



2025 - 2026
**BENEFIT
GUIDE**

October 1, 2025 - September 30, 2026

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 or registered domestic partner.
- 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 (except for company-paid benefits).

- **Open Enrollment:** Changes made during Open Enrollment are effective October 1, 2025 through September 30, 2026.

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 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.

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.

Inside

Medical Plans

Dental Plans

Voluntary Vision Plans

Life and AD&D Insurance

Disability Insurance

Employee Assistance Program (EAP)

Pet Insurance

Valuable Extras

Contact information

Annual Notices

Enrollment

See Human Resources to enroll. Go to:

[https://
benefits.ffga.com/
cityofhorseshoebay](https://benefits.ffga.com/cityofhorseshoebay)

There you will be provided detailed information about the plans available to you and enrolling!

We are proud to offer you a choice among three 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 PLAN - Option #1 & #2

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

United Healthcare PPO Plan - Option #3

This plan gives you the freedom to seek care from any provider of your choice that is in the Choice Plus network. You are NOT REQUIRED to select a PCP (Primary Care Physician). Additionally, If you chose to go out-of-network, higher deductibles and out of pocket maximums will apply and not credit towards in-network deductible or out-of-pocket maximums.

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.
- **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. **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.**



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

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans², retire or leave the company. There is no "use it or lose it" rule.

Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

¹ Tax free under federal tax law; state taxation rules may apply

² You must be enrolled in a qualified health plan to contribute to an HSA.

HSA Contribution Limit	2025
Employee Only	\$4,400
Family (employee + 1 or more)	\$8,750
Catch-up (age 55+)	\$1,000

City of Horseshoe Bay will contribute Monthly:	2025
Employee Only	\$187.63
Employee & Spouse	\$300.21
Employee & Child(ren)	\$133.68
Employee & Family	\$197.01

Medical Plans (Cont'd)



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

	UHC	UHC	UHC
Key Medical Benefits	Option 1 - Choice HSA EPO In Network Only	Option 2 - Choice EPO In Network Only	Option 3 - Choice Plus In Network/Out of Network
Deductible	\$5,000 / \$10,000 Network	\$1,000 / \$2,000 Network	\$1,000 / \$2,000 Network \$5,000 / 10,000 Non-Network
Max Out-of-Pocket <i>(Deductible, Medical and RX Copays Apply to In-Network OOP)</i>	\$6,000 / \$12,000 Network	\$4,000 / \$8,000 Network	\$4,000 / \$8,000 Network \$10,000 / \$20,000 Non-Network
Co-Insurance	100% Network	70% Network	80% Network 50% Non-Network
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Physician's Copay			
Primary Care Physician	0% after ded.	\$25 copay Age<19 - \$0 copay	\$25 copay Age<19 - \$0 copay
Specialist	0% after ded.	Designated - \$25 copay Non-Designated - \$50 copay	Designated - \$25 copay Non-Designated - \$50 copay
Virtual	\$49 Fee	No Charge	No Charge
Inpatient Hospital	0% after ded.	30% after ded.	20% after ded.
Outpatient Hospital	0% after ded.	30% after ded.	20% after ded.
Lab & X-ray (Diagnostic/ Blood Work)	0% after ded.	30% after ded.	20% after ded.
Lab & X-ray (CT/PET/MRI)	0% after ded.	30% after ded.	20% after ded.
Emergency Room Copay	0% after ded.	\$500 copay + 30%	\$500 copay + 20%
Urgent Care Copay	0% after ded.	\$50 copay	\$50 copay
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Prescription Drugs (Tier 1 / Tier 2 / Tier 3)	<i>Deductible then pharmacy copays</i>		
Retail Pharmacy (30 Days)	\$10 / \$35 / \$60	\$20 / \$35 / \$70	\$10 / \$35 / \$60
Mail Order (90 Days)	2.5x	2.5x	2.5x
Specialty (30 Days)	\$10 / \$35 / \$60	\$20 / \$35 / \$70	\$10 / \$35 / \$60

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

Dental Plans



We are proud to offer you a dental plan.

Principal: 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 Principal network.

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

Key Dental Benefits	Principal	
	In-Network Only	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)		
Per Individual	\$2,000	\$2,000
Covered Services		
Preventive Services	100% Covered	100% Covered
Basic Services	80%	80%
Major Services	50%	50%
Orthodontia (Child only up to age 19)	\$2,000; 100% (Lifetime)	\$2,000 Max; 100% (Lifetime)

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

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.



Voluntary Vision Plan

We are proud to offer you a vision plan.

The **Principal** 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	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$45
Materials Copay	\$25	N/A
Lenses (once every 12 months)		
Single Vision	No charge after materials copay	Up to \$30
Bifocal		Up to \$50
Trifocal		Up to \$65
Frames (once every 24 months)	\$150 Allowance then 20% off after	Up to \$70
Contact Lenses (once every 12 months; in lieu of glasses)	\$150 Allowance	Up to \$105

Life and AD&D Insurance



Life/AD&D Insurance

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

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)

The city of Horseshoe bay provides full-time employees with Basic Life and AD&D income benefits. The cost of this benefit is paid in full by your employer.

Benefit Amount	1 x Base Annual Earnings up to \$150,000
-----------------------	--

Employee Age reduction schedule: 35% at age 65, 60% of Original amount at 70, and 75% of Original at 75

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. The City of Horseshoe bay provides full-time employees with Long-term disability income benefits. The cost of this benefit is paid in full by your employer.

Long-Term Disability—The Hartford

Benefit Percentage	60%
Monthly Benefit Maximum	\$8,000
When Benefits Begin	90 Days
Maximum Benefit Duration	SSNRA

The Hartford offers an additional complimentary EAP Program with up to 3 visits for employees enrolled in the LTD benefit.

Voluntary Short Term Disability—The Hartford

Benefit Percentage	60%
Weekly Benefit Maximum	\$2,500
When Benefits Begin	8th day
Maximum Benefit Duration	12 weeks

Valuable Extras

We also offer the following additional benefits:

- Identity theft Protection
- Travel assistance plan
- Wellness Program
- Virtual visits
- Pet Insurance
- PureLife-plus Permanent Life Insurance

Voluntary Life (Employee-paid)

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

	Benefit Option - The Hartford	Guaranteed Issue*
Employee	Increments of \$10,000 to a maximum of \$250k	\$200,000
Spouse	Increments of \$5,000 to a maximum of \$100k	\$50,000
Child(ren)	Increments of \$1,000 to a maximum of \$10k	\$10,000

Employee Age reduction schedule - 35% at age 65; 50% at age 70

*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.

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 (AWP)

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 services
- Financial Planning
- Work / Life and wellness resources

EAP Benefits

- Assistance for you and your household members
- Unlimited in-person sessions with a licensed counselors.
- Unlimited toll-free phone access and online resources

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

Accident insurance through Guardian 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 \$7,500¹. And it's not only broken limbs—an average non-fatal injury could cost you \$6,620 in medical bills². When your medical bill arrives, you'll be relieved you have accident insurance on your side.

Cancer Indemnity

Cancer may not feel like a priority you need to worry about right now, but with almost 2 million new cases of cancer occurring in 2021⁴, it can (literally) pay to be prepared. The cancer indemnity plan Through American Fidelity pays a flat dollar amount to you when a covered person is diagnosed with internal cancer. Other benefits include payments made directly to you for hospital confinement, medical imaging, radiation, chemotherapy, immunotherapy, transportation and lodging. The plan also includes a cancer screening wellness benefit.

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.
4. Cancer Facts & Figures, 2021. American Cancer Society.

PureLife-Plus



Life insurance can be an ideal way to provide money for your family when they need it most. purelife-plus is permanent life insurance which features long guarantees¹ and one of the highest death benefits per payroll-deducted dollar offered at the worksite.² purelife-plus is an ideal complement to any group term and optional life insurance your employer might provide, and it has the following features:

- you own it & the cost is reasonable
- you can take it with you when you change jobs or retire⁴
- you pay for it through convenient payroll deductions
- you can get cash to cover living expenses if you become chronically ill⁶
- you can cover your spouse, children and grandchildren, too³
- you can get a living benefit if you become terminally ill⁵

- 1 Guarantees are subject to product terms, limitations, exclusions and the insurer's claims paying ability and financial strength. Current average premium guarantee is 45 years.
- 2 Voluntary Universal and Whole Life Products, Eastbridge Consulting Group, Inc. (2022)
- 3 Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.
- 4 As long as the necessary premiums are paid.
- 5 Conditions apply. Accelerated Death Benefit Due to Terminal Illness Rider Form ICC07- ULABR-07 or Form Series ULABR-07
- 6 Chronic Illness Rider available for an additional cost for employees and their spouses. Conditions apply. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15
- 7 Issuance of coverage will depend on answers to these questions.

BenefitHub



You now have exclusive access to amazing discounts and Cash Back offers on thousands of brands you love.

Save big. Every day.

Take advantage of savings offers in a variety of categories, including:

Travel, Auto, Electronics, Apparel, Entertainment, Restaurants, Health & Wellness, Beauty & Spa & more!

Scan the QR code to access your HorsehoeBay Discount Marketplace TODAY!



RATES

2025 – 2026 EMPLOYEE CONTRIBUTIONS

October 1, 2025 through September 30, 2026



Your contributions towards the cost of Medical, Dental, and Vision coverage are automatically deducted from your paycheck before taxes.

Medical Coverage

Coverage Tier	Employee Contribution Per Paycheck		
Medical	Option 1 – Choice HSA EPO	Option 2 – Choice EPO	Option 3 – Choice Plus
Employee Only	\$0.00	\$0.00	\$36.05
Employee + Spouse/RDP	\$115.33	\$165.24	\$244.53
Employee + Child(ren)	\$81.70	\$115.30	\$186.99
Family	\$211.44	\$302.95	\$418.28

Dental Coverage

Coverage Tier	Employee Contribution Per Paycheck
	Principal – Dental Plan A
Employee Only	\$0.00
Employee + Spouse/RDP	\$6.80
Employee + Child(ren)	\$10.73
Family	\$18.89

Vision Coverage

Coverage Tier	Employee Contribution Per Paycheck
	Principal – Vision Plan A
Employee Only	\$3.83
Employee + Spouse/RDP	\$7.81
Employee + Child(ren)	\$8.26
Family	\$13.13

Registered Domestic Partner (RDP) Contributions: Your contributions to cover RDP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value for your RDP's or RDP's children (if they are not federal dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for RDP coverage. This amount raises your taxable gross income. also, the payroll deductions to cover an RDP must be taken on an after-tax basis.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical Coverage	UHC	800-842-5658	www.myUHC.com
Prescription Drug Coverage	UHC	800-842-5658	www.myUHC.com
Dental Coverage	Principal	800-247-4695	www.principal.com
Vision Coverage	Principal-VSP	800-877-7195	www.principal.com
Life Insurance	The Hartford	888-563-1124	www.thehartford.com
Disability Insurance	The Hartford	888-277-4767	www.thehartford.com
Employee Assistance Program	AWP Alliance Work Partners	800-448-1823	www.awpnow.com
Health Savings Account (HSA)	HealthEquity	866-889-8583	www.myhealthequity.com
Pet Insurance	Nationwide	877-738-7874	Petinsurance.com/horseshoe-bay-tx

Benefits Questions?

If you have additional questions, you may contact:

Human Resources

Your online enrollment platform will provide detailed plan and cost information. Go to:

<https://benefits.ffga.com/cityofhorseshoebay>



This is a brief summary of benefits prepared by HUB International, the employee benefits insurance broker for your city. This is not a certificate of coverage. For full coverage provisions, including a description of waiting periods, limitations and exclusions refer to the benefit plan documents and contracts. If there is a conflict between this summary and the official plan documents, the actual plan document will govern in all cases.

