

2025

Benefits Guide

my life | my health | my family

January 1, 2025—December 31, 2025



PLAINVIEW, TX
explore the opportunities

Table of Contents

| | |
|---|----|
| Benefits Resource List..... | 4 |
| Enrollment Instructions..... | 5 |
| Registering and Enrolling on Benefit Connector..... | 6 |
| Eligibility..... | 7 |
| Medical Benefits – Blue Cross Blue Shield..... | 8 |
| MDLive..... | 9 |
| MDLive (continued)..... | 10 |
| Blue Care Nurseline..... | 11 |
| Airrosti..... | 12 |
| Generic Drugs: Questions and Answers..... | 13 |
| GoodRX..... | 14 |
| Health Savings Account – Health Equity..... | 15 |
| Health Savings Account (HSA)..... | 16 |
| Flexible Spending Account – Flores Assoc..... | 19 |
| <i>Limited</i> Flexible Spending Account – Flores Assoc..... | 20 |
| Medical Eligible Expenses for HSA or FSA..... | 21 |
| Urgent Care vs. Emergency Rooms..... | 22 |
| Dental – UnitedHealthcare..... | 23 |
| Vision – Surency..... | 24 |
| Life & AD&D Benefits – Dearborn National..... | 25 |
| How Much Life Insurance Do You Need?..... | 26 |
| Voluntary Life and AD&D – Dearborn National..... | 27 |
| TMRS Retirement Plan..... | 28 |
| Employee Assistance Plan – Alliance Work Partners..... | 29 |
| Employee Assistance Plan – Alliance Work Partners..... | 30 |
| Financial Wellness Program - FinPath..... | 31 |
| Optional Supplemental Benefits..... | 32 |
| What Constitutes a Qualifying Life Event?..... | 33 |
| Glossary of Health Coverage & Medical Terms..... | 34 |
| Glossary of Health Coverage & Medical Terms (<i>continued</i>)..... | 35 |
| Glossary of Health Coverage & Medical Terms (<i>continued</i>)..... | 36 |
| Glossary of Health Coverage & Medical Terms (<i>continued</i>)..... | 37 |
| Glossary of Health Coverage & Medical Terms (<i>continued</i>)..... | 38 |

Take Care of Your Tomorrow!

Take Care of Your Tomorrow!

Personal needs greatly influence the choices we make every day. Young or old, single or married, our needs differ. That's why the City of Plainview wants to provide you with the freedom to select high quality benefit options that work best for you and/or your family.

It is important that you take an opportunity to review all your plan options in detail. You will need to carefully consider each benefit option, its cost and value to you; as well as, and whether it is appropriate for your personal needs. By taking the time to examine all your options, this will ensure that your benefits meet those needs throughout the plan year.

The City of Plainview values our employees and recognizes the importance of offering competitive benefits that enhance people's lives. For the year of 2025, we will continue to provide two plan options for the Medical Insurance plan through BCBS. The City will offer a Standard PPO Plan with a \$1,500 deductible. The High Deductible Health Plan ("HDHP") will also to be offered with HSA contributions from the City of up to \$1,500 for those with Employee Only coverage and up to \$2,000 for those with Employee + dependent coverage. For 2025, there are no changes to the employee cost of the medical plans (at any coverage tier).

The Dental plan will continue to be provided through UnitedHealthcare and the Vision plan through Surency. Voluntary Life AD&D are available through Dearborn National. Also, Alliance Work Partners continues to provide benefits under our Employee Assistance Plan (EAP).

Additional supplemental benefits are available through Aflac – such as accident, critical illness, disability and permanent life.

Please Keep This Guide

It is a valuable resource for you throughout the year.

For more information, visit us at:

www.plainviewtx.org/benefits

or

Contact your HR Team

(806) 296-1139 or (806) 296-1151

Benefits Resource List



For more information on the wide range of the City of Plainview benefits, programs and tools, contact the following resources:

| If You Have Questions About | Contact | By Phone | On the Internet |
|---|---------------------------------|--------------|--|
| MEDICAL and PRESCRIPTION (Directories of network providers, claims status or pre-notification) | Blue Cross Blue Shield of Texas | 800-521-2227 | www.bcbstx.com |
| DENTAL CARE | UnitedHealthcare | 877-816-3596 | www.myuhc.com |
| VISION CARE | Surency | 866-818-8805 | www.surency.com |
| GROUP LIFE AND VOLUNTARY SUPPLEMENTAL LIFE and AD&D COVERAGE | Dearborn National | 800-348-4512 | www.dearbornnational.com |
| FLEXIBLE SPENDING ACCOUNT | Flores Administrators | 704-335-8211 | www.flores-associates.com |
| HEALTH SAVINGS ACCOUNT | Health Equity | 866-346-5800 | www.healthequity.com |
| TEXAS MUNICIPAL RETIREMENT SYSTEM | TMRS | 800-924-8677 | www.tmrs.com |
| EMPLOYEE ASSISTANCE PLAN | Alliance Work Partners | 800-343-3822 | www.awpnow.com |
| Financial Wellness Program | FinPath | 833-777-6545 | Finpathwellness.com/register |
| HUB International | David Joza | 512-600-5203 | www.hubinternational.com |

Enrollment Instructions

Enrolling & Making Changes

Open Enrollment is your opportunity to add, cancel, or make changes to your benefits for the 2025 plan year, effective January 1, 2025.

All employees must complete their enrollment in benefits through Benefit Connector. When you complete Open Enrollment, you will need to update your personal e-mail, cell phone and Emergency Contact information. You will also need social security numbers and proof of identity for any dependents you are adding to the plan for the first time.

For enrollment assistance, contact the Human Resources Department at (806) 296-1139 or (806) 296-1151.

Spousal Surcharge

Effective January 1, 2025, employees enrolling their spouse in City of Plainview's medical plan will be assessed a "Spousal Surcharge" of \$100 per month (\$50 per pay period) if the spouse is offered medical coverage through their employer.

Making this change allows the City of Plainview to maintain affordable coverage for employees and their children, while non-working spouses and those without employer coverage are still eligible to be enrolled without a surcharge applied.

Non-completion of the Spousal Affidavit by December 1st annually will result in a surcharge on the first premium deduction for the new plan year.

New Hire Medical Plan Option

Effective January 1, 2025, new employees who would like to enroll in the city's health plan, the high deductible health plan will be the only option available. A health savings account will be opened for the employee and the city will contribute towards it on a prorated basis. New employees will have the option to change health plans during open enrollment in the fall of 2025 for the next plan year beginning January 1, 2026.

Things to Consider...

Open Enrollment is about more than your Health Plan coverage.

Take a moment to consider:

- Do I have enough life insurance coverage to protect my family if something happened to me or my spouse?
- Could I continue to pay my bills if I became disabled?
- How much money would I save if I reduced my taxable earnings and contributed to the Flexible Spending Account?
- Read on to learn more about benefit options available to you.

Registering and Enrolling on Benefit Connector

Step 1

Log on to: <https://cityofplainview.benefitconnector.com/>
or with your mobile device use the following QR Code.



Step 2

If you have never accessed the site, you must **register**.

- From the log in screen, click '**register**' to begin registration process.

Step 3

- Enter the **Registration Information**
Last Name, Date of Birth, Last 4-Digits of SS#.
- Click '**Next**' to continue.



Register

Last Name

Date of Birth 

Last 4 Digits of SSN

Next



Login


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explore the opportunities

Username

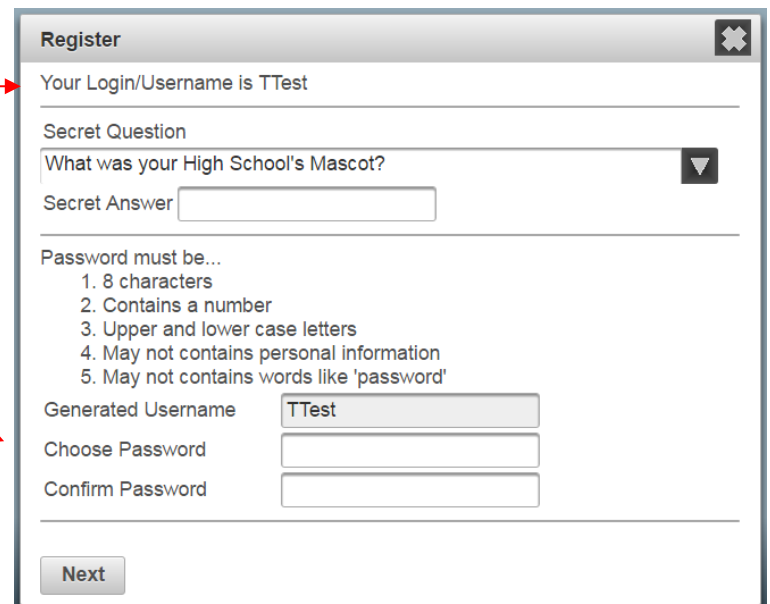
Password

Login **Register**

[Forgot Login](#)
[Forgot Password](#)


Step 4

- Make note of your **Login/Username**
- Select and answer a **Secret Question**
- Create and verify a **Password**. (password strength is displayed as developed).
- Click '**Next**' to continue.



Register

Your Login/Username is TTest

Secret Question
What was your High School's Mascot? 

Secret Answer

Password must be...

1. 8 characters
2. Contains a number
3. Upper and lower case letters
4. May not contains personal information
5. May not contains words like 'password'

Generated Username

Choose Password

Confirm Password

Next

Be sure to remember your Login/Username and Password for future access to Benefit Connector.
If you forget your Password, it can be reset by following the instructions for '**Forgot Login/Password**' on the log in screen.

Eligibility

If you are a full-time employee who regularly works a minimum of 30 hours per week, you are eligible to participate in the City of Plainview's benefit plans.

Dependent Eligibility

Who can you cover on your benefit plans?

You may cover your legal spouse on our medical, dental, vision, and life insurance plans. If your legal spouse is a benefit eligible employee at the City of Plainview, you may not cover him/her under spouse life insurance. Children's eligibility varies by plan.

Medical Insurance: A child may be covered under our medical plan through the end of the month during which he/she reaches age 26. Student status does not affect eligibility for medical coverage.

Dental, Vision, and Life Insurance: An unmarried, dependent child may be covered through the end of the month during which he/she reaches age 26. Student status does not affect eligibility for medical coverage.

Flexible Spending Accounts: Claims incurred by you, your legal spouse, and qualifying children are reimbursable under an FSA.

You must cover yourself on any plans that you wish to enroll a dependent(s) in. See the Summary Plan Descriptions for more information about dependents and their eligibility.

Dependent Verification Required

Documentation will be required to enroll a dependent in medical, dental or vision coverage. Verification of a dependent can include a copy of a birth certificate, or a copy of a marriage license proving the dependent relationship.

REMINDER

You are unable to make changes to [your](#) benefit selections during the Plan Year unless you have a **Qualifying Life Event**, such as marriage, birth of a child or adoption of a child.





Medical Benefits – Blue Cross Blue Shield

Effective January 1, 2025

Here is a snapshot of the coverage options provided under the 2025 Medical plan(s). For a complete summary of medical benefits, please refer to the plans provided.

| BENEFITS –BlueCross Blue Shield of Texas | | HDHP Plan w/ HSA | Standard Plan |
|--|---------------------------------|--|--|
| Deductible | Network | \$3,300 Individual/ \$5,600 Family | \$1,500 Individual/ \$3,000 Family |
| | Non-Network | \$5,000 Individual/ \$10,000 Family | \$5,000 Individual/ \$10,000 Family |
| Out-of-Pocket Maximum | | Includes Deductible | Includes Deductible |
| | Network | \$3,300 Individual/ \$6,000 Family | \$4,000 Individual/ \$8,000 Family |
| | Non-Network | \$6,000 Individual/ \$12,000 Family | Unlimited |
| Co-insurance | Network | 80% | 80% |
| | Non-Network | 60% | Deductible/50% |
| | | You Pay | You Pay |
| Office Visit | Network | Deductible/20% | \$20 Copay |
| | Non-Network | Deductible/40% | Deductible/50% |
| Wellness Visit | Network | Covered at 100% | Covered at 100% |
| | Non-Network | Deductible/40% | Deductible/50% |
| Telemedicine - MDLive | Network | Deductible/20% | \$20 Copay |
| Urgent Care | Network | Deductible/20% | \$60 Copay |
| | Non-Network | Deductible/40% | Deductible/50% |
| In-Patient & Out-Patient Hospital | Network | Deductible/20% | Deductible/20% |
| | Non-Network | Deductible /40% | Deductible/50% |
| Emergency Transportation | Network | Deductible/20% | Deductible/20% |
| | Non-Network | | |
| Emergency Room | Network | Deductible/20% | \$150 Copay + 20% |
| | Non-Network | | \$150 Copay + 20% |
| Prescriptions | Generic/Brand/Non-Formulary | Deductible, then: \$10/\$35/\$75 | \$10/\$35/\$75 |
| | Mail Order (90 Days) | | \$10/\$35/\$75 |
| | Specialty Drugs (30 Day Supply) | | \$150 |

| Medical Costs (Monthly) | HDHP Plan w/ HSA | Standard Plan |
|-------------------------|------------------|---------------|
| Employee Only | \$0.00 | \$25.00 |
| Employee & Spouse | \$294.64 | \$389.08 |
| Employee & Children | \$241.06 | \$323.08 |
| Employee & Family | \$508.90 | \$653.04 |



Care When and
Where You Need It
Just Got Easier

Virtual Visits

Convenient health care
at your fingertips

Covered at \$20 Copay under the PPO Plan

Getting sick is never convenient, and finding time to get to the doctor can be hard. Blue Cross and Blue Shield of Texas (BCBSTX) provides you and your covered dependents access to care for non-emergency medical issues and behavioral health needs through MDLIVE.

Whether you're at home or traveling, access to a board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care center.¹

MDLIVE doctors or therapists can help treat the following conditions and more:

General Health

- Allergies
- Asthma
- Nausea
- Sinus infections

Pediatric Care

- Cold/flu
- Ear problems
- Pinkeye

Behavioral Health

- Anxiety/depression
- Child behavior/learning issues
- Marriage problems



MDLive (continued)



Connect²

Access where mobile app, online video or telephone service is available



Interact

Real-time consultation with a board-certified doctor or therapist



Diagnose

Prescriptions sent electronically to pharmacy of your choice (when appropriate)



Telephone:

- Call MDLIVE (888-680-8646)
- Speak with a health service specialist
- Speak with a doctor

Get connected today!

To register, you'll need to provide your first and last name, date of birth and BCBSTX member ID number.

Blue Care Nurseline

24/7 Nurseline

Nurses available
anytime you
need them

INCLUDED AT NO COST FOR YOU AND YOUR FAMILY



**BlueCross BlueShield
of Texas**



**Call the 24/7 Nurseline with
any health questions.**

Toll-free: **800-581-0393**

Hours of Operation: **Anytime**

Health happens – good or bad, 24 hours a day, seven days a week. That is why we have registered nurses waiting to talk to you whenever you call our 24/7 Nurseline.

Our nurses can answer your health questions and try to help you decide whether you should go to the emergency room or urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- Asthma
- Back pain
- Diabetes
- Dizziness or severe headaches
- High fever
- A baby's nonstop crying
- Cuts or burns
- Sore throat
- And much more

Plus, when you call, you can access an audio library of more than 1,000 health topics – from allergies to surgeries – with more than 500 topics available in Spanish.

Note: For medical emergencies, call 911. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.



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explore the opportunities



FIX PAIN FAST!

NEW HEALTH PLAN BENEFIT

For all employees and dependents on the
BlueCross BlueShield medical plan offered by
City of Plainview

Airrosti is an in-network benefit!

Airrosti providers are experts at diagnosing and rapidly resolving the source of your injury.

Each patient receives one full hour of assessment, diagnosis, treatment, and education designed to eliminate the pain associated with many common conditions, allowing you to quickly and safely return to activity - usually within 3 visits (based on patient-reported outcomes).



Schedule Your Appointment Today!



3.2
visits average to complete injury resolution*

*Based on patient reported outcomes



9,000+
SURGERIES AVOIDED



40%
THE AVERAGE COST OF OTHER CARE

(800) 404-6050 | AIRROSTI.COM

Generic Drugs: Questions and Answers

What are generic drugs?

A generic drug is identical -- or bioequivalent -- to a brand name drug in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. Although generic drugs are chemically identical to their branded counterparts, they are typically sold at substantial discounts from the branded price. According to the Congressional Budget Office, generic drugs save consumers an estimated \$8 to \$10 billion a year at retail pharmacies. Even more billions are saved when hospitals use generics.

Are generic drugs as effective as brand-name drugs?

Yes. A generic drug is the same as a brand-name drug in dosage, safety, strength, quality, the way it works, the way it is taken and the way it should be used. The FDA requires generic drugs have the same high quality, strength, purity and stability as brand-name drugs.

Not every brand-name drug has a generic drug. When new drugs are first made, they have drug patents. Most drug patents are protected for 20 years. The patent, which protects the company that made the drug first, doesn't allow anyone else to make and sell the drug. When the patent expires, other drug companies can start selling a generic version of the drug. But, first, they must test the drug and the FDA must approve it.

Creating a drug costs lots of money. Since generic drug makers do not develop a drug from scratch, the costs to bring the drug to market are less; therefore, generic drugs are usually less expensive than brand-name drugs. Generic drug makers must show that their product performs in the same way as the brand-name drug.

How are generic drugs approved?

Drug companies must submit an abbreviated new drug application (ANDA) for approval to market a generic product. The Drug Price Competition and Patent Term Restoration Act of 1984, more commonly known as the Hatch-Waxman Act, made ANDAs possible by creating a compromise in the drug industry. Generic drug companies gained greater access to the market for prescription drugs, and innovator companies gained restoration of patent life of their products lost during FDA's approval process.

New drugs, like other new products, are developed under patent protection. The patent protects the investment in the drug's development by giving the company the sole right to sell the drug while the patent is in effect. When patents or other periods of exclusivity expire, manufacturers can apply to the FDA to sell generic versions.

The ANDA process does not require the drug sponsor to repeat costly animal and clinical research on ingredients or dosage forms already approved for safety and effectiveness. This applies to drugs first marketed after 1962.

What standards do generic drugs have to meet?

Health professionals and consumers can be assured that FDA approved generic drugs have met the same rigid standards as the innovator drug. To gain FDA approval, a generic drug must:

- contain the same active ingredients as the innovator drug (inactive ingredients may vary)
- be identical in strength, dosage form, and route of administration
- have the same use indications
- be bioequivalent
- meet the same batch requirements for identity, strength, purity, and quality
- be manufactured under the same strict standards of FDA's good manufacturing practice regulations required for innovator products

Access Good Rx at www.goodrx.com or download the free app for your smart phone to have instant access to current discounts and coupons for your prescriptions.

- Know out-of-pocket costs in real time

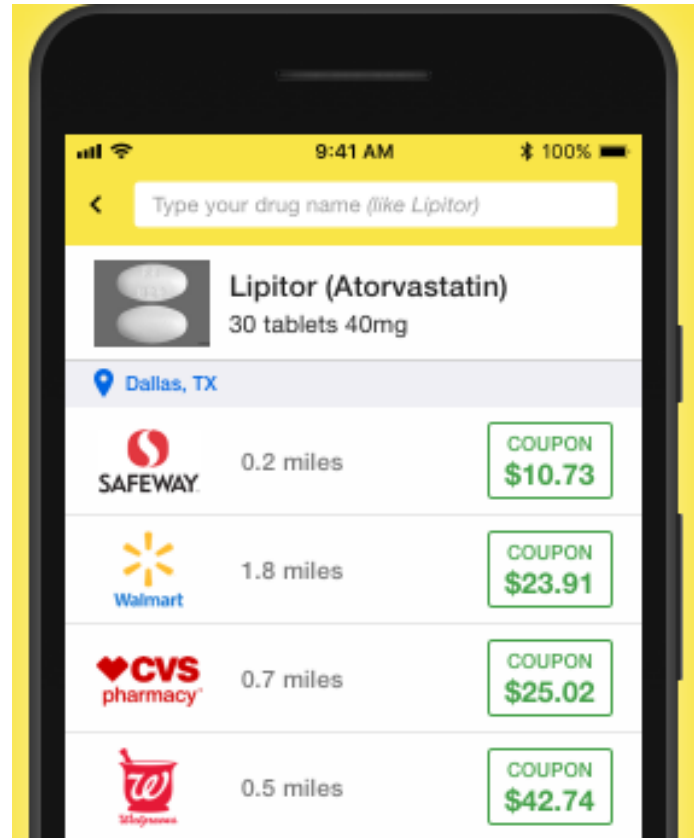
Employees save money by seeing their personalized out-of-pocket for a drug being prescribed at local pharmacies including any special coupons or discounts you can use. The cost of a prescription can differ by more than \$100 between pharmacies!

- Stay up to date on coverage and savings

Good RX gathers information on current prices and discounts to help you find the lowest cost pharmacy for your prescriptions. The average Good RX customer saves \$276 a year on their prescriptions!

- How to use?

Go to www.goodrx.com or the free app and type in your drug's name and click the "Find the Lowest Price" button. Print the coupon or show the coupon on your phone to your pharmacist. Your pharmacist will input the coupon code and pull up the lowest discount available.



[Mobile App](#)
[Sign Up](#)
[Log In](#)
[Help](#)

Stop paying too much for your prescriptions

Popular searches: [Lipitor](#), [Cialis](#), [Neurontin](#), [Prilosec](#), [Synthroid](#), [Lexapro](#) | [Browse All Drugs](#)

1

Compare prices
GoodRx collects prices & discounts from over 60,000 U.S. pharmacies

2

Print free Coupons
Or send coupons to your phone by email or text message

3

Save up to 80%
Show the coupon to your pharmacist for massive savings on your meds

Health Savings Account – Health Equity



WHAT IS A HEALTH SAVINGS ACCOUNT (HSA)?

An HSA is an individually-owned, personal health care savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. Your contributions are tax-free, and the money remains in the account for you to spend on eligible expenses no matter where you work or how long it stays in the account.

An HDHP generally costs less than what traditional health care coverage costs, so the money that you save on insurance premiums can therefore be put into the Health Savings Account.

2025 IRS CONTRIBUTION MAXIMUMS COVERAGE LEVEL

| | |
|--|---------|
| Employee Only | \$4,300 |
| Employee + Spouse Employee + Child(ren) Family | \$8,550 |
| Catch-Up Contribution (Individuals 55 or Older) | \$1,000 |

YOUR HSA IS AN INDIVIDUALLY OWNED ACCOUNT

- You own and administer your HSA.
- You determine how much you will contribute to your account and when to use the money to pay for eligible health care expenses.
- You can change your contribution during the plan year without a qualifying event (allowed one time per month).
- Like a bank account, you must maintain a balance in order to pay for eligible healthcare expenses.
- Keep all receipts for tax documentation.
- An HSA allows you to save and “roll over” money from year to year.
- The money in the account is always yours, even if you change health plans or jobs.
- There are no vesting requirements or forfeiture provisions.

YOU ARE ELIGIBLE TO OPEN AND FUND AN HSA IF YOU MEET ALL OF THE CRITERIA BELOW:

For more information on HSA Accounts visit
<https://www.irs.gov/pub/irs-pd/p969.pdf>

- You are enrolled in a HDHP/HSA plan.
- You are not covered by another health plan (unless it is an HSA-qualified plan), healthcare FSA (including a spouse’s healthcare FSA), or health reimbursement arrangement.
- You are not eligible to be claimed as a dependent on someone else’s tax return.
- You are not enrolled in Medicare or TRICARE for Life.

WHAT IS A HIGH DEDUCTIBLE HEALTH PLAN (HDHP)?

You must have an HDHP if you want to open an HSA or keep contributing to an existing HSA. The HDHP is usually a less expensive health insurance plan that generally doesn’t pay for the first several thousand dollars of health care expenses (i.e., your “deductible”) but will generally cover you after that. Preventive Care services including physician services, lab and routine x-rays are covered at 100%. Of course, your HSA is available to help you pay for the expenses your plan does not cover.

Health Savings Account (HSA)

HSA ADVANTAGES AND HOW DOES THE HSA PLAN WORK?

1. Contributions are made to the HSA by the City of Plainview. **The City of Plainview's 2025 contribution is \$1,500 for single coverage for the year and \$2,000 for Employee & Spouse, Child(ren), or Family coverage. If you are a newly hired employee after January 1st, your contribution amount will be pro-rated accordingly.** You can also elect to make your own additional contribution to the HSA at Open Enrollment which would be taken out of your paycheck on a pre-tax basis. That money is available to pay for the qualifying medical expenses throughout the year.
2. When you need medical care and visit the doctor, emergency room or hospital, you will be responsible for the full cost of the visit (minus any network discounts). You can use the HSA account funds to pay for that visit at the time of the service, you can reimburse yourself at the end of the year or you can choose to pay for the visit out of pocket and let the HSA funds grow.
3. Unused HSA contributions carry over from year to year and remain in the HSA for the following year's medical expenses.

CHANGES TO YOUR HSA WHEN YOU REACH 65

At age 65, you can take penalty-free distributions from the HSA for any reason. However, in order to be both tax-free and penalty-free the distribution must be for a qualified medical expense. Withdrawals made for other purposes will be subject to ordinary income taxes.

HEALTH INSURANCE PREMIUMS

At age 65, you can use your HSA to pay for Medicare parts A, B, D and Medicare HMO premiums tax-free and penalty-free. You cannot use your HSA to pay for Medigap insurance premiums.

If your Medicare premium is automatically deducted from your Social Security check, you simply reimburse yourself directly from your HSA for the Medicare premiums paid from your Social Security payment.

CONTINUED ELIGIBILITY FOR AN HSA

Most Americans become eligible for Medicare at age 65. Americans that begin receiving Social Security benefits prior to age 65 are automatically enrolled in Medicare at age 65. Participation in any type of Medicare (Part A, Part B, Part C - Medicare Advantage Plans, Part D, and Medicare Supplement Insurance -Medigap), makes you ineligible to contribute to an HSA. However, you can continue to use your HSA for qualified medical expenses and for other expenses for as long as you have funds in your HSA.

LOSS OF ELIGIBILITY IN MONTH YOU TURN 65. You lose eligibility as of the first day of the month you turn 65 and enroll in Medicare.

STOPPING MEDICARE TO RECLAIM HSA ELIGIBILITY

If you signed up for Medicare Part A and now want to decline it, you can do so by contacting the Social Security Administration. Assuming you have not begun receiving Social Security checks this will reestablish your eligibility for an HSA. If you have applied for or have begun receiving Social Security, you cannot opt out of Medicare Part A without paying the government back all the money you received from Social Security payments plus paying the government back for any money Medicare spent on your medical claims. This action will also stop future Social Security payments (until you reapply and start this cycle over again).

SPOUSE UNDER AGE 65

If your spouse is under age 65, that may provide an avenue for continued HSA contributions. An employee however, cannot make HSA contributions into the HSA of an employee's spouse.

Health Savings Account

An HSA lets you save money for future healthcare costs while also saving on taxes. How? HSAs are the only benefit with a triple-tax advantage:¹ Tax-free contributions. Tax-free account growth. And tax-free spending on HSA-qualified expenses. It's your healthcare emergency safety net.

- ✓ No use-it-or-lose-it rule, HSAs rollover every year
- ✓ Available tax-free investing, just like a 401(k)²
- ✓ Requires an eligible high-deductible health plan (HDHP)



Don't tax your money. Max your money.

Get \$20 tax savings for every \$100 you contribute.³

HSA

Tax-free

No HSA

Taxed

2025 HSA Contribution Limits



\$4,300
Individual plan



\$8,550
Family plan

Members 55+ can contribute an extra \$1,000.



**See how much
you can save.**

HealthEquity.com/Learn/HSA

¹HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules. | ²Investments made available to HSA members are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. | ³Example for illustration only. Estimated savings are based on an assumed combined federal and state income tax bracket of 20%. Actual savings will depend on your taxable income and tax status. HealthEquity does not provide legal, tax or financial advice.

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Spend tax-free.

There are thousands of HSA-qualified expenses. Here are just few:

- Medical
- Dental
- Vision
- Pharmacy
- Over-the-counter (OTC) medications
- Mental health services
- Lab fees

Think high-deductible health plans (HDHP) cost too much? Not so fast!

On the right are three different spending scenarios that show how an HDHP paired with a Health Savings Account (HSA) can help you save money. Savings can add up fast, especially when you consider insurance premiums and potential employer HSA contributions. Remember, these are only examples. So be sure to review your plan details carefully.*

Defining key terms

Premiums. The amount you pay per year to have health insurance.

Deductible. The amount you must pay before your insurance kicks in.

Coinsurance. The percentage of healthcare expenses you may need to pay after your deductible.

HSA employer contribution. The amount your employer may put into your HSA just for choosing an HDHP.

Compare your net costs.

To find net costs for your health plan options, simply add premium costs + expenses. Then subtract the employer HSA contribution (if available). Where healthcare expenses exceed your deductible, you may need to add coinsurance too. You can find it by calculating 20% of expenses after your deductible.

How much will you save?

In each scenario, the HDHP gives you \$1,000 premium savings plus \$1,000 free money with the employer HSA contribution. So, the HDHP saves \$2,000 before we even consider healthcare expenses. This is why the HDHP is so appealing for folks like Low-spender Larry and Mid-spender Maria. HDHPs bring the potential for significant savings. But even for High-spender Hayden, the HDHP is essentially breakeven.

Bottom line: Look beyond deductibles. Consider premium costs. And see if an employer HSA contribution is available.

Learn more at [HealthEquity.com](https://www.healthequity.com)

*The examples used are for illustrative purposes only.



Low-spender Larry
\$500 est. healthcare expenses

| | Traditional health plan | High-deductible health plan |
|---------------------------------------|-------------------------|-----------------------------|
| Premium costs | \$3,000 | \$2,000 |
| Deductible | \$1,000 | \$3,500 |
| Out-of-pocket costs (20% coinsurance) | \$0 | \$0 |
| HSA employer contribution | \$0 | \$1,000 |
| Net cost | \$3,500 | \$1,500 |



Mid-spender Maria
\$3,000 est. healthcare expenses

| | Traditional health plan | High-deductible health plan |
|---------------------------------------|-------------------------|-----------------------------|
| Premium costs | \$3,000 | \$2,000 |
| Deductible | \$1,000 | \$3,500 |
| Out-of-pocket costs (20% coinsurance) | \$400 | \$0 |
| HSA employer contribution | \$0 | \$1,000 |
| Net cost | \$4,400 | \$4,000 |



High-spender Hayden
\$6,000 est. healthcare expenses

| | Traditional health plan | High-deductible health plan |
|---------------------------------------|-------------------------|-----------------------------|
| Premium costs | \$3,000 | \$2,000 |
| Deductible | \$1,000 | \$3,500 |
| Out-of-pocket costs (20% coinsurance) | \$1,000 | \$500 |
| HSA employer contribution | \$0 | \$1,000 |
| Net cost | \$5,000 | \$5,000 |

Flexible Spending Account – Flores Assoc.



A Flexible Spending Account, or FSA, lets you set aside pre-tax money from your paychecks to spend on out-of-pocket healthcare expenses (i.e. co-pays, deductibles, over-the-counter items, etc.). Money that goes into an FSA is pre-tax, so by anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

Health Care Reimbursement FSA

This program lets employees pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars. The annual maximum amount you may contribute to the **Health Care Reimbursement FSA for 2025 is \$3,300**. Some examples include:

- Deductible, Prescriptions & Doctor Visit Co-Payments
- Over-the-Counter Medicines with a Prescription
- Vision services, including Lasik Eye Surgery, Glasses & Contacts
- Hearing services, including hearing aids and batteries
- Orthodontics, Dental deductibles and coinsurance
- Acupuncture

Dependent Care FSA

The Dependent Care FSA allows employees to use pre-tax dollars towards qualified dependent care for children under age 13 or caring for elders. The annual maximum amount you may contribute to the **Dependent Care FSA is \$5,000** for 2025, (or \$2,500 if married and filing separately).

Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

FSA Smart Tips

Cover any significant medical expenses early in the year using your FSA. You'll spend the remainder of the year paying yourself back with the regular payroll deductions.

Save your receipts as proof of purchase in order to be reimbursed for your health care expenses from your FSA. So, if you are making purchases that are eligible for reimbursement, you'll want to keep them separate from other items.

Take advantage of the pre-tax savings and use your FSA dollars. Remember, unused money in an FSA at the end of the year is lost.

Limited Flexible Spending Account – Flores Assoc.

**For HSA participant use only*

If you participate in the City of Plainview High Deductible Health Plan and participate in a health savings account, you can only enroll in the limited purpose health care FSA, not the standard health care FSA.

The limited purpose health care FSA allows you to reimburse yourself for eligible dental and vision expenses.

Dental and vision expenses are also eligible under your health savings account, but you cannot claim the same expenses on both accounts.

You cannot submit medical, prescription drug, or over-the-counter medication expenses to your limited purpose health care FSA for reimbursement — those expenses are eligible only for reimbursement from your health savings account.

| If you have both an HSA and a limited purpose healthcare FSA... | Can you use your HSA? | Can you use your limited purpose health care FSA? |
|--|---------------------------------|---|
| Medical expenses you incur, such as your deductible and coinsurance costs | Yes | No |
| Prescription drug expenses you incur | Yes | No |
| Over-the-counter (OTC) medication expenses | Yes, with doctor's prescription | No. Some over-the-counter medications for dental care and vision may be eligible for reimbursement. |
| Dental expenses, such as visits to the dentist and orthodontia (unreimbursed expenses only) | Yes | Yes |
| Vision expenses, such as eyeglasses and contact lenses. If enrolled in the Vision Benefits, these would be expenses remaining out of your pocket after the Vision benefit is paid. | Yes | Yes |

IRS limitations on flexible spending accounts

- Expenses reimbursed from an FSA cannot be claimed as a medical expense on your tax return.
- Only expenses actually incurred during the calendar year are eligible for reimbursement. Expenses incurred before or after the eligibility period are not eligible, regardless of when you paid for the expenses. FSAs may not reimburse for future or projected expenses.
- If you do not use all the pre-tax dollars in your flexible spending account, you forfeit the amount left over. That's an Internal Revenue Service requirement.

Medical Eligible Expenses for HSA or FSA

| | |
|--|--|
| <p>Acupuncture</p> <p>Alcoholism</p> <p>Ambulance</p> <p>Artificial Limb</p> <p>Artificial Teeth</p> <p>Bandages</p> <p>Breast Reconstruction Surgery</p> <p>Birth Control Pills</p> <p>Braille Books and Magazines</p> <p>Capital Expenses - ramps, rails, etc.</p> <p>Car - special design</p> <p>Chiropractor</p> <p>Christian Science Practitioner</p> <p>Contact Lenses</p> <p>Crutches</p> <p>Dental Treatment (not teeth whitening)</p> <p>Diagnostic Devices</p> <p>Disabled Dependent Care Expenses</p> <p>Drug Addiction - inpatient treatment</p> <p>Drugs (excluding over-the-counter)</p> <p>Eyeglasses</p> <p>Eye Surgery</p> <p>Fertility Enhancement</p> <p>Founder's Fee - care at retirement home</p> <p>Guide Dog or Other Animal</p> <p>Health Institute</p> <p>Health Maint. Org. (HMO)</p> <p>Hearing Aids</p> <p>Home Improvements - ramps, lifts, etc.</p> <p>Hospital Services</p> <p>Insurance Premiums - see IRS list</p> <p>Laboratory Fees</p> <p>Lead-Based Paint Removal</p> <p>Learning Disability</p> | <p>Lifetime Care—Advance Payments</p> <p>Lodging - for medical care</p> <p>Long-Term Care</p> <p>Meals - for medical care</p> <p>Medical Conferences</p> <p>Medical Information Plan</p> <p>Medical Services</p> <p>Medicines</p> <p>Nursing Home</p> <p>Nursing Services & Home Care</p> <p>Operations</p> <p>Optometrist</p> <p>Organ Donors</p> <p>Osteopath</p> <p>Oxygen</p> <p>Pregnancy Test kit</p> <p>Prosthesis</p> <p>Psychiatric Care</p> <p>Psychoanalysis</p> <p>Psychologist</p> <p>Special Education</p> <p>Sterilization</p> <p>Stop-Smoking Programs</p> <p>Surgery</p> <p>Telephone for hearing-impaired</p> <p>Television for hearing impaired</p> <p>Therapy</p> <p>Transplants</p> <p>Transportation - for medical care</p> <p>Trips - for medical care</p> <p>Vasectomy</p> <p>Vision Correction Surgery</p> <p>Weight-Loss Program</p> <p>Wheelchair</p> |
|--|--|

Urgent Care vs. Emergency Rooms

Healthcare consumers must educate themselves to recognize the differences between an urgent care facility, emergency rooms and freestanding emergency rooms. Understanding their differences could save you as a consumer thousands of dollars.

Whenever you feel bad or have a child who is under the weather all you want is for yourself or them to feel better. You should take into consideration the severity of the situation, the ER wait time and the hefty bill you will receive. Actually, visiting an urgent care may be a better choice as wait times may be shorter and more affordable.



A majority of Urgent Care Clinics accept insurance and are open all week long, including nights, weekends and holidays. Additionally, instead of having to wait in a waiting room to be seen, some Urgent Care Clinics allow you to call in advance and wait in the comfort of your home until a room becomes available.

Urgent care centers are equipped to handle non-life-threatening situations, and many have attending doctors and nurses who have access to x-rays and labs onsite. Most urgent care centers are open late and on weekends and holidays.

Choosing an urgent care center over the ER can save you time and money:

- Average time of an ER visit: 4 hours
- Average cost of an ER visit: \$1,757
- Average cost of an urgent care center visit: \$162

Visit an urgent care center for these common conditions:

- | | | |
|-----------------------------|-----------------------------------|--------------------------|
| •Flu and cold / High fevers | •Coughs and sore throat | •Cuts and severe scrapes |
| •Broken bones | •Vomiting, diarrhea, stomach pain | •High fevers |

Emergency Rooms

Emergency rooms are meant for true medical emergencies and can handle trauma, x-rays, surgical procedures and other life-threatening situations.

Most hospitals have an emergency room that's open 24 hours a day, 7 days a week. If you have a true emergency, go to your nearest emergency room or call 911.

Visit an emergency room if you experience:

- | | | |
|---------------------|-----------------------------------|----------------------------------|
| •Allergic reactions | •Broken bones | •Chest pain |
| •Constant vomiting | •Continuous bleeding | •Severe shortness of breath |
| •Deep wounds | •Weakness or pain in a leg or arm | •Head injuries / Unconsciousness |

Dental – UnitedHealthcare



Effective January 1, 2025

Here is a snapshot of the coverage provided under the 2025 Dental plan. For a complete summary of dental benefits, please refer to the plans provided.

| BENEFITS | UnitedHealthcare |
|---|-------------------------------|
| Type I – Preventive Services Oral examinations (2 Per Year) X-rays Cleanings (2 Per Year) | No Waiting Period 100% |
| Type II – Basic Services Fillings Extractions Root Canal | No Waiting Period 80% |
| Type III – Major Services Crowns Removable / fixed bridge-work Partial or complete dentures | No Waiting Period 50% |
| Type IV - Orthodontia Adult & Child / Child Only | No Waiting Period 50% |
| Annual Deductible | |
| Individual | \$50 |
| Family | \$150 |
| Annual Maximums | |
| Dental Annual Maximum | \$1,500 |
| Orthodontia Lifetime Maximum | \$1,500 |
| Network Website - Options PPO 30 Network | www.myuhc.com |

NOTE: This is a brief summary and not intended to be a contract.

| Dental Costs | Monthly |
|---------------------|----------|
| Employee Only | \$29.20 |
| Employee & Spouse | \$60.40 |
| Employee & Children | \$77.88 |
| Employee & Family | \$107.32 |

Vision – Surency



Effective January 1, 2025

Here is a snapshot of the coverage provided under the 2025 vision plan. For a complete summary of vision benefits, please refer to the plans provided.

| BENEFITS | | Surency |
|--|---------------------------------|---|
| Eye Exam | Network Non-Network | \$10 Copay Up to \$35 Reimbursement |
| Frames/ Lens | | |
| Single Vision | Network Non-Network | \$25 Copay Up to \$25 Reimbursement |
| Bifocal Lenses | Network Non-Network | \$25 Copay Up to \$40 Reimbursement |
| Trifocal Lenses | Network Non-Network | \$25 Copay Up to \$55 Reimbursement |
| Frames | Network Non-Network | \$130 Allowance Up to \$65 Reimbursement |
| Contacts In Lieu of Glasses | | |
| Network | Medically Necessary Elective | Covered in Full \$130 Allowance, 15% discount on balance |
| Non-Network | Medically Necessary Elective | Up to \$200 Reimbursement Up to \$90 Reimbursement |
| Exam Frequency | | 12 Months |
| Lens Frequency | | 12 Months |
| Frames Frequency | | 24 Months |
| Network Website - EyeMed Insight Network | | www.surency.com |

NOTE: This is a brief summary and not intended to be a contract.

| Vision Costs | Monthly |
|---------------------|---------|
| Employee Only | \$4.65 |
| Employee & Spouse | \$9.91 |
| Employee & Children | \$10.42 |
| Employee & Family | \$16.78 |

Life & AD&D Benefits – Dearborn National

Effective January 1, 2025



The City of Plainview provides Basic Life and AD&D (Accidental Death and Dismemberment) insurance for you as a full-time employee at no additional cost. If you would like to purchase additional life insurance for yourself and/or your dependents, please see the Voluntary Life Insurance page for more information.

BENEFICIARY INFORMATION

Remember, it is important to designate beneficiaries for all of your insurance policies that require them. If you don't, laws may cause death benefits to be distributed differently than you had planned resulting in additional taxes and may unnecessarily delay the process of finalizing payment to your loved ones. You should regularly review and, if necessary, update your beneficiary designations. You can update your beneficiary at any time by *submitting a new beneficiary form to Human Resources*.

| BASIC LIFE/AD&D BENEFITS | Dearborn National |
|----------------------------|-------------------|
| Basic Life & AD&D Schedule | \$25,000 |
| Guarantee Issue Amount | \$25,000 |
| Maximum Amount | \$25,000 |
| Conversion | Included |

NOTE: This is a brief summary and not intended to be a contract.

How Much Life Insurance Do You Need?

If you're going to achieve all your goals, such as sending your kids to college, retiring in comfort and leaving a legacy, you will need to save and invest throughout your lifetime. But to really complete your financial picture, you'll also need to add one more element: protection. And that means you'll require adequate life insurance for your situation. However, your need for insurance will vary at different times of your life — so you'll want to recognize these changing needs and be prepared to act.

When you're a young adult, and you're single, life insurance will probably not be that big of a priority. And even married couples without children typically have little need for life insurance; if both spouses contribute equally to household finances, and you don't own a home, the death of one spouse will generally not be financially catastrophic for the other.



But once you buy a home, things change. Even if you and your spouse are both working, the financial burden of a mortgage may be too much for the surviving spouse. So, to enable the survivor to continue living in the home, you might consider purchasing enough life insurance to at least cover the mortgage.

When you have children, your life insurance needs will typically increase greatly. In fact, it's a good idea for both parents to carry enough life insurance to pay off a mortgage and raise and educate the children, because the surviving parent's income may be insufficient for these needs. How much insurance do you need? You might hear of a "formula," such as buying an amount equal to seven to ten times your annual income, but this is a rough guideline, at best. You might want to work with a financial professional to weigh various factors – number and ages of children, size of mortgage, current income of you and your spouse, and so on – to determine both the amount of coverage and the type of insurance ("term" or "permanent") appropriate for your situation.

Once you've reached the "empty nest" stage, and your kids are grown and living on their own, you may need to re-evaluate your insurance needs. You might be able to lower your coverage, but if you still have a mortgage, you probably would want to keep enough insurance to pay it off.

After you retire, you may have either paid off your mortgage or moved into a condominium or apartment, so you may require even less life insurance than before. But it's also possible that your need for life insurance will remain strong. For example, the proceeds of a life insurance policy can be used to pay your final expenses or to replace any income lost to your spouse as a result of your death (e.g., from a pension or Social Security.) Life insurance can also be used in your estate plans to help leave the legacy you desire.

As we've seen, insurance can be important at every stage of your life. You'll help yourself – and your loved ones – by getting the coverage you need when you need it.

Voluntary Life and AD&D – Dearborn National

Effective January 1, 2025

| VOLUNTARY LIFE BENEFITS | Dearborn National |
|----------------------------------|--|
| Class Description | All Full Time Employees |
| Definition of Earnings | Base Annual Earnings |
| Employee Life Schedule | \$10,000- \$500,000, Increments of \$10,000 |
| Employee Maximum Benefit | \$500,000 |
| Employee Guarantee Issue Amount | \$100,000 |
| Age Reduction Schedule | to 65% at age 70-74 to 45% at age 75-79 to 30% at age 80-84 to 15% at age 85+ |
| Waiver of Premium | Disabled Prior to age 60, 6 month Elimination Period, to age 65 |
| Accelerated Death Benefit | 50% of benefit to a max \$150,000 |
| Spouse Life Schedule | Increments of \$10,000 |
| Spouse Maximum Benefit | \$10,000 |
| Spouse Guarantee Issue Amount | \$10,000 |
| Child(ren) Life Schedule | 6 months to age 26- \$10,000 |
| Conversion | Included |
| Portability | Included |
| Suicide Clause | 1 year |
| FINANCIALS (per \$1,000) | |
| Age of Employee | Employee |
| Up to 24 | \$0.08 |
| 25 – 29 | \$0.08 |
| 30 – 34 | \$0.08 |
| 35 – 39 | \$0.12 |
| 40 – 44 | \$0.19 |
| 45 – 49 | \$0.28 |
| 50 – 54 | \$0.48 |
| 55 – 59 | \$0.82 |
| 60 – 64 | \$1.29 |
| 65 – 69 | \$2.03 |
| 70 – 74 | \$3.23 |
| 75+ | \$5.72 |
| Employee AD&D Rate (per \$1,000) | \$0.05 |
| Spouse Life Rate (per \$10,000) | \$2.00 |
| Child(ren) Rate (per \$10,000) | Life - \$2.00 |

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

TMRS Retirement Plan

To help you prepare for the future, the City of Plainview participates in the TMRS Plan as part of its benefits package. Here are some of the plan highlights.

- ❖ Mandatory Employee contribution 7%
- ❖ Contribution matched by the City 2:1
- ❖ Vesting after 5 years
- ❖ Retirement after 25 years or Age 60 with 5- years of service
- ❖ Coverage becomes effective on Date of Hire.



For additional personal account information or to add other eligible service credit, please contact TMRS at:

Contact: 1-800-924-8677

Website: www.tmrs.com

Employee Assistance Plan – Alliance Work Partners

City of Plainview

Employee Assistance Program (EAP)



Alliance Work Partners is
here for you as life happens.

AWP is proud to serve as your EAP, offering you and your household valuable, confidential services at no cost to you.

Your benefits are designed to help you manage daily responsibilities, major events, work stresses, or any issue affecting your quality of life.

All benefits can be
accessed by calling:

toll free

1-800-343-3822

TDD

1-800-448-1823

teen line

1-800-334-TEEN (8336)

We are available to take your call
24 hours a day, 7 days a week.



Visit your EAP website at
awpnow.com

and create a
customized account.

Go to
<https://www.awpnow.com>
select "Access Your Benefits"

Registration Code:
AWP-COPV-4508

Your EAP Benefits:

LawAccess

Legal and Financial services provided by a lawyer or financial professional specializing in your area of concern. Available online or by telephone.

HelpNet

Customized EAP website featuring resources, skill-building tools, online assessments and referrals.

WorkLife

Resources and referrals for everyday needs.
Available by telephone.

PlanWell

Online tools and resources to help improve your finances and track financial goals.

SafeRide

Reimbursement for emergency cab fare for eligible employees and dependents that opt to use a cab service instead of driving while impaired.

1 to 6 Counseling Sessions

Per problem, per year. Short-term counseling sessions which include assessment, referral, and crisis services. *(Same day appointments available for urgent/crisis callers, or facilitation of immediate hospitalization)*

Newsletters

Webinar Training Series
Tips for Everyday Living

Here for you as life happens ...





City of Plainview

Employee Assistance Program (EAP)

Criteria for Benefits Eligibility

Full Benefits:

- Employee, retiree, married/divorced spouse, partner, significant other
- Any household member, regardless of age or relationship, residing in employee's home, including significant other and their children
- All covered employees may bring anyone with them to their authorized/covered sessions regardless of relationship to employee.
- Children and grandchildren, **age 26 or under**, residing in US or Puerto Rico. This includes children and grandchildren of significant other or partner.
- Any person meeting benefit eligibility prior to lay-off or termination of an employee will continue to be eligible for benefits up to 6 months from the date of employee's lay-off or termination. Benefits are extended for 6 months from date of employee's call within this timeframe.

Assessment & Referral:

- Children and grandchildren **age 27 and over** of employee, married/divorced spouse, partner, or significant other living outside employee's home
- Employee instructed by law to receive court-ordered counseling
- All crisis cases (suicidal/homicidal, domestic violence, chemical dependence, substance abuse, child/elderly abuse) not otherwise covered
- Any person meeting benefit eligibility prior to lay-off or termination of an employee will continue to be eligible for assessment and referral after 6 months and up to 1 year from the date of employee's lay-off or termination. Benefits are extended 1 year from date of employee's call within this timeframe.

Information & Referral:

- Anyone contacting Alliance Work Partners regardless of contract status

Financial Wellness Program - FinPath



Empowering the shift from **surviving** to **thriving**

In the United States, 7 in 10 Americans report high levels of financial stress. We're here to change that.

If you've ever felt like you're living paycheck to paycheck or like your dollar can go farther, we have just the tools to make a difference. And it's all available at **no cost to you**.



Meet FinPath

FinPath is a financial education program paid for by your employer to help you take control of your finances and reduce your financial stress. With FinPath, focusing on your financial goals and getting answers to your questions is easy.

Here's what you get:



Unlimited 1:1 Coaching

Personalized, confidential coaching sessions tailored to your financial needs



Financial Health Tools

Over 30+ tools to help you budget, reduce debt, plan for emergencies, and more!



FinPath University

Participate in live and self-paced courses accessible anytime, anywhere



FinPath Perks

Get rewarded by building better financial habits through monthly gift card raffles, including a \$1,000 giveaway



Activate your free account in 3 easy steps!

1. Head to finpathwellness.com/register
2. Enter your **work email address**
3. Check your email for your unique **activation link**

Have Questions? Get Answers.

833-777-6545

finpathwellness.com/support

Optional Supplemental Benefits

Effective January 1, 2025

If you have questions regarding optional supplemental benefits, please contact them directly.

| If You Have Questions About | Contact | By Phone | On the Internet |
|------------------------------|--------------------------------------|--------------|--|
| Air Ambulance Benefit | AirMedCare Network | 800-793-0010 | www.airmedcarenetwork.com |
| AFLAC Supplementary Benefits | Aflac | 800-433-3036 | www.aflacgroupinsurance.com |
| Country Club Membership | Plainview Country Club | 806-293-2445 | www.plainviewcc.com |
| 457 Deferred Compensation | Corbridge Financial Services (VALIC) | 800-448-2542 | www.corebridgefinancial.com |
| YMCA | YMCA | 806-293-8319 | www.plainviewymca.org |

What Constitutes a Qualifying Life Event?

| Qualifying Life Event | Benefits Allowed to Change | | | | | | | | | Documentation |
|--|----------------------------|--------|--------|---------------|---------------|-----------------|-----------|-------------|---------------|--|
| | Medical | Dental | Vision | Supp. EE Life | Vol. Sp. Life | Vol. Child Life | Dep. Care | Health Care | Beneficiaries | |
| Change in marital status: · Marriage · Divorce or Annulment · Legal Separation · Domestic Partner Dissolution · Death of Spouse | ✓ | ✓ | ✓ | | ✓ | | ✓ | ✓ | ✓ | Marriage Certificate Divorce Decree Final Court Document Notarized Statement of Disenrollment Death Certificate |
| Change in the number of dependents: · Birth · Adoption · Guardianship of a Child · Death of a Dependent | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | Birth Certificate, Adoption Agreement, Court Decree for Guardianship, Death Certificate |
| Dependent Becomes Eligible | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | Provide Name, Social Security Number, and Date of Birth for dependents |
| Dependent Loses Other Coverage | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | Proof of Loss of Coverage, such as termination letter; Certificate of Creditable Coverage |
| Dependent Gains Other Coverage | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | Proof of Coverage with start date of benefits and name(s) of covered dependents |
| A change in Employee's, spouse's, or dependent's work hours (including a switch between full and part-time status) | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | Proof of loss of Coverage due to employment status change, such as a Certificate of Creditable Coverage or letter from the company |
| Change in Dependent Care Costs | | | | | | | ✓ | | | Letter from your Day Care Provider |
| Court Ordered Dependent, add or drop from coverage | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | Contact your Benefits Team Directly |

Glossary of Health Coverage & Medical Terms

This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)



Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

For a digital version of the Glossary of Health Coverage & Medical Terms scan the QR code with your mobile device.

Appeal

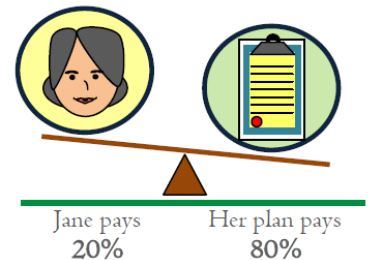
A request for your health insurer or plan to review a decision or a grievance again.

Balance Billing

When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A preferred provider may not balance bill you for covered services.

Co-insurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance *plus* any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.



Complications of Pregnancy

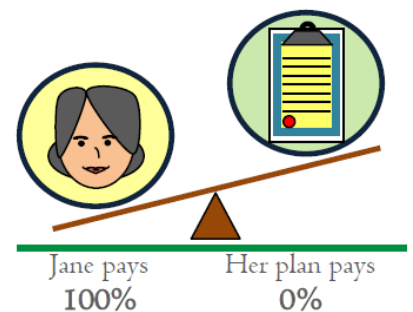
Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

Co-payment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible

The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.



Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Glossary of Health Coverage & Medical Terms (*continued*)

Emergency Medical Condition

An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation

Ambulance services for an emergency medical condition.

Emergency Room Care

Emergency services you get in an emergency room.

Emergency Services

Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

Excluded Services

Health care services that your health insurance or plan doesn't pay for or cover.

Grievance

A complaint that you communicate to your health insurer or plan.

Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance

A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium.

Home Health Care

Health care services a person receives at home.

Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

In-network Co-insurance

The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network co-insurance usually costs you less than out-of-network co-insurance.

In-network Co-payment

A fixed amount (for example, \$15) you pay for covered health care services to providers who contract with your health insurance or plan. In-network co-payments usually are less than out-of-network co-payments.



Glossary of Health Coverage & Medical Terms (*continued*)

Medically Necessary

Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Non-Preferred Provider

A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers.

Out-of-network Co-insurance

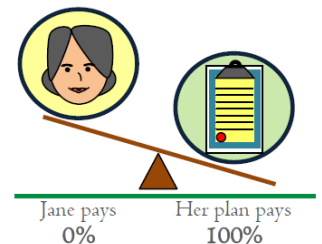
The percent (for example, 40%) you pay of the allowed amount for covered health care services to providers who do not contract with your health insurance or plan. Out-of-network co-insurance usually costs you more than in-network co-insurance.

Out-of-network Co-payment

A fixed amount (for example, \$30) you pay for covered health care services from providers who do not contract with your health insurance or plan. Out-of-network co-payments usually are more than in-network co-payments.

Out-of-Pocket Limit

The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.



Physician Services

Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan

A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Preauthorization

A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Preferred Provider

A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Glossary of Health Coverage & Medical Terms (*continued*)

Premium

The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.

Prescription Drug Coverage

Health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs

Drugs and medications that by law require a prescription.

Primary Care Physician

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

Rehabilitation Services

Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Skilled Nursing Care

Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

Specialist

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.



Glossary of Health Coverage & Medical Terms (*continued*)

UCR (Usual, Customary and Reasonable)

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Urgent Care

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

How You and Your Insurer Share Costs - Example

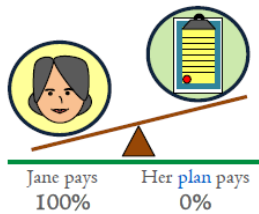
Jane's Plan Deductible: \$1,500

Co-insurance: 20%

Out-of-Pocket Limit: \$5,000

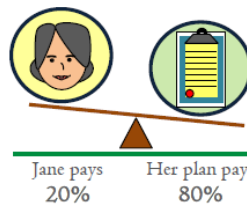
January 1st
Beginning of Coverage
Period

December 31st
End of Coverage Period



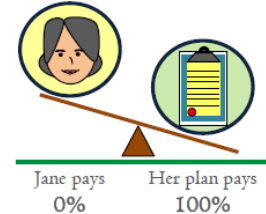
Jane hasn't reached her \$1,500 deductible yet
Her plan doesn't pay any of the costs.
Office visit costs: \$125
Jane pays: \$125
Her plan pays: \$0

more costs



Jane reaches her \$1,500 deductible, co-insurance begins
Jane has seen a doctor several times and paid \$1,500 in total. Her plan pays some of the costs for her next visit.
Office visit costs: \$75
Jane pays: 20% of \$75 = \$15
Her plan pays: 80% of \$75 = \$60

more costs



Jane reaches her \$5,000 out-of-pocket limit
Jane has seen the doctor often and paid \$5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.
Office visit costs: \$200
Jane pays: \$0
Her plan pays: \$200

The benefits described in this booklet are represented for employees only.

The City of Plainview expects to continue these plans indefinitely but reserve the right to modify, amend, suspend or terminate any plan at any time and for any reason without prior notification.

You will be notified of any changes to these plans and how they affect your benefits, if at all. The plans described in this booklet are governed by insurance contracts and self-insured plan documents, which are available for examination by request of your HR Department. We have attempted to make the explanation of the plans in this booklet as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of the plans, since the written descriptions in the insurance contracts or plan documents will always govern.

2025 Plan Year