



2024-25
benefit
guide

OCTOBER 1, 2024 - SEPTEMBER 30, 2025

CLICK TO EXPLORE YOUR
BENEFIT OPTIONS



Welcome

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 Must provide Certified Common Law Certificate from the County.
- ▶ 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 31 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following date of hire.
- ▶ If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective October 1, 2024 - September 30, 2025.

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.

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 or child
- ▶ You lose coverage under your spouse'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, common law 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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Enrollment

Go to **UKG**. There, you will find detailed information about the plans available to you and instructions for enrolling.

Scan QR Code



Medical

We are proud to offer you a choice of 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.

Cigna HDHP HSA

The High-Deductible Health Plans (HDHP) work similarly to a traditional PPO:

- ▶ You may see any health care provider and still receive coverage, but will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.
- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the **annual deductible**. *NOTE: If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL deductible (up to the family limit) before the plan starts to pay expenses for that individual.*
- ▶ Once you meet the deductible, you pay a percentage of your health care expenses (coinsurance) and the plan pays the rest.
- ▶ Once your deductible and coinsurance add up to the **out-of-pocket maximum**, the plan pays the full cost of all qualified health care services for the rest of the year. *NOTE: If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL out-of-pocket maximum (up to the family limit) before the plan starts to pay covered services at 100 percent for that individual.*

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 \$1,000 annually to your HSA if you enroll in employee-only coverage and \$1,500 annually if you enroll yourself and one or more family members. Employer contribution funded in January.
- ▶ Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below. These amounts are pro-rated for new hires/newly eligibles throughout the year.

HSA Contribution Limit	2024	2025
Employee Only	\$4,150	\$4,300
Family (employee + 1 or more)	\$8,300	\$8,550
Catch-up (age 55+)	\$1,000	\$1,000



- ▶ You can withdraw 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.

Cigna Copay

This 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 network.

- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the **annual deductible**. You may also have to pay a fixed dollar amount (**copay**) for certain services.
- ▶ Once you meet the deductible, you pay a percentage of certain health care expenses (**coinsurance**) and the plan pays the rest.
- ▶ Once your deductible, copays and coinsurance add up to the **out-of-pocket maximum**, the plan pays the full cost of all qualified health care services for the rest of the year.

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 (Aetna)	Cigna HDHP	Cigna Copay PPO
	In-Network	In-Network
Deductible (per plan year)		
Individual / Family	\$3,200 / \$6,400	\$1,500 / \$3,000
Out-of-Pocket Maximum (per plan year)		
Individual / Family	\$5,000 / \$10,000	\$4,000 / \$8,000
Company Contribution to Your Health Savings Account (HSA) (per plan year; prorated for new hires/newly eligible)		
Individual / Family	\$1,000 / \$1,500	N/A
Covered Services		
Office Visits (physician/specialist)	20%*	\$25 / \$50 copay
Virtual Visits	20%*	20%*
Routine Preventive Care	No charge	No charge
Outpatient Diagnostic (lab/X-ray)	20%*	20%*
Complex Imaging	20%*	20%*
Chiropractic	20%*	20%*
Ambulance	20%*	20%*
Emergency Room	20%*	\$250 copay (waived if admitted) + 20%*
Urgent Care Facility	20%*	\$75 copay
Inpatient Hospital Stay	20%*	20%*
Outpatient Surgery	20%*	20%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3)		
Retail Pharmacy (30-day supply)	\$15 / \$30 / \$60 ²	\$15 / \$30 / \$60
Mail Order (90-day supply)	\$45 / \$90 / \$180 ²	\$45 / \$90 / \$180

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. H.S.A. Rx copays are applied after deductible is met.

Dental

We are proud to offer you a choice of dental plans.

Cigna DPPO

This plan offers 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 Cigna network.

Cigna DHMO

With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.

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

Key Dental Benefits	Total & Advantage DPPO	Care Access & Care Access Plus DHMO
	In-Network Only	In-Network Only
Deductible (per plan year)		
Individual / Family	\$50 / \$150	\$0 / \$0
Benefit Maximum (per plan year; preventive, basic, and major services combined)		
Per Individual	\$2,000	None
Covered Services		
Preventive Services	No charge	See Schedule
Basic Services	20%*	See Schedule
Major Services	40%*	See Schedule
Orthodontia	50%, Max \$2,000	See Schedule

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Orthodontia under DPO is Child & Adult Ortho and Orthodontia under the DHMO is for Adult and Children. DPPO Orthodontia Coverage is for treatment that begins prior to age 20.

Vision

We are proud to offer you a vision plan.

The VSP 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 VSP network.

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

Key Vision Benefits	Standard		Premier	
	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$39	\$10	Up to \$45
Lenses (once every 12 months)				
Single Vision		Up to \$30		Up to \$30
Bifocal	\$25	Up to \$50	\$25	Up to \$50
Trifocal		Up to \$65		Up to \$65
Frames (once every 24 months)	\$130 + 20% over allowance	Up to \$70	\$200 + 20% over allowance	Up to \$70
Contact Lenses (once every 12 months; in lieu of glasses)	\$130 + 20% over carrier		\$200 + 20% over carrier	Up to \$105



Flexible Spending Accounts

We provide you with an opportunity to participate in our flexible spending accounts (FSAs) administered through Flores. 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 2024, you may contribute up to \$3,200 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 and Over-the-Counter Drugs
- ▶ Menstrual Care Products
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye exams, materials, Lasik

NOTE: If you enroll in the HSA medical plan, you may not participate in a Health Care FSA.

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 eligible 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.

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 of up to \$640 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 \$640 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.

Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.

Life and AD&D

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 (City-paid)

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

Benefit Amount	
Employee	2 times BAE up to \$150,000 max

Supplemental Life/AD&D (Employee-paid)

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

	Benefit Option	Guaranteed Issue ¹
Employee	\$10,000 increments up to \$500,000	\$150,000
Spouse	\$5,000 increments up to \$100,000 (not to exceed 50% of additional life coverage)	\$50,000
Child(ren)	Younger than 6 months: \$100 / Older than 6 months: Up to \$10,000	\$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.

Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Short-Term Disability

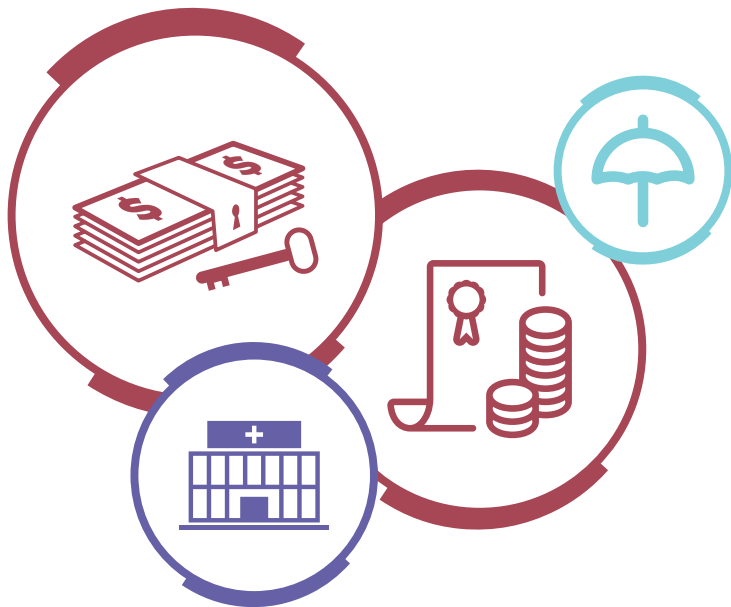
Provided at **NO COST** to you through New York Life

Benefit Percentage	60%
Weekly Benefit Maximum	\$1,500
When Benefits Begin	14 days
Maximum Benefit Duration	12 weeks

Long-Term Disability

Provided at **NO COST** to you through New York Life.

Benefit Percentage	60%
Monthly Benefit Maximum	\$10,000
When Benefits Begin	After 90th day of disability
Maximum Benefit Duration	Social Security Retirement Age



Employee Assistance Program

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 AWP.

Contact Alliance Work Partners at (800) 343-3822 or visit www.awpnow.com.

Contact EAP Teen Line at (800) 334-TEEN (8336) or visit www.awpnow.com.

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 6 per person per issue per year in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

Valuable Extras

We also offer the following additional benefits:

- ▶ Family Medical Leave (FMLA)
- ▶ Texas Municipal Retirement System (TMRS)
- ▶ Mission Square - Roth IRA and 457 Plan
- ▶ Nationwide 457 Plan

Voluntary Benefits

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 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 – Offered through The Standard www.standard.com

If you have an accident, major medical insurance will help with many medical expenses, but you could be left with out-of-pocket expenses. An accident insurance policy pays cash benefits directly to you, unless otherwise assigned. This means that you will have added financial resources to help with medical costs or ongoing living expenses. There are benefits payable for broken bones, stitches, doctor's visits and more. **There is a \$200 wellness incentive per person on plan to have a wellness visit.**

Critical Illness – Offered through Aetna www.myaetnasupplemental.com

The critical illness plan is an excellent way to protect you and your family from financial stress due to a diagnosis of cancer, heart attack/stroke, kidney failure or major organ failure. Benefits are paid when a doctor diagnoses you with a covered illness or condition. The money is paid directly to you to spend as you wish.

Hospital Indemnity Insurance – Offered through The Standard www.standard.com

A trip to the hospital can be costly and most people are surprised to learn that they are responsible for a good portion of the bill. Hospital indemnity insurance provides a direct benefit in the event of a hospitalization, regardless of treatment costs or other insurance coverage. It's an affordable way to protect yourself from rising health care costs. You will have three options to choose from to help cover these out-of-pocket costs.

Cancer Indemnity – Offered through Guardian www.guardianlife.com

Designed to help with the financial impact of being diagnosed, cancer insurance may help pay for expenses not covered by your major medical insurance. The plan includes an annual wellness benefit for a yearly cancer screening. There are options available for spouse and children to age 26, plus you can choose between two plans depending on the coverage you need.

PureLife-plus Permanent Life Insurance – Offered through Texas Life www.texaslife.com

Life insurance can be an ideal way to provide money for your family when they need it most. PureLife-plus offers permanent insurance with a high death benefit and long guarantees that can provide financial peace of mind for you and your loved ones. PureLife-plus is an ideal complement to any group term and optional term life insurance your employer might provide and has the following features: affordability, portability at the same cost, accidental death benefits and a chronic illness rider. This is great coverage for you, your spouse, children and grandchildren.

Medical Transport – Offered by MASA www.masamts.com

With medical transport protection, you will have zero out-of-pocket expenses for any emergent air or ground transport from anywhere in the United States, regardless of who transports you. You will receive medical emergency transportation solutions to help cover your out-of-pocket medical transport costs when your insurance falls short.

Identity Protection – Offered through MetLife www.metlife.com

Identity theft insurance won't prevent your identity from being stolen, but it will be there to alert you if any suspicious activity is noticed under your name. The plan includes credit bureau monitoring, social security number usage and lost wallet protection. Accounts are monitored daily so you can rest easy knowing your identity is being protected even while you sleep.

Pet Insurance – Offered through MetLife www.metlife.com

Pets are like family and it's important to protect their health, too. A pet insurance policy can help you save on vet bills, medical needs, medication and a variety of procedures. Choose the plan that works best for you and your furry friend.



Visit your Employee Benefits Center! You can check enrollment dates and instructions, plus download benefit brochures and watch videos.

Bi-Weekly Employee Contribution

October 1, 2024 - September 30, 2025

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Medical

Coverage Tier	Bi-Weekly Employee Contribution (Per Pay Period)	
	Cigna	
	HDHP	PPO
Employee Only	\$0.00	\$15.00
Employee + Spouse	\$110.00	\$168.00
Employee + Child(ren)	\$77.00	\$124.00
Family	\$175.00	\$225.00

Dental

Coverage Tier	Bi-Weekly Employee Contribution (Per Pay Period)	
	Cigna	
	DPPO	DHMO
Employee Only	\$3.00	\$0.00
Employee + Spouse	\$14.50	\$2.50
Employee + Child(ren)	\$32.00	\$8.00
Family	\$32.00	\$8.00

Vision

Coverage Tier	Bi-Weekly Employee Contribution (Per Pay Period)	
	Premier	
	Basic	Buy-Up
Employee Only	\$4.44	\$5.77
Employee + Spouse	\$7.11	\$9.22
Employee + Child(ren)	\$7.26	\$9.42
Family	\$11.70	\$15.18

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Cigna	Back of ID Card	www.mycigna.com
Dental	Cigna	PENDING	www.mycigna.com
Vision	Vision Service Provider	(800) 877-7195	www.vsp.com
Flexible Spending Accounts (FSAs)	Flores	(800) 532-3327	www.flores247.com
Life/AD&D	New York Life	(800) 362-4462	www.newyorklife.com
Disability	New York Life	(800) 362-4462	www.newyorklife.com
Employee Assistance Program (EAP)	Alliance Work Partners	(800) 343-3822	www.awpnow.com
	EAP Teen Line	(800) 334-TEEN (8336)	www.awpnow.com
Voluntary Benefits	First Financial	(800) 883-0007	benefits.ffga.com/cityofbedford
Accident Insurance	The Standard	(855) 757-4717	www.standard.com
Critical Illness	Aetna	(888) 772-9682	www.myaetnasupplemental.com
Hospital Indemnity	The Standard	(855) 757-4717	www.standard.com
Cancer Insurance	Guardian	(800) 541-7846	www.guardianlife.com
Emergency Transport	Masa	(954) 334-8261	http://www.masamts.com
Permanent Life	Texas Life	(800) 283-9233	www.texaslife.com
Pet Insurance	Metlife	(855) 270-7387	www.metlifepetinsurance.com

Benefits Website

Our benefits website **UKG** can be accessed anytime you want additional information on our benefits programs.

Questions?

If you have additional questions, you may also contact:

Flo Galaviz at (817) 952-2159
flo.galaviz@bedfordtx.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.

