icono en el registro.

Si su médico de tratamiento abandona la red, le notificaremos por escrito. Tendrá derecho a elegir a otro médico de tratamiento en el directorio de la red. Si su médico abandona la red y usted está siendo tratado por una afección aguda o potencialmente mortal, el médico puede solicitar continuar tratándolo durante 90 días más si la interrupción del tratamiento puede ser perjudicial para usted.

Si vive fuera del área de servicio, puede solicitar una revisión del área de servicio llamando a WorkWell,TX. Deberá presentar pruebas para respaldar su solicitud. WorkWell, TX le informará su decisión dentro de los siete días después de recibir la solicitud. Si no está de acuerdo con la decisión final de WorkWell, TX, tiene derecho a presentar una queja ante el Departamento de Seguros de Texas. En la queja, debe incluir su nombre, dirección, número de teléfono, una copia de la decisión de WorkWell, TX y las pruebas que haya enviado a WorkWell, TX para la revisión. El formulario de quejas se encuentra disponible en tdi.texas.gov, o se puede solicitar por escrito a:

Managed Care Quality Assurance Office Mail Code 103-6A Texas Department of Insurance PO Box 149104 Austin, Texas 78714-9104

Mientras aguarda que WorkWell, TX tome una decisión o que el Departamento de Seguros de Texas revise su queja, se espera que siga usando igualmente la red para todos los servicios médicos que necesite. Si se decide que usted vive dentro del área de servicio de la red, se le podrá exigir que pague los servicios médicos que haya recibido fuera de la red.

Cambio de médico

Si no está satisfecho con el primer médico elegido, puede seleccionar a otro médico de tratamiento en el directorio de la red. Nosotros no rechazaremos su decisión de consultar a un médico de tratamiento diferente. Para poder cambiar de médico de tratamiento por segunda vez, deberá obtener el permiso de la red, llamando al (844) 867-2338.

Derivaciones

No es necesario obtener una derivación en casos de emergencia. Todas las derivaciones para atención médica y especialistas que no sean de emergencia se deben solicitar al médico de tratamiento. La red pondrá a disposición todos los servicios médicos que solicite de forma oportuna, según lo exija su afección. Esto incluye las derivaciones. Todos los servicios médicos, que incluyen las derivaciones, estarán disponibles dentro de los 21 días posteriores a la solicitud.

Aprobaciones fuera de la red

WorkWell, TX debe aprobar todas las derivaciones a proveedores fuera de la red del médico de tratamiento o especialista antes de que pueda consultar a dichos proveedores. Si necesita solicitar la aprobación, llame al (844) 867-2338.

Pago de servicios médicos

Los médicos de la red han acordado solicitar el pago de los tratamientos que usted reciba a Texas Mutual. Estos no le exigirán a usted que abone los tratamientos. Si recibe tratamiento de un médico que no se encuentra en la red, sin la aprobación previa de WorkWell, TX, tendrá que pagar el costo de dicha atención. Solo se podrán cubrir los costos médicos de tratamientos brindados por proveedores fuera de la red si se presenta alguna de las siguientes situaciones:

- Necesita recibir atención de emergencia. Debe acudir al hospital o centro de emergencias más cercano.
- No vive dentro del área de servicio de la red.
- El médico de tratamiento o especialista le deriva a un proveedor o centro médico fuera de la red y WorkWell, TX aprueba la derivación.
- Ha elegido a un médico de cabecera de su HMO. El médico debe aceptar los términos contractuales de la red y cumplir con las leyes aplicables.

Autorización previa, determinación adversa y revisión independiente

La lista de procedimientos y servicios que requieren autorización previa se encuentra disponible en texasmutual.com. La lista que contiene este paquete no tiene como fin ser exhaustiva, ya que el cuidado de la salud es una ciencia en constante evolución. Los procedimientos y tratamientos que requieren aprobación previa también cambian. Los proveedores de tratamiento deberán verificar los requisitos de autorización previa, consultando la lista actualizada en texasmutual.com.

Si WorkWell, TX rechaza la solicitud, usted o el médico solicitante pueden pedir que se revise la decisión. Si el resultado sigue siendo insatisfactorio, usted, el proveedor o la persona que actúa en su nombre pueden solicitar una revisión independiente. El agente de autorización previa proporcionará al grupo de revisión independiente todos los registros médicos pertinentes que se relacionen con la lesión. También podrá indicar las pautas de tratamiento que se siguieron y la lista de médicos que le atendieron a usted.

Quejas

Sus inquietudes son tomadas con seriedad. Si no está satisfecho, puede presentar una queja ante WorkWell, TX. Podrá hacer esto si no le satisface algún aspecto de la red, incluso la atención médica que recibió. La queja se debe presentar dentro de los 90 días posteriores a la fecha del evento que constituye el motivo de la queja.

Si tiene preguntas sobre el proceso para presentar quejas, puede comunicarse con el coordinador de reclamos por teléfono al (844) 297-5723, por fax al (512) 224-8800, por correo electrónico a wwtxcomplaints@texasmutual.com, o por correo postal a la dirección de abajo.

WorkWell, TX Attention: Grievance Coordinator PO Box 12029 Austin, Texas 78711-2029

La ley de Texas prohíbe a WorkWell, TX tomar represalias contra usted por presentar quejas contra la red. Tampoco tomaremos represalias contra usted si apela la decisión de la red. La ley también prohíbe tomar represalias contra un proveedor por presentar quejas contra la red o por apelar una decisión de la red en nombre de usted.

Usted tiene derecho a presentar quejas ante el Departamento de Seguros de Texas. El formulario de quejas del Departamento de Seguros de Texas se encuentra disponible en el sitio web del departamento, tdi.texas. gov, o se puede solicitar por escrito a:

Managed Care Quality Assurance Office Mail Code 103-6A Texas Department of Insurance PO Box 149104 Austin, Texas 78714-9104

Lista de servicios que requieren autorización previa de WorkWell, TX

Hospital/ASC

Todas las admisiones que no sean de emergencia en hospitales o centros de cirugía ambulatoria (ambulatory surgery center, ASC) (de pacientes internos, externos y en observación), incluso los procedimientos principales programados y la estancia. La solicitud de autorización previa debe incluir los instrumentos específicos, dispositivos implantables, sistemas de administración externa, etc., a utilizar.

Cirugía/Procedimientos/Dispositivos integrales

Todas las cirugías que no se consideren de emergencia representadas por los códigos AMA CPT 10010-69990 o los códigos G que representen procedimientos quirúrgicos practicados en una ubicación o lugar de servicio que no sea el consultorio médico (POS 11). La solicitud de autorización previa debe incluir los instrumentos especificados, dispositivos implantables, sistemas de administración externa, etc., a utilizar.

- Todas las invecciones de bótox
- Todas las invecciones en la columna vertebral (incluidas pero no limitadas a las siguientes): » Invecciones epidurales de esteroides

 - » Termocoagulación por radiofrecuencia (Radiofrequency Thermocoagulation, RFTC), crioterapia o crioablación
 - » Inyecciones en la articulación sacroilíaca
 - » Invecciones en la faceta articular
- » Bloqueo de la rama medial Inyecciones en puntos reflexógenos . (AMA CPT 20553)
- Estimuladores del crecimiento óseo .
- Discografías .
- Sistemas implantables para la administración • de fármacos
- Procedimientos o dispositivos experimentales • o en investigación según lo determinen las Pautas oficiales de discapacidad (Official Disability Guidelines, ODG) o que tengan un código de categoría III de la Asociación Médica Estadounidense (American Medical Association, AMA). Dispositivos de estimulación (incluidos pero no limitados a los siguientes):
 - » Unidades de estimulación nerviosa eléctrica transcutánea (transcutaneous electrical nerve stimulation, TENS)
 - » Unidades interferenciales
 - » Estimuladores neuromusculares
 - » Unidades dobles
 - » Estimuladores de la médula espinal
 - » Estimuladores de nervios
 - » Estimuladores cerebrales

Medicina física

- Todos los tratamientos quiroprácticos
- Manipulación bajo anestesia (manipulation under anesthesia, MUA)

- Todo tipo de fisioterapia o terapia ocupacional (a menos que el solicitante o el proveedor/centro médico participe a través de Align)
- Biorregulación 0

Diagnóstico

- Todos los estudios iniciales y repetidos de tomografía computarizada y resonancia magnética
- Densitometrías óseas •
- Electromiografía de superficie (EMG)
- A menos que se especifique lo contrario en esta lista, todos los estudios de diagnóstico repetidos (en serie) con un costo facturado superior a \$350
- Electromiografía de superficie (EMG)

Otro

- Equipo médico duradero (durable medical equipment, DME), prótesis o dispositivos ortopédicos con un costo facturado superior a \$500.00 (por la compra, el alguiler acumulado o una combinación de compra y alguiler)
- Membresías en gimnasios
- Formulario farmacéutico cerrado de la División de Compensación para Trabajadores del Departamento de Seguros de Texas, según el título 28 del Código Administrativo de Texas, §134, subcapítulo F

Tratamientos alternativos

- Acupuntura fuera de las ODG
- Acupresión
- Yoga

Programas de rehabilitación

- Rehabilitación laboral
- Terapia mediante simulación de trabajo
- Programa de manejo del dolor crónico
- Rehabilitación médica
- Rehabilitación por lesiones cerebrales y medulares
- Programas de dependencia guímica
- Programas para bajar de peso

Centros de enfermería

- Centros de enfermería especializada, incluso la atención especializada dentro de los propios centros
- Centros de convalecencia •
- Centros residenciales
- Hogares grupales o de residencia asistida

Pruebas psicológicas y psicoterapia

- **Evaluaciones** subsiguientes
- Pruebas o estudios subsiguientes •
 - Terapia
 - Biorregulación



Lista de condados del área de servicio de WorkWell, TX

Kendall

Kenedy

Kent

<u>A</u>____

Anderson Andrews Angelina Aransas Archer Armstrong Atascosa Austin

В

Bailey Bandera Bastrop Baylor Bee Bell Bexar Blanco Bosque Bowie Brazoria Brazos Briscoe Brooks Brown Burleson Burnet

С

Caldwell Camp Calhoun Callahan Cameron Camp Carson Cass Castro Chambers Cherokee Clay Cochran Coke Coleman Collin Colorado

Comanche Concho Cooke Corvell Crane Crosby D Dallam Dallas Dawson Deaf Smith Delta Denton Dewitt Dickens Donley Duval <u>E</u>_ Eastland Ector El Paso Ellis Erath F Falls Fanin Fayette Fisher Floyd Fort Bend Franklin Freestone Frio G Gaines Galveston Garza Gillespie Glasscock Goliad Gonzales

Comal

Gray Grayson Gregg Grimes Guadalupe H Hale Hall Hamilton Hansford Hardin Harris Harrison Hartlev Haskell Hays Hemphill Henderson Hidalgo Hill Hockley Hood Hopkins Houston Howard Hudspeth Hunt Hutchinson <u>I</u>_____ Irion _____

Jack Jackson Jasper Jefferson Jim Hogg Jim Wells Johnson Jones

<u>K</u>_____ Karnes kaufman

Kerr Kimble Klebera Lamar Lamb Lampasas Lavaca Lee Leon Liberty Limestone Lipscomb Live Oak Llano Loving Lubbock Lynn Μ Madison Marion Martin Mason Matagorda McCulloch McLennan McMullen Medina Menard Midland Milam Mitchell Montague Montgomery Moore Morris Motley Ν Nacogdoches

Navarro

Newton Nolan Nueces 0____

Ochiltree Oldham Orange

P_____

Palo Pinto Panola Parker Parmer Pecos Polk Potter

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Rains Randall Reagan Real Red River Reeves Refugio Roberts Robertson Rockwall Runnels Rusk

S

------Sabine San Augustine San Jacinto San Patricio San Saba Schleicher Scurry Shackelford Shelby Sherman Smith Somervell Starr

Stephens Sterling Stonewal Swisher

T.

Tarrant Taylor Terry Throckmorton Titus Tom Green Travis Trinity Tyler

Upshur Upton Uvalde

<u>v</u>_____

Van Zandt Victoria

w_____

Walker Waller Ward Washington Webb Wharton Wichita Wilbarger Willacy Williamson Wilson Winkler Wise Wood

Y_____

Yoakum Young

WORKWELL,TX

Confirmación del empleado de la red de compensación para trabajadores

He recibido información que me indica cómo puedo obtener servicios médicos bajo el seguro de compensación para trabajadores de mi empleador.

Si sufro una lesión en el trabajo y vivo dentro del área de servicio que se indica en este paquete, comprendo que debo hacer lo siguiente:

- Debo elegir a un médico de tratamiento de la lista de médicos de la red. O bien, puedo solicitar al médico de cabecera de mi HMO que acepte actuar como médico de tratamiento. Si elijo como médico de tratamiento a mi médico de cabecera en la HMO, llamaré a Texas Mutual Insurance Company al (844) 867-2338 para notificar mi elección.
- Debo dirigirme al médico de tratamiento para todos los servicios médicos relacionados con mi lesión. Si necesito un especialista, el médico de tratamiento hará la derivación. Si necesito atención de emergencia, puedo dirigirme a cualquier lugar.
- Texas Mutual abonará al médico de tratamiento y a otros proveedores de la red por el tratamiento de mi lesión susceptible de compensación.
- Si recibo atención médica de un médico no perteneciente a la red, sin la aprobación previa de esta, es posible que tenga que pagar los costos.

La presentación intencional de reclamaciones falsas de compensación para trabajadores puede derivar en una investigación penal y tener como consecuencia sanciones penales, como multas y encarcelamiento.

Firma		Fecha	No	mbre e	en letra de imprenta	_
Vivo en:						
	Dirección					
	Ciudad	Estado			Código postal	
Nombre	del empleador:					
Nombre	de la red: WorkWell,	ГХ				
1						
Para e	el empleador:					
ser cor		firmar este formulario a ito en que se produzca				
	io del programa de la ficación inicial al emp	red (en toda la compai leado (nuevo)	ñía)			
		fecha de la lesión:	/	/)	
Conser	ve este formulario co	mpleto en el legajo de	persona	<u>l del e</u>	mpleado. Texas Mutua	al podría solicitarlo.

LB 1234-1708 • 0:2017 Texas Mutual Insurance Company

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WORKWELL,TX

Confirmación del empleado de la red de compensación para trabajadores

He recibido información que me indica cómo puedo obtener servicios médicos bajo el seguro de compensación para trabajadores de mi empleador.

Si sufro una lesión en el trabajo y vivo dentro del área de servicio que se indica en este paquete, comprendo que debo hacer lo siguiente:

- Debo elegir a un médico de tratamiento de la lista de médicos de la red. O bien, puedo solicitar al médico de cabecera de mi HMO que acepte actuar como médico de tratamiento. Si elijo como médico de tratamiento a mi médico de cabecera en la HMO, llamaré a Texas Mutual Insurance Company al (844) 867-2338 para notificar mi elección.
- Debo dirigirme al médico de tratamiento para todos los servicios médicos relacionados con mi lesión. Si necesito un especialista, el médico de tratamiento hará la derivación. Si necesito atención de emergencia, puedo dirigirme a cualquier lugar.
- Texas Mutual abonará al médico de tratamiento y a otros proveedores de la red por el tratamiento de mi lesión susceptible de compensación.
- Si recibo atención médica de un médico no perteneciente a la red, sin la aprobación previa de esta, es posible que tenga que pagar los costos.

La presentación intencional de reclamaciones falsas de compensación para trabajadores puede derivar en una investigación penal y tener como consecuencia sanciones penales, como multas y encarcelamiento.

Firma		Fecha	Nombi	e en letra de imprenta	_
Vivo en:					
	Dirección				
	Ciudad	Estado		Código postal	
Nombre	del empleador:				
Nombre	de la red: WorkWe	ΙΙ, ΤΧ			
Para e	el empleador:				
ser cor		en firmar este formulario a iento en que se produzca			
🛛 🗆 Noti	ficación inicial al er	la red (en toda la compai npleado (nuevo n (fecha de la lesión:	ті́а) / /		
<u>Conser</u>	ve este formulario	completo en el legajo de j	personal de	l empleado. Texas Mutual	podría solicitarlo.

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