



# 2025 BENEFIT GUIDE

January 1, 2025—December 31, 2025



# Welcome

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Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your registered domestic partner (RDP) and/or their children, where applicable by state law
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire.

If you fail to enroll on time, you will **NOT** have benefits coverage.

- **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2025.

## Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, RDP, or child
- You lose coverage under your spouse's/RDP's plan
- You gain access to state coverage under Medicaid or CHIP

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

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**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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# Enrollment

Go to <https://benefits.ffqa.com/cityofforney>. There you will find detailed information about the plans available to you and instructions for enrolling.

# Qualifying Events

Qualifying Life Event	Deadline to Enroll or Disenroll	Change Date	Documentation
Change in marital status: <ul style="list-style-type: none"> <li>· Marriage</li> <li>· Divorce or Annulment</li> <li>· Legal Separation</li> <li>· Domestic Partner Dissolution</li> <li>· Death of Spouse</li> </ul>	30 days from the date of event	Date of Event	Marriage Certificate Divorce Decree Final Court Document Notarized Statement of Disenrollment Death Certificate
Change in the number of dependents: <ul style="list-style-type: none"> <li>· Birth</li> <li>· Adoption</li> <li>· Guardianship of a Child</li> <li>· Death of a Dependent</li> </ul>	30 days from the date of event	Date of Event	Birth Certificate Adoption Agreement Court Decree for Guardianship Death Certificate
Dependent Loses Other Coverage	30 days from effective date of loss of coverage	Effective date of loss of coverage	Proof of Loss of Coverage, such as termination letter; Certificate of Creditable Coverage
Dependent Gains Other Coverage	30 days from the date of event	Effective date of coverage	Proof of Coverage with start date of benefits and name(s) of covered dependents
Spouse's Open Enrollment Period	30 days from Open Enrollment Period	Effective date of coverage on the spouse's new plan	Proof of Coverage with start date of benefits and name(s) of covered dependents

# Medical

We are proud to offer you a choice among two different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

## United HealthCare EPO

This plan gives you the freedom to seek care from the provider of your choice in the network. Benefits are **not** payable if you choose a provider outside of the UHC Choice network. The calendar-year deductible must be met before certain services are covered.

## United HealthCare HSA EPO

Like the EPO plans, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. Benefits are **not** payable if you choose a provider outside of the UHC Choice network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

Here's how the plan works:

- **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses.
- **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year.

## The HSA

The HDHP comes with a type of savings account called a health savings account, or HSA. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

Here's how the HSA works:

- You contribute pre-tax funds to the HSA through automatic payroll deductions.
- In addition, we will contribute to your HSA. Below are the monthly amounts that are deposited every 6 months into your account.

Employer Monthly Contribution	2025
Employee Only	\$150.00
Employee + Spouse	\$225.00
Employee + Child(ren)	\$200.00
Employee + Family	\$250.00



- Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2025
Employee Only	\$4,300
Family (employee + 1 or more)	\$8,550
Catch-up (age 55+)	\$1,000

- You can utilize your HSA funds tax-free to pay for current qualified health care expenses, or save them for the future, also tax-free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

### Important Notes:

- You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) must not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS Publication 969.
- For a complete list of qualified health care expenses, refer to IRS Publication 502.
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.
- In order to receive the employer contribution, regardless of if you are contributing into the account, you will need to setup your own individual Health Savings Account with HSA Bank. You can set up an account with HSA Bank by clicking on the following link. [https://secure.hsabank.com/group\\_enrollment/enrollment.aspx?id=756003089](https://secure.hsabank.com/group_enrollment/enrollment.aspx?id=756003089)

# Medical (Cont'd)

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	UHC EPO	UHC EPO HSA
	In-Network Only (Choice)	In-Network Only (Choice)
<b>Deductible</b> (per calendar year)		
Individual / Family	\$2,500 / \$7,500	\$6,000 / \$12,000
<b>Out-of-Pocket Maximum</b> (per calendar year)		
Individual / Family	\$5,500 / \$14,700	\$6,000 / \$12,000
<b>Health Reimbursement Arrangement (HRA)</b> (100% City Funded)		
HRA Contribution– Administered through FFGA	N/A	Reimbursement up to \$3,000 Individual and \$6,000 Family. (Must be out of pocket the first \$3,000 of deductible to be eligible for reimbursement.)
HSA Contribution (Funded every 6 months)- Administered through FFGA	N/A	EE: \$1,800, Employee + Spouse: \$2,700, Employee + Child(ren): \$2,400, Employee + Family: \$3,000
<b>Covered Services</b>		
Office Visits (physician/specialist)	\$35 Copay (\$0 Copay for children) / \$70 Copay	Ded. / 0%
Routine Preventive Care	Covered 100%	Covered 100%
Outpatient Diagnostic (lab/X-ray)	Ded. / 30%	Ded. / 0%
Complex Imaging	Ded. / 30%	Ded. / 0%
Emergency Room	\$500 Copay + 30%	Ded. / 0%
Urgent Care Facility	\$75 Copay	Ded. / 0%
Inpatient Hospital Stay	Ded. / 30%	Ded. / 0%
Outpatient Surgery	Ded. / 30%	Ded. / 0%
<b>Prescription Drugs</b> (Tiers)		
Retail Pharmacy (30-day supply)	\$10 / \$35 / \$60	Ded. / 0%
Mail Order (90-day supply)	\$25 / \$87.50 / \$150	

# EPO Medical Contributions (Per Pay Period)

## Base Salary up to \$50,000

Tier	Monthly Total	Employee Monthly	Employee Bi-weekly	Employer Monthly	Employer Biweekly
Employee Only	\$607.36	\$50.00	\$23.08	\$557.36	\$257.24
Employee + Spouse	\$1,487.21	\$464.93	\$214.58	\$1,022.29	\$471.82
Employee + Child(ren)	\$1,341.58	\$392.11	\$180.97	\$949.47	\$438.22
Family	\$1,987.21	\$714.93	\$329.97	\$1,272.29	\$587.21

## Base Salary up to \$50,001- \$75,000

Tier	Monthly Total	Employee Monthly	Employee Bi-weekly	Employer Monthly	Employer Biweekly
Employee Only	\$607.36	\$50.00	\$23.08	\$557.36	\$257.24
Employee + Spouse	\$1,487.21	\$557.91	\$257.50	\$929.30	\$428.91
Employee + Child(ren)	\$1,341.58	\$470.53	\$217.17	\$871.05	\$402.02
Family	\$1,987.21	\$857.91	\$395.96	\$1,129.30	\$521.22

## Base Salary up to \$75,001—\$100,000

Tier	Monthly Total	Employee Monthly	Employee Bi-weekly	Employer Monthly	Employer Biweekly
Employee Only	\$607.36	\$50.00	\$23.08	\$557.36	\$257.24
Employee + Spouse	\$1,487.21	\$650.90	\$300.41	\$836.32	\$385.99
Employee + Child(ren)	\$1,341.58	\$548.95	\$253.36	\$792.63	\$365.83
Family	\$1,987.21	\$1,000.90	\$461.95	\$986.32	\$455.22

## Base Salary up to \$100,001+

Tier	Monthly Total	Employee Monthly	Employee Bi-weekly	Employer Monthly	Employer Biweekly
Employee Only	\$607.36	\$50.00	\$23.08	\$557.36	\$257.24
Employee + Spouse	\$1,487.21	\$697.39	\$321.87	\$789.82	\$364.53
Employee + Child(ren)	\$1,341.58	\$588.17	\$271.46	\$753.42	\$347.73
Family	\$1,987.21	\$1,072.39	\$494.95	\$914.82	\$422.23

# HSA Medical Contributions (Per Pay Period)

## Base Salary up to \$50,000

Tier	Monthly Total	Employee Monthly	Employee Bi-weekly	Employer Monthly	Employer Biweekly
Employee Only	\$460.63	\$0.00	\$0.00	\$460.63	\$212.60
Employee + Spouse	\$1,127.91	\$333.64	\$153.99	\$794.27	\$366.59
Employee + Child(ren)	\$1,017.47	\$278.42	\$128.50	\$739.05	\$341.10
Family	\$1,507.13	\$523.25	\$241.50	983.88	\$454.10

## Base Salary up to \$50,001- \$75,000

Tier	Monthly Total	Employee Monthly	Employee Bi-weekly	Employer Monthly	Employer Biweekly
Employee Only	\$460.63	\$0.00	\$0.00	\$460.63	\$212.60
Employee + Spouse	\$1,127.91	\$400.37	\$184.79	\$727.54	\$335.79
Employee + Child(ren)	\$1,017.47	\$334.10	\$154.20	\$683.37	\$315.40
Family	\$1,507.13	\$627.90	\$289.80	\$879.23	\$405.80

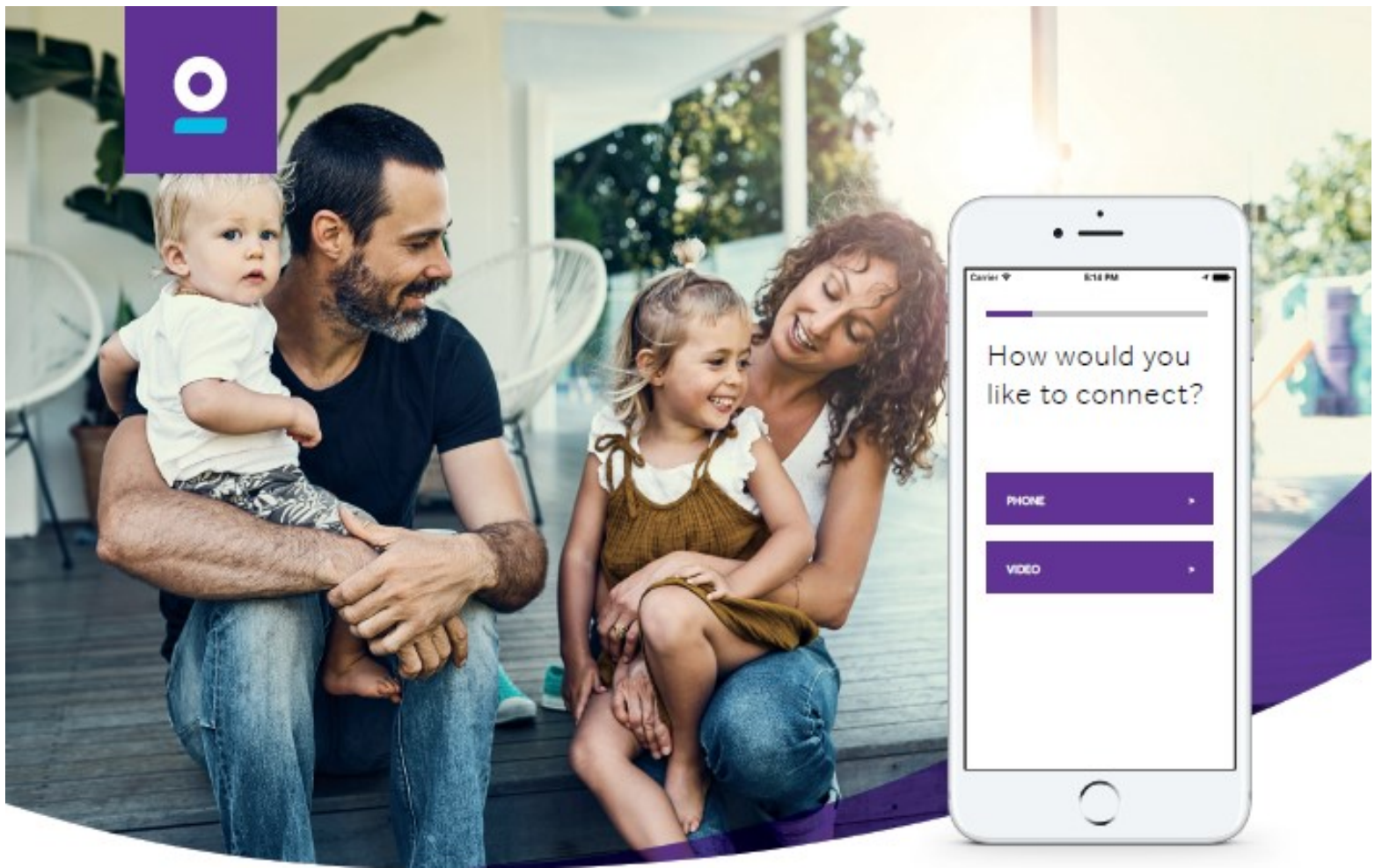
## Base Salary up to \$75,001—\$100,000

Tier	Monthly Total	Employee Monthly	Employee Bi-weekly	Employer Monthly	Employer Biweekly
Employee Only	\$460.63	\$0.00	\$0.00	\$460.63	\$212.60
Employee + Spouse	\$1,127.91	\$467.10	\$215.58	\$660.81	\$304.99
Employee + Child(ren)	\$1,017.47	\$389.79	\$179.90	\$627.68	\$289.70
Family	\$1,507.13	\$732.55	\$338.10	\$774.58	\$357.50

## Base Salary up to \$100,001+

Tier	Monthly Total	Employee Monthly	Employee Bi-weekly	Employer Monthly	Employer Biweekly
Employee Only	\$460.63	\$0.00	\$0.00	\$460.63	\$212.60
Employee + Spouse	\$1,127.91	\$500.46	\$230.98	\$627.45	\$289.59
Employee + Child(ren)	\$1,017.47	\$417.63	\$192.75	\$599.84	\$276.85
Family	\$1,507.13	\$784.88	\$362.25	\$722.26	\$333.35





## When you need affordable care, **you've got Teladoc!**

Stretch your healthcare dollars by connecting with Teladoc the next time you're sick. With Teladoc, you can speak with a U.S. board-certified doctor 24/7 by phone or video for many non-emergency illnesses.

Receive affordable care for:

- Sinus infection
- Flu
- Cough
- Sore throat
- Rash
- Allergy
- Upset stomach
- Nausea and more

### **Talk to a doctor for free**

 [Teladoc.com](https://www.teladoc.com)  1-800-TELADOC (835-2362)   Download the app



Made available by  
Teladoc Health, Inc.



# Dental

We are proud to offer you a choice between two dental plans.

**UHC DPPO:** Both plans offer you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Options PPO 30 network. By choosing to seek care from an out-of-network provider you could be balance billed.

Following is a high-level overview of the coverage available.

Key Dental Benefits	UHC DPPO BASE	UHC DPPO BUY UP
	In-Network	In-Network
<b>Deductible</b> (per calendar year)		
Individual / Family	\$50 / \$150	\$50 / \$150
<b>Benefit Maximum</b> (per calendar year; Preventive, Basic, and Major Services combined)		
Per Individual	\$1,500	\$3,000
<b>Covered Services</b>		
<b>Preventive Services</b>	100%	100%
<b>Basic Services</b>	80%	80%
<b>Major Services</b>	50%	50%
<b>Implants</b>	Not Covered	50%
<b>Orthodontia</b>	50%; \$1,500 Max. Benefit (Child Only to age 19)	50%; \$3,000 Max. Benefit (Adult & Child)
<b>Out of Network UCR</b>	90th percentile	90th percentile

Coverage	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Dental Base	\$0.00	\$17.01	\$22.39	\$40.95
Dental Buy Up	\$3.70	\$21.69	\$28.57	\$52.23

## Basic Life/ AD&D

### Life/AD&D Insurance

**Life Insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

**Accidental Death and Dismemberment (AD&D) Insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

### Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through New York Life.

Benefit Amount	
Employee	2 Times your base salary up to a \$350,000 maximum



# Disability

The City of Forney pays for both Short-Term and Long Term Disability insurance for employees through NY Life. To file a claim please go to [www.newyorklife.com/group-benefit-solutions/forms](http://www.newyorklife.com/group-benefit-solutions/forms) or call 800-362-4462.

## Short-Term Disability

- Short-Term Disability Insurance can pay you a weekly benefit if you have a covered disability that keeps you from working.
- The plan pays 60% (up to \$1,500 per week) of your pre-disability earnings. You have a 14-day wait period.
- The benefit duration (the maximum number of weeks you can receive benefits while you're disabled) is 13 weeks.
- You must exhaust all of your sick leave before the short term disability pays.
- This insurance may cover a variety of conditions and injuries, such as:
  - Injuries (excluding back)
  - Joint disorders
  - Cancer
  - Digestive disorders

## Long-Term Disability

- Long-term disability (LTD) insurance provides income replacement in the event you are unable to work due to an accident of your own or a serious medical condition.
- LTD benefit pays up to 60% of your pre-disability earnings. The maximum monthly benefit is \$10,000.
- The waiting period — the amount of time you must wait after being declared disabled to collect benefits is 90 days. The maximum benefit duration is up to social security retirement age.

# Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through Alliance Work Partners.

## The EAP can help with the following issues, among others:

- Mental health
- Relationships or marital conflicts
- Child and eldercare
- Substance abuse
- Grief and loss
- Legal or financial issues

## EAP Benefits

- Assistance for you and your household members
- Up to **ten** in-person sessions with a counselor.
  - **Alliance Work Partners EAP:**
    - 800-343-3822
    - Teen line: 800-334-TEEN (8336)
    - [www.awpnow.com](http://www.awpnow.com)
    - Code: AWP-FORNEY-6048
- Unlimited toll-free phone access (24/7) and online resources



# Vision

We are proud to offer you a choice between two vision plans.

The **Guardian** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **Vision Service Provider (VSP)** or **David Vision** network.

Key Vision Benefits	VSP Network		Davis Vision Network	
	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
<b>Exam</b> (once every 12 months)	First Service Provided \$30	First Service Provided \$30	\$10	\$10
<b>Materials Copay</b>	First Service Provided \$30	N/A	\$25	N/A
<b>Lenses</b> (once every 12 months)				
Single Vision	First Service Provided \$30	Up to \$23	No charge after materials copay	Up to \$48
Bifocal		Up to \$37	No charge after materials copay	Up to \$67
Trifocal		Up to \$49	No charge after materials copay	Up to \$86
<b>Frames</b> (once every 24 months)	Covered up to \$130	Up to \$46	Covered up to \$130	Up to \$48
<b>Contact Lenses</b> (once every 12 months; in lieu of glasses)	Covered up to \$130	Up to \$100	Covered up to \$130	Up to \$105

Coverage	Employee Only	Employee + Spouse	Employee + Child (ren)	Family
<b>Vision– Davis Vision</b>	\$3.65	\$6.13	\$6.26	\$9.90
<b>Vision– VSP</b>	\$5.68	\$9.55	\$9.74	\$15.43

## Supplemental Life/AD&D

### Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through New York Life for yourself and your eligible family members.

Following is a high-level overview of the coverage available.

	Benefit Option	Guaranteed Issue <sup>1</sup>
<b>Employee</b>	\$10,000 increments to the lesser of 5 times salary or \$500,000	\$150,000
<b>Spouse/RDP</b>	\$5,000 increments; minimum of \$5,000 up to \$250,000 (not to exceed 100% of your additional life coverage)	\$50,000
<b>Child(ren)</b>	Increments of \$10,000 up to \$20,000	\$10,000

1. 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.



# Flexible Spending Accounts

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through FFGA. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

## Health Care FSA

For 2025, you may contribute up to \$3,300 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental treatment
- Orthodontia
- Eye exams/eyeglasses
- Lasik eye surgery

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

## Limited-Purpose Health Care FSA (for HSA participants)

If you enroll in the HSA medical plan, you may only participate in a limited-purpose Health Care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

## Dependent Care FSA

For 2024, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some qualified expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).

# FSA Rules

## YOU MUST ENROLL EACH YEAR TO PARTICIPATE

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

**Health care FSA:** Unused funds up to \$660 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$610 will NOT be returned to you or carried over to the following year.

**Dependent care FSA:** Unused funds will NOT be returned to you or carried over to the following year.

# FFGA FSA Mobile App

## FSA Mobile App



Managing your benefit accounts on the go is made easy with FF Mobile Account App. This powerful, intuitive mobile application gives you access to view your account balances, update your profile, submit a claim and much more – right from your Android or Apple device.

### Mobile App Features

- Access Account Information
- View card details and profile information
- Submit FSA claims using an electronic claim form
- View pending claims
- Upload receipts and documentation
- Receive alerts
- Update direct deposit information



# How to Submit a Claim for FSA and Dependent Care

## Claims Information

### THE REIMBURSEMENT PROCESS

**REIMBURSEMENTS-** The healthcare/medical FSAs are pre-funded; therefore, you are eligible to receive reimbursement up to your elected annual contribution from the beginning of your FSA plan year. The healthcare/medical FSA funds that are reimbursed to you will be recovered as your deductions are taken from your paycheck throughout the plan year. Dependent Care FSAs are NOT pre-funded; therefore, you will only receive reimbursement up to your year-to-date contributions from payroll deductions. The remainder of the reimbursement request is paid when additional funds are received from payroll deductions.

**PAYMENT METHOD CHOICE-** For Unreimbursed Medical expenses you may pay with your FFA Benefits Flex Card at the time you incur the expense, or pay the provider out-of-pocket and file a manual (paper) claim to receive a reimbursement. The FFA Benefits Flex Card is only available for Healthcare/Medical FSAs.

**MANUAL CLAIMS-**To obtain reimbursement from your FSA, you must complete a manual claim form and attach all itemized receipts from the service provider. Cancelled checks, bankcard/credit card receipts, and credit card statements are NOT acceptable forms of documentation. The receipt must come from the service provider or the Explanation of Benefits from your medical health carrier and must include the following information:

- » Patient name
- » Date of service incurred
- » Provider / Merchant name
- » Amount of your out-of-pocket charge incurred
- » Type of service incurred
- » Must include prescription number

**REMEMBER-**You must sign and date all claim forms.

**FFGA recommends submitting an Explanation of Benefits (EOB) from your insurance company, if available.**



### CLAIMS PROCESSING AND PAYMENTS

All claim reimbursements are handled with strict adherence to IRS adjudication and reporting regulations. Claims are processed daily, and our turn around time upon receipt is 3-5 business days and during peak periods (August-September and December-January) 5-10 business days. Your reimbursement check will be mailed to your home address on file. You may also elect to receive payment via direct deposit.

Online Service to View Account Information, visit [www.ffga.com](http://www.ffga.com)



# Worksite Products with Aetna

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Aetna are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

## Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500<sup>1</sup>. And it's not only broken limbs – an average non-fatal injury could cost you \$6,620 in medical bills<sup>2</sup>. When your medical bill arrives, you'll be relieved you have accident insurance on your side.

Accident	
Emergency Treatment	\$150-\$250
Follow-up Doctor Visit	\$50
Air Ambulance	\$1,500
Ground Ambulance	\$300
Hospital Admission	\$1,000 - \$1,500
Hospital Confinement	\$200 - \$300 per day

## Critical Illness

Most of us don't have an extra \$7,000 ready to spend – even if we do, we don't want to use it all on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: \$7,000<sup>3</sup>. But with critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses and more.

Critical Illness	
Face Amount	\$20,000 or \$30,000
Heart Attack	100%
Stroke	100%
Cancer (invasive)	100%
End-Stage renal (kidney) failure	100%

## Hospital Indemnity Insurance

When your loved one needs to be hospitalized, your family deserves to focus on their wellbeing—not the stress of the average three-day hospital stay, which can cost you \$30,000<sup>1</sup>. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered sickness or injury related hospitalization.

Hospital Indemnity	
Hospital Stay– Admission	\$1,500 or \$2,500
Hospital Stay– Daily	\$150-\$200
Hospital Stay– (ICU) Daily	\$300-\$400
Rehabilitation Unit Stay– Daily	\$75-\$100

1) Why health insurance is important: Protection from high medical costs. HealthCare.gov  
2) Average medical cost of fatal and non-fatal injuries by type in the USA, December 2019. National Library of Medicine.  
3) MetLife Accident and Critical Illness Impact Study.



# 457(b) Savings Plan



## 457(b) Retirement Savings Plan

A Section 457(b) plan is a special type of employer-sponsored retirement plan that certain governmental employers, and other tax-exempt organizations can establish for their employees.

Your employer offers the **RAMS 457(b)** plan as a way to help you save for life beyond your full-time working years. Contributing regularly to a 457(b) can help give you the power and confidence to retire with more in your pocket to cover housing, health care, vacations, bills, and other expenses upon retirement.



### 2025 Contribution Limits

You can contribute 100% of your compensation up to \$23,500, whichever is less. If you are age 50 or older, you can contribute up to an additional \$7,500 for a total of \$31,000. You can contribute to both 403(b) and 457(b) plans simultaneously.



### Plan Highlights

- Oversight by Superintendents, HR Directors, and Chief Financial Officers—bringing peace of mind public employee interests are represented
- Low, transparent fees
- Wide range of investments to choose from including managed portfolios, target date funds, and self-directed options
- No 10% early distribution tax/penalty
- No surrender charges or hidden fees
- No product commissions
- Full control on starting/pausing contributions
- Access to financial education through **FinPath Wellness**, including 1:1 financial coaching, online financial health tools and monthly opportunities to win prizes\*\*
- Access to no-cost W-2 tax preparation and complimentary creation of a personal will†

**Get started at [www.region10rams.org/457b](http://www.region10rams.org/457b)**

Enrollment assistance is available at [www.region10rams.org/telewealth](http://www.region10rams.org/telewealth) or by calling the Enrollment Hotline at 800-943-9179.



# 457(b) Savings Plan



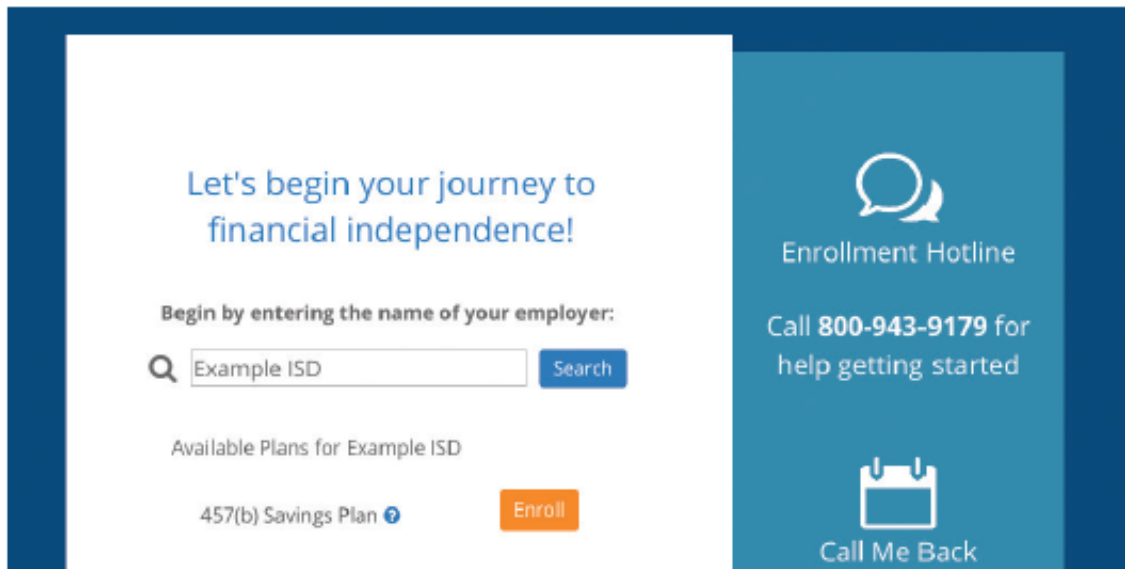
## How to Register

### Create your account in minutes!

1. Start at [www.region10rams.org/enroll](http://www.region10rams.org/enroll) and click Enroll.
2. Enter the name of your employer and choose the 457(b) Savings Plan.
3. Follow the steps on screen to select your salary contribution and investment options. Don't forget to designate an account beneficiary.

*Note: If you're unsure about which investment option to select, please contact us using the information below.*

4. Continue until you get a confirmation notice, and you're done!



**Get started at [www.region10rams.org](http://www.region10rams.org)**

Enrollment assistance is available at [www.region10rams.org/telewealth](http://www.region10rams.org/telewealth) or by calling the Enrollment Hotline at 512-600-5204.





## 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





# Contact Information

Coverage	Carrier	Phone #	Website
Medical	UHC	(866) 414-1959	<a href="http://www.myuhc.com">www.myuhc.com</a>
Dental	UHC	(866) 414-1959	<a href="http://www.myuhc.com">www.myuhc.com</a>
Vision	Guardian	(888) 482-7342	<a href="http://www.guardianlife.com">www.guardianlife.com</a>
FSA, HSA and HRA	FFGA	(866) 853-3539	<a href="https://ffbenefits.ffga.com/cityofforney/health-fsa/">https://ffbenefits.ffga.com/cityofforney/health-fsa/</a>
Life/AD&D	New York Life	(800) 362-4462	<a href="http://www.newyorklife.com">www.newyorklife.com</a>
Disability	New York Life	(800) 362-4462	<a href="http://www.newyorklife.com">www.newyorklife.com</a>
Employee Assistance Program (EAP)	Alliance Work Partners	(800) 343-3822	<a href="http://www.awpnow.com">www.awpnow.com</a>
Employee Assistance Program (EAP)	New York Life	(800) 344-9752	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a>
Employee Assistance Program (EAP)	UHC	(888) 887-4114	<a href="http://www.myuhc.com">www.myuhc.com</a>
Worksite	Aetna	(888) 772-9682	<a href="http://www.myaetnasupplemental.com">www.myaetnasupplemental.com</a>
457(b) Plan	Region 10 Rams	(512) 600-5204	<a href="http://www.region10rams.org/enroll">www.region10rams.org/enroll</a>
Benefits Enrollment Platform	First Financial Group	(800) 883-0007	<a href="https://benefits.ffga.com/cityofforney">https://benefits.ffga.com/cityofforney</a>

## Benefits Website

Our benefits website <https://benefits.ffga.com/cityofforney> can be accessed anytime you want additional information on our benefit programs.

## Questions?

If you have additional questions, you may also contact:

**[Michelle Jenkin](mailto:mjenkin@forneytx.gov)**  
(972) 552-6481  
[mjenkin@forneytx.gov](mailto:mjenkin@forneytx.gov)



**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

