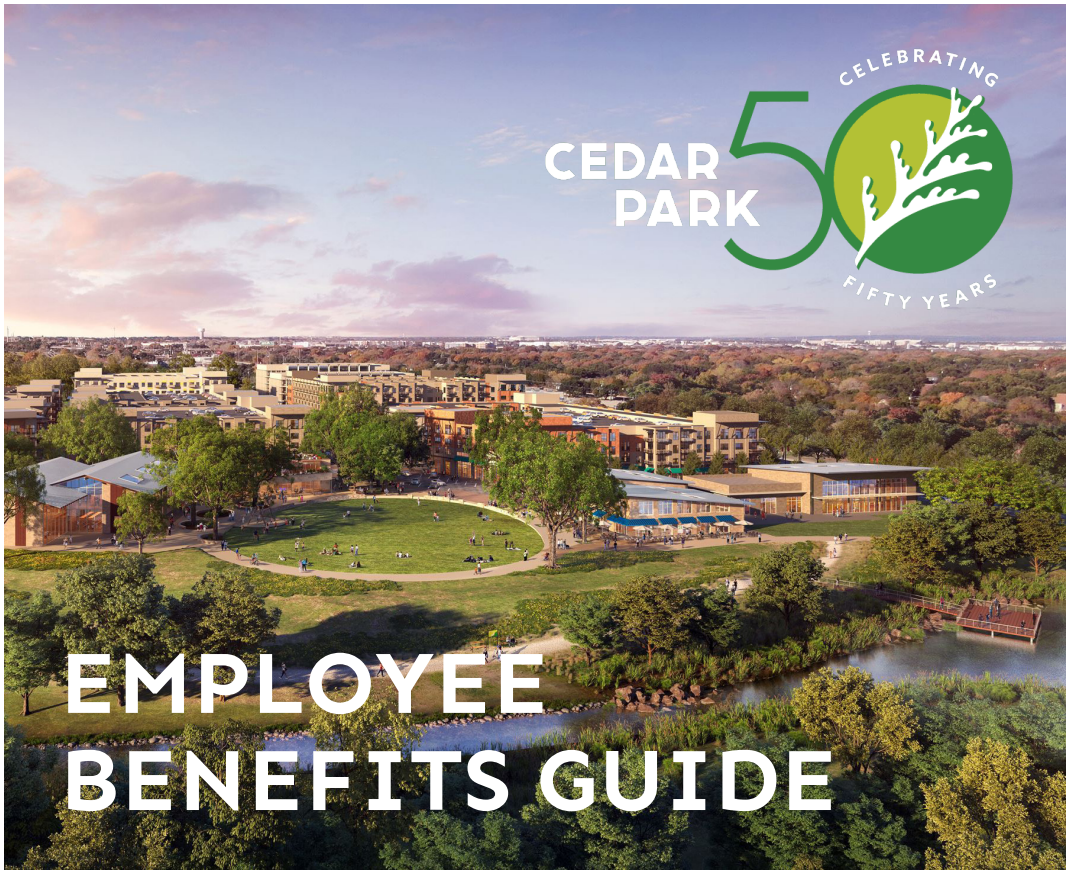
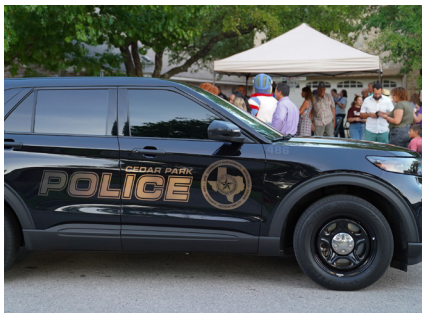
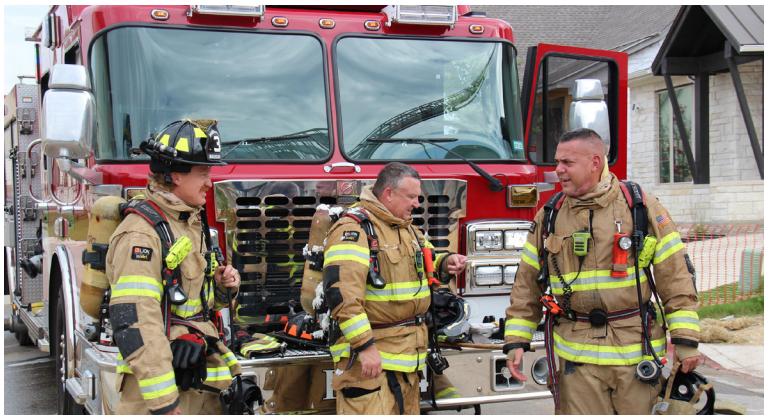


EMPLOYEE BENEFITS GUIDE

2023 - 2024





Welcome

City of Cedar Park is dedicated to providing comprehensive, affordable and competitive health and wellness benefits to its employees and their families. We hope this Benefits Guide will help you:

- Make the right decision for your health and wellness needs
- Understand the plan designs and how they work
- Learn more about the importance of wellness
- Know how to enroll in coverage available to you

About The Benefits Guide

The Benefits Guide is intended to summarize specific aspects of the City of Cedar Park's many benefit programs including eligibility requirements, coverage effective dates, and benefit highlights. It is not a Summary Plan Description (SPD) or an official Plan Document and it does not imply a guarantee of employment or a continuation of benefits. Your rights and obligations under the program(s) are set forth in the official Plan Documents. All statements in the Benefits Guide are subject to the terms of the official Plan Documents as interpreted by the appropriate plan fiduciary. In the case of ambiguity or clear conflict between a provision in the Benefits Guide and a provision in the official Plan Document, **the terms of the official Plan Document control**.

In addition, this Benefits Guide is not intended to answer all questions but to serve as a tool to answer some of the more basic benefit questions employees may have. Complete plan details are available in the Summary Plan Descriptions (SPDs) and Plan Documents, which govern the benefits and operation of each benefit plan. When an interpretation of a plan benefit is needed, the official Plan Documents will be used.

City of Cedar Park retains the right to amend, modify or terminate any or all benefits at any time.

Table of Contents

Carrier Contact Information

Enrollment
First Financial Administrators, Inc.
855.523.8422
ffga.benselect.com/enroll

Section 125 Plans
First Financial Administrators, Inc.
866.853.3539
ffga.com

Medical & Rx
Aetna
Group # 475239
888.416.2277
aetna.com

Pharmacy/Rx Advocate
ScriptSourcing
410.902.8811
scriptsourcing.com

Health Savings Account (HSA)
HSA Bank
800.357.6246
hsabank.com

Telehealth
Teladoc
Group # 475239
855.835.2362
teladoc.com

Dental
BCBSTX
Group # 275140
800.521.2227
bcbstx.com

Vision
Aetna
Group # 475239
888.416.2277
aetna.com

Flexible Spending Accounts (FSA)
First Financial Administrators, Inc.
866.853.3539
ffga.com

Basic Life and AD&D
Securian Financial Group
800.392.7295
lifebenefits.com/submitEOI

Disability Coverage
Securian Financial Group
800.356.9601 ext. 2410
madisonlife.com

Employee Assistance Program
Deer Oaks
888.993.7650
deeroakseap.com

Overview

Benefits Overview

The City of Cedar Park is committed to providing a high-quality, comprehensive benefits package to eligible, full-time employees who work 30 hours or more per week.

Benefits become effective on the first of the month following an employee's date of hire. To be eligible for benefits, employees must complete requisite benefit enrollment forms within 31 days from their date of hire.

Your complete benefit package is briefly summarized in this booklet. Plan booklets, which provide more detailed information about each program, are available upon request. Additional details may also be obtained from the designated website for each plan. Employees share in the costs of some of the benefits, while the City of Cedar Park provides other benefits at no cost to you.

Eligibility

Eligible dependents are your spouse, dependents to age 26, and disabled dependents of any age if they were covered under the health plan at the time of disability. Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event.

Making Changes Throughout the Year

In the event that an employee experiences a qualifying event during the course of the benefit plan year, you will be permitted to make changes to your benefit elections. Changes must be communicated to HR within 31 days of event.

Qualifying Events are defined as:

- Marriage, divorce, or legal separation (if your state recognizes legal separation)
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, marriage, or reaching the dependent-child age limit
- Changes in your dependent's employment affecting benefit eligibility
- Changes in your dependent's benefit coverage with another employer that affects benefit eligibility

The change to your benefit elections must be consistent with the change in your life or family status event.

If you have a life or family status event change, you must notify Human Resources within 31 days of the event.

If you do not notify Human Resources during that time, you and/or your dependents must wait until the next annual enrollment period to make a change to your benefit elections. Your elections will become effective the first of the month following your status change, with the exception of a change due to birth or adoption.

Section 125 Plan

Who is Eligible?

As a city employee, you are eligible to participate in a Section 125 Flexible Benefit Plan. Enrollment opportunities are limited to the plan year dates for the City of Cedar Park.

How does it Work?

A Section 125 Flexible Benefit Plan allows you to select from a list of available benefits that will meet your family's healthcare needs. Certain benefit premiums are deducted from your gross earnings before federal withholding taxes are figured. The amount you elect to have deducted "pre-tax" actually lowers your taxable income. By implementing this plan, the City is helping you reduce your taxes and increase your take home pay.

You can not change your elections during the plan year except for certain specified changes in family status (found on page 4 of this guide - refer to "Qualifying Events" section)

You must notify Human Resources within 31 days of the qualifying event to make changes.

Section 125 Plan Sample Paycheck

The example below shows how a married employee claiming 1 exemption can reduce their taxable income when they pay for their insurance coverage on a pre-tax basis.

Without Section 125

Monthly Salary	$3,000.00
Less TMRS	- $210.00
Taxable Income	$2,790.00
Less Taxes	- $252.00
Less Insurance / Flex	- $250.00
Take Home Pay	$2,288.00

With Section 125

Monthly Salary	$3,000.00
Less TMRS	- $210.00
Less Insurance / Flex	- $250.00
Taxable Income	$2,540.00
Less Taxes	- $180.00
Take Home Pay	$2,360.00

You saved $72.00 per month in taxes by paying for your benefits on a pre-tax basis! This means more spendable income at the end of the month to use for additional benefits or to increase your take home pay!

How to Enroll

How do I enroll in my benefits?

You can view your benefits, enroll or make any necessary changes for the upcoming plan year at work or at home using our secure, online website.

Where do I go to enroll in my benefits?

Go to **https://ffga.benselect.com/enroll**

What is my login and PIN?

Your login is your social security number (123456789). Your PIN is the last four digits of your social security number and the last two numbers of your birth year (678977).

Once you login you will see a Welcome presentation. Once finished click **"Next,"** then:

- Verify your personal information
- Verify all dependent information (SSN / Date of Birth)
- View employment information

You will then see a brief presentation on each benefit available. Notify First Financial Administrators, Inc. of any discrepancies.
Email: **ffenroll@ffga.com** | Phone: **855.523.8422**

Useful Information to Know

Contact First Financial at **855.523.8422** with any technical questions.

After your annual open enrollment period ends, no changes will be allowed unless you experience a qualifying event.

Mobile App

As an employee, you can access all your benefit plan information and resources “on the go” from your mobile device.

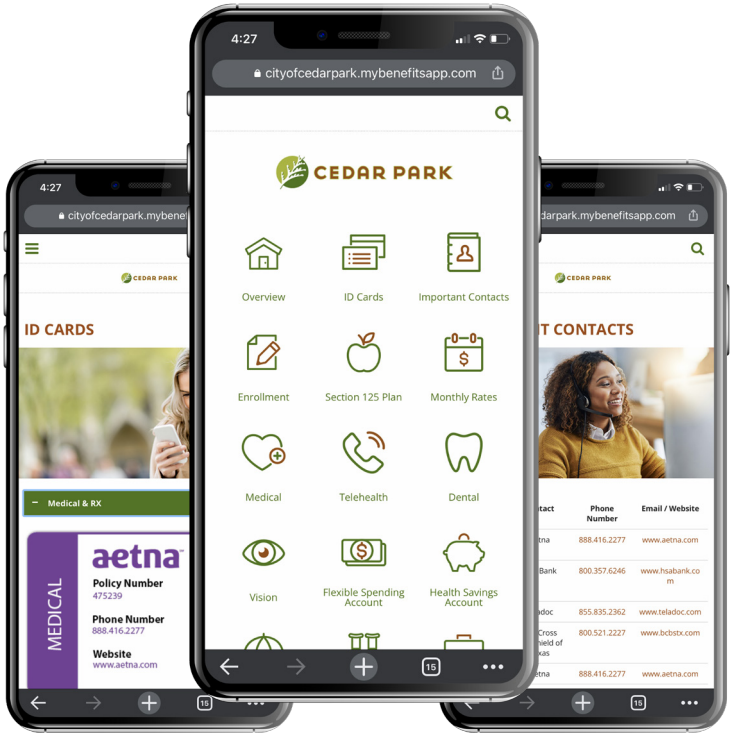
What information can I access on the benefits app?

- Access generic ID cards with group information
- Download benefit related documents and forms
- Quickly find service contact information and online resources
- Review benefit plan design information
- Find online provider directories

Add an icon to your Home Screen

Point your smartphone’s camera at the QR code below to add the benefits app to your home screen!

cityofcedarpark.mybenefitsapp.com



Medical & Rx

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of an unexpected illness and injury. Routine exams and regular preventive care provide an inexpensive review of your health. Identifying small problems early through preventive screenings can help prevent those things from turning into significant issues. In most cases, early detection leads to a more effective and cost-contained treatment plan.

Aetna Medical Plan

The City of Cedar Park offers a PPO and a HDHP Medical plan option for employees through Aetna.

What do the Medical Plans Cover?

The Aetna Medical plan covers a wide range of services, from preventive and routine care, to hospitalization and surgery. Your medical plan also includes a prescription drug benefit, which covers prescriptions at participating pharmacies and mail-order maintenance drugs.

Aetna PPO Plan - High	In-Network	Out-of-Network
Annual Deductible	$500 Individual / $1,000 Family	$3,000 Individual / $9,000 Family
Annual Out-of-Pocket Maximum (deductibles and copays included)	$6,550 Individual / $13,100 Family	$12,000 Individual / $24,000 Family
Coinsurance (Plan Pays)	90%	50%
Primary Care Office Visit	$20 copay	50% coinsurance after deductible
Specialist Office Visit	$30 copay	50% coinsurance after deductible
Telehealth (through Teladoc)	$0 copay	N/A
Airrosti	$30 copay	N/A
Acupuncture (20 visit max)	$30 copay	50% coinsurance after deductible
Preventative Care / Screenings / Immunizations	100% covered	50% coinsurance after deductible
Urgent Care	$40 copay	50% coinsurance after deductible
Emergency Room	$300 per visit, then 10% coinsurance	$300 per visit, then 10% coinsurance
Generic Drug (30-day supply)	$0 copay	50% coinsurance
Brand Drug (30-day supply)	$45 copay	$45 copay, then 50% coinsurance
Non-Preferred Brand Drug (30-day supply)	$75 copay	$75 copay, then 50% coinsurance
Specialty (30-day supply)	$250 copay	Not covered*
Mail Order (90-day supply)	2x Retail	Not covered

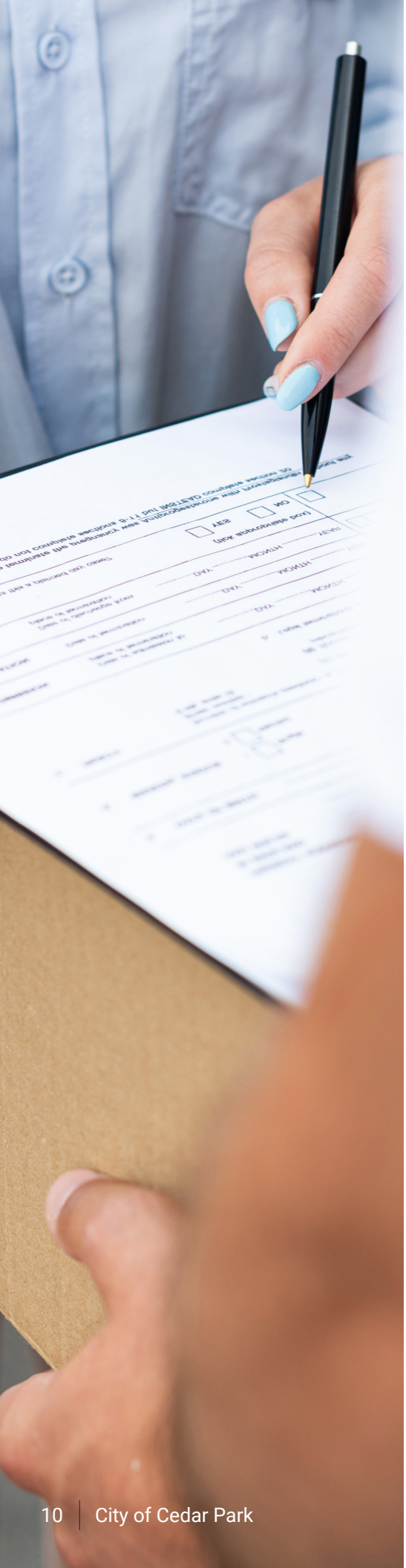
*All Specialty prescriptions must be filled through the Aetna CVS Specialty Performance Pharmacy Network.

Medical & Rx, Continued

Aetna HDHP Plan - Base	In-Network	Out-of-Network
Annual Deductible	$3,000 Individual / $6,000 Family	$4,600 Individual / $9,200 Family
Annual Out-of-Pocket Maximum (deductibles and copays included)	$6,550 Individual / $13,100 Family	$10,000 Individual / $20,000 Family
Coinsurance (Plan Pays)	80%	50%
Primary Care Office Visit	20% after deductible	50% coinsurance after deductible
Specialist Office Visit	20% after deductible	50% coinsurance after deductible
Telehealth (through Teladoc)	$49 copay after deductible	N/A
Airrosti	20% after deductible	N/A
Acupuncture (20 visit max)	20% after deductible	50% coinsurance after deductible
Preventative Care / Screenings / Immunizations	100% covered	50% coinsurance after deductible
Urgent Care	20% after deductible	50% coinsurance after deductible
Emergency Room	20% after deductible	20% after deductible
Generic Drug (30-day supply)	20% after deductible	50% coinsurance after retail copay and deductible
Brand Drug (30-day supply)	20% after deductible	50% coinsurance after retail copay and deductible
Non-Preferred Brand Drug (30-day supply)	20% after deductible	50% coinsurance after retail copay and deductible
Specialty (30-day supply)	Applicable cost as noted above for generic or brand drugs*	Applicable cost as noted above for generic or brand drugs*
Mail Order (90-day supply)	20% after deductible	Not covered

*All Specialty prescriptions must be filled through the Aetna CVS Specialty Performance Pharmacy Network.

Note: Employees enrolled in the HDHP Plan will receive a $20 HSA Monthly Contribution.



ScriptSourcing

$0 Copay on Mail Order Brand Name Medications

Simply call the toll-free number **410-902-8811**, and a prescription advocate will walk you through the enrollment process.

Some of the advantages of joining the ScriptSourcing program are:

- Employees and Dependents pay $0 Copay for brand-name maintenance medications (up to a 90-day supply)
- Prescriptions are shipped directly to your home with no need to worry about shipping or handling costs
- No out-of-pocket expenses

With ScriptSourcing, they provide a mail order service in which a 90-day supply of your medication(s) are shipped directly to your home.

Some of the 450+ brand name medications on the $0 Rx copay formulary list include:

- Humira
- Biktarvy
- Lialda
- Wellbutrin
- Tremfya
- Descovy
- Pristiq
- Xarelto
- Otezla
- Genvoya
- Ventolin
- Onglyza
- Ozympic
- Palynziq
- Crestor
- Qvar

Enrollment is easy!

1. Call **410-902-8811**
2. Complete enrollment form
3. Doctor faxes script into **410-510-1160**

✔ **FREE Brand Name Medications - ZERO Cost!**

✔ **No Shipping and Handling Charges to You!**

Go to: ScriptSourcing.com/med-finder to see if your medications are available through ScriptSourcing!

scriptsourcing

Health Savings Account (HSA)

A Health Savings Account (HSA) is an individually-owned, tax-advantaged account that you can use to pay for current or future IRS-qualified medical expenses. With an HSA, you'll have the potential to build more savings for healthcare expenses or additional retirement savings through self-directed investment options.

How an HSA works:

- You can contribute to your HSA via payroll deduction, online banking transfer, or by sending a personal check to HSA Bank. Your employer or third parties, such as a spouse or parent, may contribute to your account as well.
- You can pay for qualified medical expenses with your Health Benefits Debit Card directly to your medical provider or pay out-of-pocket. You can either choose to reimburse yourself or keep the funds in your HSA to grow your savings.
- Unused funds will roll over year to year. After age 65, funds can be withdrawn for any purpose without penalty (subject to ordinary income taxes).
- Check balances and account information via HSA Bank's Member Website or mobile device 24/7.

Who is not eligible for an HSA?

- You cannot be covered by any other non-HSA-compatible health plan, including Medicare Parts A and B.
- You cannot be covered by TriCare.
- You cannot have accessed your VA medical benefits in the past 90 days (to contribute to an HSA).
- You cannot be claimed as a dependent on another person's tax return (unless it's your spouse).
- You must be covered by the qualified HDHP on the 1st day of the month.

When you open an account, HSA Bank will request certain information to verify your identity and to process your application.

Annual HSA Contribution Limits	2023	2024
Individual	$3,850	$4,150
Family	$7,750	$8,300

Catch-up Contributions

Account holders who meet these qualifications are eligible to make an HSA catch-up contribution of $1,000: Health Savings account holder; age 55 or older (regardless of when in the year an account holder turns 55); not enrolled in Medicare (if an account holder enrolls in Medicare mid-year, catch-up contributions should be prorated). Authorized signers who are 55 or older must have their own HSA in order to make the catch-up contribution.

hsabank
own your health®

Telehealth

Teladoc

Getting sick is never convenient, and finding time to get to the doctor can feel impossible. Aetna provides you and your covered dependents access to care for non-emergency medical issues and behavioral health needs through Teladoc.

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. Members enrolled in the PPO plan can access virtual visits for $0, and members on the HDHP plan pay a $49 copay after the deductible is met.

Get connected today! To register, you'll need to provide your first and last name, date of birth and Aetna member ID number.

Teladoc specialists can help treat the following conditions and more:

General Health

- Allergies
- Asthma
- Nausea
- Sinus Infection

Pediatric Care

- Cold/flu
- Ear problems
- Pinkeye

Behavioral Health

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

Connect

Access via telephone 24/7/365 at **855.835.2362** or online at **teladoc.com**.

Interact

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

Diagnose

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

TELADOC™

Dental

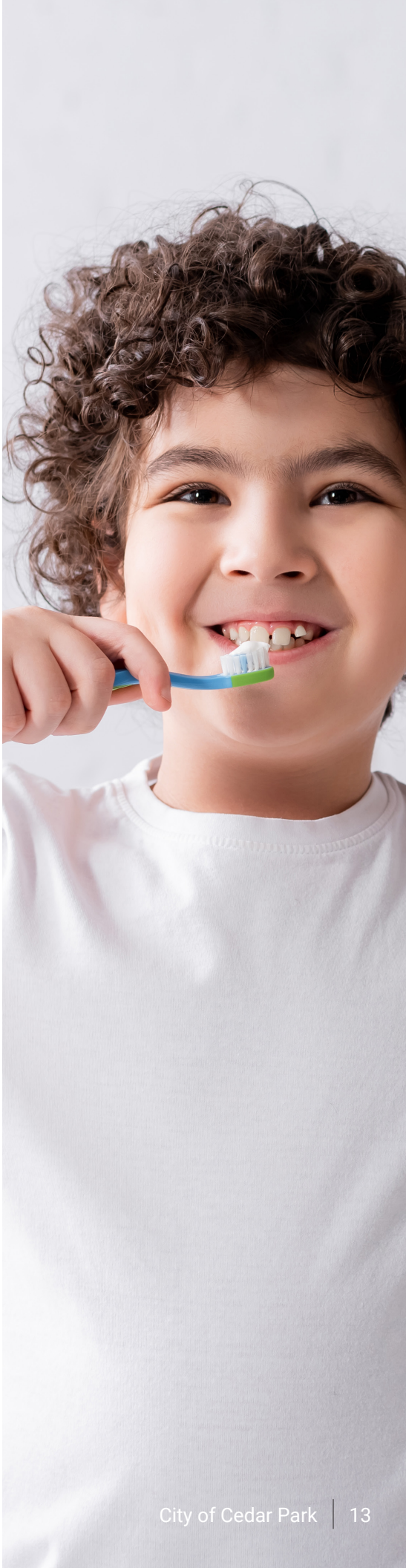
BlueCross BlueShield of Texas

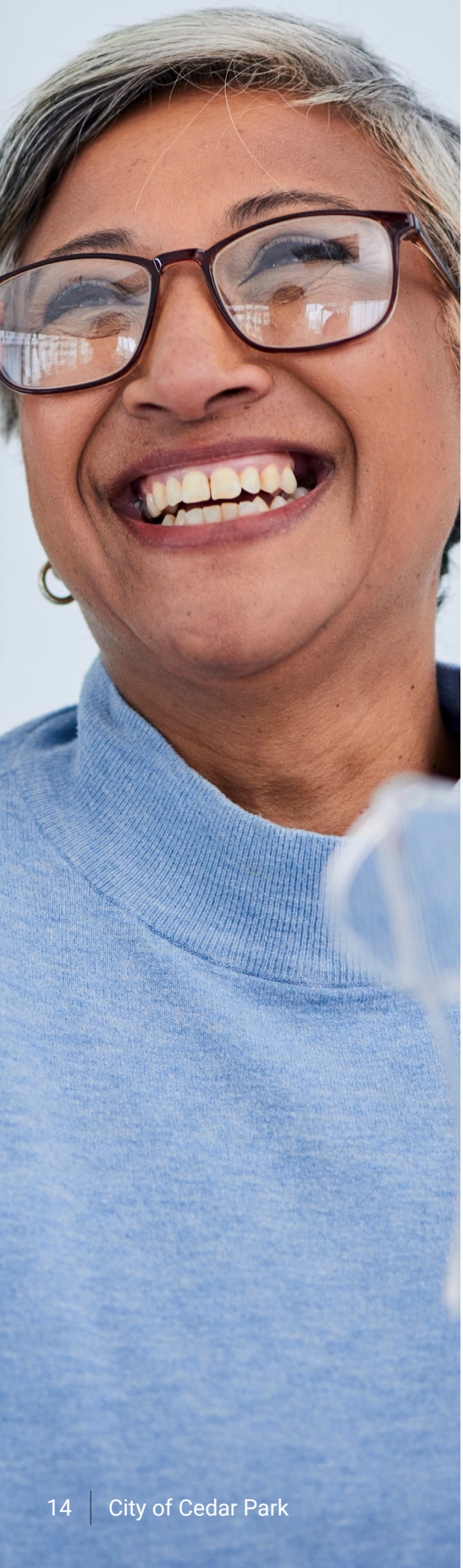
Dental Benefits

Problems with the teeth and gums can have an impact on a persons overall health, appearance, mental well-being and financial security. Preventive care is an important way to identify problems early and treat them before they become much bigger problems.

Dental insurance covers 100% of your preventative care and a portion of any dental work that is required.

Dental Benefits	In/Out-of-Network
Calendar Year Benefit Maximum	$1,500
Annual Deductible	$50 Individual / $150 Family
Diagnostic and Preventive Services (e.g., oral exams, cleanings, x-rays, sealants, space maintainers, fluoride treatment)	100%
Basic Services (e.g., simple extractions, fillings, root canal treatment)	80%
Major Services (e.g., crowns, inlays/onlays, dentures, bridges, oral surgery, surgical extractions)	50%
Orthodontia (Adult & Child)	50%
Lifetime Ortho Maximum	$1,500 per person





Vision

aetna®

Vision Benefits

Regular eye examinations serve to determine your need for corrective eye wear and can help to detect health problems at an early stage. Early detection is the best way to maximize results and minimize cost of correcting most health problems.

City of Cedar Park has teamed with Aetna to offer employees and their families access to vision insurance.

Vision Benefits	In-Network	Out-of-Network
Vision Exam once every 12 months	$20 copay	Up to $20
Standard Contact Lens Fitting	Up to $40	Not covered
Premium Contact Lens Fitting	Up to 90% off retail	Not covered
Prescription Lenses & Materials once every 12 months	$20 copay	Single: Up to $15 Bifocal: Up to $30 Trifocal: Up to $60 Lenticular: Up to $60
Frames once every 24 months	$100 allowance, then 20% off remaining balance	Up to $50
Contact Lenses (Elective) once every 12 months (in lieu of glasses)	Up to $105 allowance, then 15% off remaining balance	Up to $75
Contact Lenses (Medically Necessary)	Covered in full	Up to $200

Flexible Spending Accounts (FSA)

What is a Flexible Spending Account (FSA)?

The City of Cedar Park has established this plan to help employees save tax dollars and increase their net pay. A Flexible Spending Account is designed exclusively for employees, and is established by your employer under Section 125, 129, 132f or 105 of the Internal Revenue Code. This plan allows a participating employee to take certain expenses from their paycheck on a pre-tax basis. This means that all amounts deducted from your paycheck and contributed toward your plan will not be subject to Federal Income tax.

What does the plan consider an eligible expenses?

Premium Payments

Allows you to use pre-tax rather than after-tax dollars to pay for your share of employer sponsored insurance premiums (medical, dental and vision). Premium payment is a simple payroll adjustment which is handled internally by your employer's payroll department. Do not add premium contributions to your medical expense account contributions.

Medical Expenses (paid by the employee)

An employee's out-of-pocket health care expenses can be paid with before-tax dollars when an employee elects to deposit some of those dollars into their Medical Expense Reimbursement Account. The amount the employee elects to set aside in this account will be held until he or she submits receipts for eligible expenses to be reimbursed. The maximum amount an employee can elect is $3,050 ($254.17/month) for the 2023-2024 plan year. Eligible expenses can include (not limited to*):

- Above Usual & Customary Charges
- Chiropractor
- Co-insurance
- Deductibles
- Dental Expenses
- Eyeglasses & Contact Lenses
- Hearing Aids
- Prescribed Birth Control
- Psychologist
- Special Medical Equipment
- Special Tests (allergy, etc.)

*For a complete list of eligible expenses please visit **irs.gov/publications/p502**

Reminder: If you or your spouse participate in a Qualified High Deductible Health Plan and contribute to a Health Savings Account, you are not eligible to enroll in Medical Reimbursement.

Your FSA Plan includes a Debit Card

The FFGA benefits card is available for Medical Reimbursement Flexible Spending Accounts. This card may be used in lieu of cash for any out of pocket medical expenses only. It is a signature debit card and does not require a pin for use. Cards are good for three years from the issue date as long as you participate each consecutive plan year. Cards can be issued to spouses and dependent children (ages 18 to 26) for no additional fee.

Download the Flexible Spending Mobile App

First Financial's FF Flex Mobile App gives you quick and easy access to your accounts. Now you can securely check balances, request a reimbursement, upload receipts, and view transaction details... all from your smartphone or tablet! Visit the App Store or Google Play to download the free FF Flex Mobile App.

First Financial Group of America

Flexible Spending Accounts (FSA), Continued

Rollover Provision

The IRS has amended the "Use it or Lose it" rule. City of Cedar Park has elected to allow employees the option of rolling over up to $610 for use in the following plan year. This means that any unused funds at the end of the current plan year may be rolled over, up to a max amount of $610, for use in the following plan year. The rollover amount does not affect your maximum annual contribution amount of $3,050 in the 2023-2024 plan year. You do not need to elect this feature; any unused funds up to $610 in your Health Care FSA at the end of the plan year will automatically roll over into the following plan year for your use for qualified expenses. Current year funds are used first, then, once current year funds are expended, the rollover funds are used. Please note that this provision does NOT apply to Dependent Care FSA elections, which still fall under the "Use it or Lose it" rule.

Note: Funds are not available in the rollover year until the claim filing period for the plan year has expired.

The FSA Plan Year is November 1, 2023 - October 31, 2024.

Dependent Care (must be work related)

Another important part of the Flexible Spending Account is the ability to pay for child care or day care services with before-tax dollars. Your savings will amount to 22% to 35% of your actual child care expense, depending on your individual or family tax brackets. The maximum amount an employee can elect is $5,000 per plan year, per family. Eligible expenses can include:

- Nursery
- Baby-Sitting
- Private Pre-K
- Extended Day Care before & after school

Dependent daycare center expenses are eligible if the care is for your dependent under age 13 and for any other qualifying dependent (including adult dependents), who regularly spends at least 8 hours each day in your household.

Child support payments and childcare payments qualifying as alimony are not qualified expenses for reimbursement.

Note: If you are a highly compensated employee, The City of Cedar Park may be required to discontinue or limit your contributions to the Dependent Care Reimbursement account in order to comply with certain nondiscrimination requirements applicable to the plan under tax law. You will be notified if you are affected by this rule. Please see your Human Resources Department if you have any questions.

Employees should be aware that if you elect the Dependent Care Reimbursement Account at any time, your election cannot exceed the IRS limitation of $5,000 per Calendar year.

You will be required to coordinate your total payroll deductions to accommodate this IRS limitation. In addition, the IRS limits your elections and or changes to only the open enrollment period unless you have a qualifying event.

IRS rules state that regardless of the number of pay periods left in the calendar year when you are hired, you may not contribute more than $5,000 to the Dependent Care Reimbursement Account. Your employer will consider how many pay periods are left in the year to determine your per-pay period deductions.

Reimbursement Requests

To submit a claim, complete the request for reimbursement form. Attach your receipts and mail or fax the claim directly to:

Mail:

Flexible Spending Accounts
PO Box 670329
Houston, TX 77267-0329
866.853.3539

Fax:

800.298.7785

First Financial Group of America

Life & AD&D

Life & Accidental Death & Dismemberment (AD&D)

Life insurance provides a financial benefit to beneficiaries upon death; AD&D Insurance provides additional financial protection if the insured's death or dismemberment is due to a covered accident, whether it occurs at work or elsewhere. The City of Cedar Park has partnered with Securian to provide group life and accidental death and dismemberment (AD&D) Insurance for each eligible employee at no additional cost.

Voluntary Life Insurance & AD&D

Employees who want to supplement their group life insurance benefits have the option to purchase additional coverage. Those opting to enroll in this benefit will pay the full cost through bi-monthly payroll deductions.

You can purchase coverage for yourself, your spouse, and your dependent children. Coverage for yourself will be designated in $10,000 increments to a maximum of $300,000. Your child will be covered from $5,000 or $10,000. Coverage for your spouse will be designated in $5,000 increments to a maximum of $150,000 in coverage.

Voluntary Life Rates

Age	Employee & Spouse*	Dependent Child(ren)
<30	$0.070	$0.43 for $5,000 $0.86 for $10,000
30 - 34	$0.090	
35 - 39	$0.090	
40 - 44	$0.150	
45 - 49	$0.250	
50 - 54	$0.450	
55 - 59	$0.750	
60 - 64	$0.830	
65 - 69	$1.630	
70 +	$2.970	

*Spouse rates are based on employee's age.

Voluntary AD&D Rates

Employee Only	$0.035
Spouse or Child	$0.060

Bi-Weekly Premium Calculation

Employee: (Coverage / $1,000) x Rate x 12 / 24
Spouse: (Coverage / $1,000) x Rate x 12 / 24
Child: $.20 bi-weekly for $5,000 worth of coverage; $0.40 bi-weekly for $10,000 worth of coverage.

Disability Benefits

Employer Paid Long Term (LTD) Disability

The City of Cedar Park has partnered with Securian to provide eligible full-time employees with long term disability income benefits. This benefit is provided at no additional cost to employees. To be eligible, employees must work 30 hours per week.

In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. This benefit pays out a portion of your income before the disability up to a maximum amount.

Long-Term Disability Benefits

Benefit Increments	60% of monthly eligible compensation	
Maximum Monthly Benefit	Executives: $7,500 / All others: $5,000	
Elimination Period	90 days	
Own Occupation	36 months following end of Elimination Period	
Maximum Benefit Period*	**Age at Disability**	**Benefit Duration**
	62 or less	42 months
	63	36 months
	64	30 months
	65	24 months
	66	21 months
	67	18 months
	68	15 months
	69 +	12 months
Pre-existing Condition Limitation	If treatment is received 3 months prior to your effective date, then the condition will not be covered until you have been covered for 12 months	

*To the later of: 1) the specified length of time as stated above, or 2) the day before attaining the Social Security Normal Retirement Age under the United States Social Security Act, as revised.

securian FINANCIAL

LifeSuite Services

Life happens. When it does - turn to your LifeSuite services through Telus Health (formerly LifeWorks). These services are designed to help you in times of need and are only a click or call away.

Legal, Financial and Grief

Access one or all to meet your needs:

- Unlimited telephonic guidance and consultation with professionals in each area
- Comprehensive web and mobile resources
- Thirty-minute face-to-face consultation with an attorney for each unique legal issue

LifeWorks.com

(user name: lfg | password: resources)
877.849.6034

Travel Assistance

Available 24/7/365 for personal or business travel when you are 100+ miles from home:

- Medical professional locator services
- Assistance replacing lost or stolen luggage, medication, or other critical items
- Medical or security evacuation
- Medically necessary repatriation
- Repatriation of mortal remains

LifeBenefits.com/travel

U.S. / Canada **855.516.5433**

Legacy Planning

Access to a variety of information and resources to help you work through end-of-life issues:

- End-of-life planning
- Final arrangements
- Important directives
- Express Assignment for expedited funeral home assignments

LegacyPlanningResources.com

TELUS Health
formerly LifeWorks

Employee Assistance Program (EAP)

The Deer Oaks Employee Assistance Program (EAP) is a free service provided for you, your dependents, and household members by your employer. This program offers a wide variety of counseling, referral, and consultation services, which are all designed to assist you and your family in resolving work and life issues in order to live happier, healthier, more balanced lives. From stress, addiction, and change management, to locating child care facilities, legal assistance, and financial challenges, our qualified professionals are here to help. These services are completely confidential and can be easily accessed 24/7, offering you around-the-clock assistance for all of life's challenges.

Program Access:

You may access the EAP by calling the toll-free Helpline number, using our iConnectYou App, or instant messaging with a work-life consultant through our online instant messaging system.

Telephonic Assessments & Support:

In-the-moment telephonic support and crisis intervention are available 24/7 along with intake and clinical assessments.

Short-term Counseling:

Counseling sessions with a qualified counselor to assist with issues such as stress, anxiety, grief, marital/family challenges, relationship issues, addiction, etc.

Counseling is available via structured telephonic sessions, video, and in-person at local provider offices.

Referrals & Community Resources:

Our team provides referrals to local community resources, member health plans, support groups, legal resources, and child/elder care/daily living resources.

Advantage Legal Assist:

Free 30 minute telephonic or in-person consultation with a plan attorney; 25% discount on hourly attorney fees if representation is required; unlimited online access to a wealth of educational legal resources, links, tools and forms; and interactive online Simple Will preparation.

Advantage Financial Assist:

Unlimited telephonic consultation with an Accredited Financial Counselor qualified to advise on a range of financial issues such as bankruptcy prevention, debt reduction and financial planning; supporting educational materials available; unlimited online access to a wealth of educational financial resources, links, tools and forms (i.e. tax guides, financial calculators, etc.).

Identity Theft Assistance:

Free telephonic consultation with an Accredited Financial Counselor; information on steps that should be taken upon discovery of identity theft; referral to full-service credit recovery agencies; free credit monitoring service.

Work-life Services:

Our work-life consultants are available to assist you with a wide range of daily living resources such as locating pet sitters, event planners, home repair, tutors, travel planning, and moving services. Simply call the Helpline for resource and referral information.

Child & Elder Care Referrals:

Our child and elder care specialists can help you with your search for licensed child and elder care facilities in your area. They will discuss your needs, provide guidance, resources, and qualified referral packets. Searchable databases and other resources are also available on the Deer Oaks member website.

DEER OAKS
THE BEHAVIORAL HEALTH SOLUTION

deeroakseap.com | eap@deeroaks.com

Toll-Free: **888.993.7650**

FFGA Voluntary Benefits

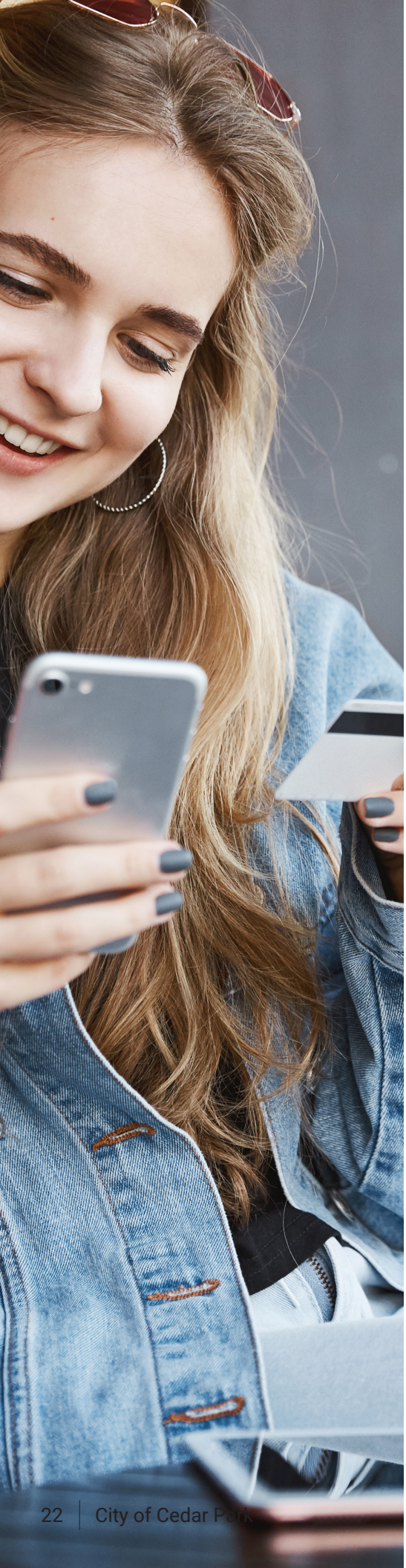
Employee Benefits Center

The Employee Benefits Center (EBC) is a one-stop-shop for you to find all things benefits related!

On the website, you'll find open enrollment and plan year dates, benefit descriptions, carrier contact information, product brochures, claim forms and enrollment details. Visit **https://ffbenefits.ffga.com/cityofcedarpark** today to see what additional benefits are available to you and your loved ones!

Voluntary Benefits Overview

BENEFIT/CARRIER	BENEFIT DETAILS	WEBSITE	PHONE
Section 125 Plans FFGA	A Section 125 Plan provides a tax-saving way to pay for eligible medical or dependent care expenses. The funds are automatically deducted from your paycheck on a pre-tax basis.	ffga.com	
Accident Insurance Aflac	An accident insurance plan provides benefits to help cover the costs associated with unexpected bills due to an accident.	aflacgroupinsurance.com	800.433.3036
Critical Illness Insurance Aflac	Assists with treatment costs of covered critical illnesses such as heart attack, stroke, organ transplant, kidney failure, cancer, coma, etc.	aflacgroupinsurance.com	800.433.3036
Cancer Insurance Allstate	Supplements your major medical coverage with additional coverage for cancer related expenses, such as copays and deductibles, specialists, experimental treatment, specialty hospitals, travel expenses, in-home care and more.	allstatebenefits.com	800.521.3535
Hospital Indemnity Aetna	The plan pays benefits when you have a planned, or unplanned hospital stay for an illness, injury, surgery or having a baby. The plan pays a lump-sum benefit for admission and a daily benefit for a covered hospital stay.	myaetnasupplemental.com	800.607.3366
Permanent Life Texas Life	Portable life insurance policy with additional coverage beyond group and voluntary term life policies.	texaslife.com	800.283.9233
FSA FFGA	A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and reimburse yourself for out-of-pocket medical expenses not covered under your medical plan	ffga.com	866.853.3539
Prescription Discounts Clever Rx	Clever RX helps you save money by using a prescription drug savings card. Download the Clever RX app for discounts on medications not covered under insurance or with high copays.	partner.cleverrx.com/ffga	800.873.1195



Discount Program

PerkSpot

Why pay full price when you don't have to? Your discount program is a one-stop-shop for exclusive discounts at hundreds of national and local merchants!

Dozens of discount categories including:

- Automotive
- Apparel
- Cell phones
- Electronics
- Health & Wellness
- Restaurants
- Tickets
- Travel and more

It's easy, free and will save you money!

1. Start by going to **bbrown.perkspot.com** and click create an account. (You may use an email address of your choice)
2. Access PerkSpot at work, home or on the go.
3. Add PerkSpot to the home screen of your mobile device for easy access anytime.

PerkSpot

Monthly Rates

Monthly Rates	Total Monthly Employer Premium	Total Monthly Employee Premium	Total Semi-Monthly Employee Premium
Aetna PPO Plan - High			
Employee Only	$893.45	$50.00	$25.00
Employee & Spouse	$1,029.52	$480.00	$240.00
Employee & Child(ren)	$998.57	$360.00	$180.00
Employee & Family	$1,134.64	$790.00	$395.00
Aetna HDHP- Base			
Employee Only	$784.62	$30.00	$15.00
Employee & Spouse	$846.37	$400.00	$200.00
Employee & Child(ren)	$828.18	$296.00	$148.00
Employee & Family	$900.36	$680.00	$340.00
BCBS - Dental Plan			
Employee Only	$35.58	$0.00	$0.00
Employee & Spouse	$35.58	$41.47	$20.74
Employee & Child(ren)	$35.58	$65.78	$32.89
Employee & Family	$35.58	$105.00	$52.50
Aetna - Vision Plan			
Employee Only	$0.00	$4.92	$2.46
Employee & Spouse	$0.00	$9.34	$4.67
Employee & Child(ren)	$0.00	$9.82	$4.91
Employee & Family	$0.00	$14.46	$7.23

Note: Employees enrolled in the HDHP will receive a $20 HSA Monthly Contribution.

Securian - Voluntary Life

Employee / Spouse Age	Rate per $1,000
< 25	$0.07
25 - 29	$0.07
30 - 34	$0.09
35 - 39	$0.09
40 - 44	$0.15
45 - 49	$0.25
50 - 54	$0.45
55 - 59	$0.75
60 - 64	$0.83
65 - 69	$1.63
70 - 74	$2.97
75	$2.97

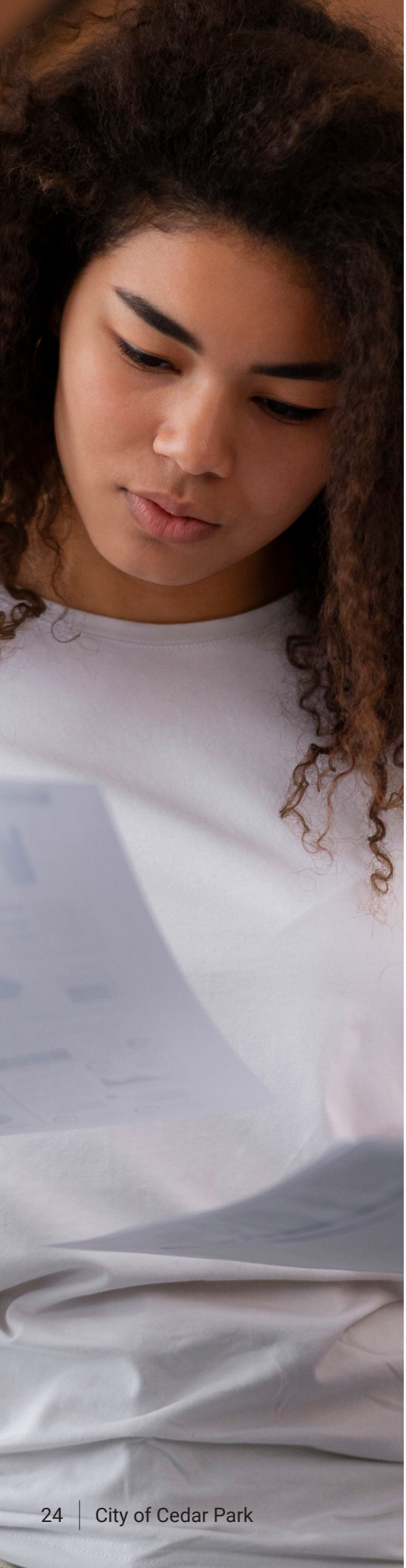
*Spouse rates are based on employee's age.

Securian - Voluntary Child Life

$5,000	$0.43
$10,000	$0.86

Securian - Voluntary AD&D

Employee Only	$0.035 per $1,000
Employee & Family	$0.060 per $1,000



Glossary

Coinsurance

Your share of the cost of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service, typically after you meet your deductible. For instance, if your Plan's allowed amount for an office visit is $100 and you've met your deductible (but haven't yet met your out-of-pocket maximum), your coinsurance payment of 20% would be $20. Your Plan sponsor or employer would pay the rest of the allowed amount.

Copay

The fixed amount, as determined by your insurance Plan, you pay for health care services received.

Deductible

The amount you owe for health care services before your health insurance or Plan sponsor (employer) begins to pay its portion. For example, if your deductible is $1,000, your Plan does not pay anything until you've met your $1,000 deductible for covered health care services. This deductible may not apply to all services, including preventive care.

Employee Contribution

The amount you pay for your insurance coverage.

Explanation of Benefits (EOB)

A statement sent by your insurance carrier that explains which procedures and services were provided, how much they cost, what portion of the claim was paid by the Plan, and what portion is your liability, in addition to how you can appeal the insurer's decision. These statements are also posted on the carrier's website for your review.

Flexible Spending Accounts (FSAs)

An option that allows participants to set aside pre-tax dollars to pay for certain qualified expenses during a specific time period (usually a 12-month period). There are two types of FSAs: the Health Care FSA and the Dependent Care FSA.

- **Health Care FSA —** With the Health Care FSA, participants can use their accounts to cover eligible medical expenses such as copays, eye exams, prescriptions and more. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code. Please note that over-the-counter medications are not eligible for reimbursement without a doctor's prescription with the Health Care FSA. This account has a $570 rollover per year, meaning that up to $570 of unused funds from last year can be carried over to the next plan year.

Glossary

- **Dependent Care FSA —** A Dependent Care FSA helps to reimburse participants for eligible expenses associated with caring for a qualified dependent, such as a dependent younger than age 13 or another dependent that may be incapable of self-care. For additional information on eligible expenses, refer to Publication 503 on the IRS website. This account has a "use it or lose it" provision, meaning that funds not used for qualified expenses by the end of the year will be lost.

In-Network

In network refers to providers or health care facilities that are part of a health plan's network of providers with which it has negotiated a discount.

Out-of-Network

Out-of-network providers are doctors, hospitals and other providers that are not contracted with your insurance company. If you choose an out-of-network doctor, services will not be provided at a discounted rate.

Out-of-Pocket Maximum

Also known as an out-of-pocket limit. The most you pay during a policy period (usually a 12-month period) before your health insurance or Plan begins to pay 100% of the allowed amount. This limit does not include your premium, charges beyond the Reasonable & Customary, or health care your Plan doesn't cover. Check with your health insurance carrier to confirm what payments apply to the out-of-pocket maximum.

Over-the-Counter (OTC) Medications

Medications typically made available without a prescription.

Premium

A premium is the cost of maintaining your enrollment in the plan of your choice. Some premiums are paid for by the Company while others are shared between the Company and the employee.

Prescription Medications

Medications prescribed to you by a doctor. Cost of these medications is determined by their assigned tier: Generic, Preferred or Non-Preferred.

- **Generic Drugs —** Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding Preferred or Non-Preferred versions. The color or flavor of a generic medicine may be different, but the active ingredient is the same. Generic drugs are usually the most cost-effective version of any medication.
- **Preferred Drugs —** Brand-name drugs on your provider's list of approved drugs. You can check Online with your provider to see this list.
- **Non-Preferred Drugs —** Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- **Specialty Drugs —** Specialty medications include those used in the treatment of complex medical conditions, such as hepatitis, lung disorders, multiple sclerosis, rheumatoid arthritis, and other conditions requiring specialty medications.

Important Notices

Important Notice About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Cedar Park and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the Plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- City of Cedar Park has determined that the prescription drug coverage offered by the Insurance plan is, on average for all plan Employees, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. You may also enroll from October 15th through December 7th in 2023. If you enroll from October 15th through December 7th in 2023, your coverage will begin on January 1, 2024.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

When Will you Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of Cedar Park and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have the coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Cedar Park changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-633-4227 TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the Web at socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

What happens to your current coverage if you decide to join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Cedar Park coverage will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current City of Cedar Park coverage, be aware that you and your dependents will not be able to get this coverage back.

HIPAA Special Enrollment Notice

Notice of Special Enrollment Rights for Medical Plan Coverage

As you know, if you have declined enrollment in City of Cedar Park health plan for you or your dependents (including your spouse/domestic partner) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

City of Cedar Park will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in City of Cedar Park group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another medical plan. Any other currently covered dependents may also switch to the new plan in which you enroll.

Patient Protection Disclosure

You do not need prior authorization from City of Cedar Park or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your medical plan administrator.

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please see the Plan's Summary Plan Description for details of the Plan's deductible, benefit percentage, and copayment requirements. If you would like more information on WHCRA benefits, contact HR.

Newborns' & Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours)."

Continuation Coverage Rights Under COBRA

You are receiving this notice because you have recently become covered under City of Cedar Park's group health plan. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage may be available to you when you would otherwise lose your group health coverage. It can also become available to other Employees of your family who are covered under the Plan when they would otherwise lose their group health coverage.

For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact HR.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse/domestic partner, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an Employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse/domestic partner of an Employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse/domestic partner dies;
- Your spouse/domestic partner's hours of employment are reduced;
- Your spouse/domestic partner's employment ends for any reason other than his or her gross misconduct;
- Your spouse/domestic partner becomes enrolled in Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse/domestic partner.

If the Plan provides health care coverage to retired Employees, the following applies: filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to your employer, and that bankruptcy results in the loss of coverage of any retired Employee covered under the Plan, the retired Employee will become a qualified beneficiary with respect to the bankruptcy. The retired Employee's spouse/domestic partner, surviving spouse/domestic partner, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When Is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after City of Cedar Park has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the Employee, in the event of retired Employee health coverage, commencement of a proceeding in bankruptcy with respect to the employer, or the Employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify City of Cedar Park of the qualifying event.

Required Notice

You must give notice of some qualifying events for the other qualifying events (divorce or legal separation of the Employee and spouse/domestic partner or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. Contact your employer and/ or COBRA Administrator for procedures for this notice, including a description of any required information or documentation.

How is COBRA Coverage Provided?

Once City of Cedar Park receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered Employees may elect COBRA continuation coverage on behalf of their spouses/domestic partners, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the Employee, the Employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.

When the qualifying event is the end of employment or reduction of the Employee's hours of employment, and the Employee became entitle to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries, other than the Employee, lasts until 36 months after the date of Medicare entitlement. For example, if a covered Employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse/domestic partner and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the Employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability Extension of 18-Month Period Of Continuation Coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify City of Cedar Park in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. Contact

City of Cedar Park and/or the COBRA Administrator for procedures for this notice, including a description of any required information or documentation.

Second Qualifying Event Extension of 18-Month Period Of Continuation Coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse/domestic partner and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse/domestic partner and dependent children receiving continuation coverage if the Employee or former Employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse/domestic partner or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights, should be addressed to City of Cedar Park. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U. S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep City of Cedar Park informed of any address changes. You should also keep a copy, for your records, of any notices you send to City of Cedar Park.

Plan Contact Information

Contact your employer for the name, address and telephone number of the party responsible for administering your COBRA continuation coverage.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at askebsa.dol.gov or call 1-866-444-3272.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State directly for more information on eligibility:

ALABAMA – Medicaid
Website: myalhipp.com
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: myakhipp.com
Phone: 1-866-251-4861
Email: customerservice@myakhipp.com
Medicaid Eligibility: health.alaska.gov/dpa/pages/default.aspx

ARKANSAS – Medicaid
Website: myarhipp.com
Phone: 1-855-692-7447

CALIFORNIA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program: dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: healthfirstcolorado.com
Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711
CHP+: hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991 / State Relay 711
Health Insurance Buy-In Program (HIBI): mycohibi.com
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid
Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website: medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: 678-564-1162, Press 2

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: in.gov/fssa/hip
Phone: 1-877-438-4479
All other Medicaid
Website: in.gov/medicaid
Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: dhs.iowa.gov/hawki
Hawki Phone: 1-800-257-8563
HIPP Website: dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: kancare.ks.gov
Phone: 1-800-792-4884
HIPP Phone: 1-800-766-9012

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website: chfs.ky.gov/agencies/dms/member/pages/kihipp.aspx
Phone: 1-855-459-6328
Email: kihipp.program@ky.gov
KCHIP Website: kidshealth.ky.gov/pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid
Website: medicaid.la.gov or ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Website: mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid
Website: mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739

MISSOURI – Medicaid
Website: dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid
Website: dphhs.mt.gov/montanahealthcareprograms/hipp
Phone: 1-800-694-3084
Email: hhshippprogram@mt.gov

NEBRASKA – Medicaid
Website: accessnebraska.ne.gov
Phone: 855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA - Medicaid
Website: dhcfp.nv.gov
Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website: state.nj.us/humanservices/dmahs/clients/medicaid
Medicaid Phone: 609-631-2392
CHIP Website: njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: health.ny.gov/health_care/medicaid
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: medicaid.ncdhhs.gov
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid
Website: healthcare.oregon.gov/pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: dhs.pa.gov/services/assistance/pages/hipp-program.aspx
Phone: 1-800-692-7462
CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)
CHIP Phone: 1-800-986-5437

RHODE ISLAND – Medicaid & CHIP
Website: eohhs.ri.gov
Phone: 855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
Website: scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: medicaid.utah.gov
CHIP Website: health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT– Medicaid
Website: dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: hca.wa.gov
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid
Website: dhhr.wv.gov/bms
mywvhipp.com
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-699-8447

WISCONSIN – Medicaid and CHIP
Website: dhs.wisconsin.gov/
badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: health.wyo.gov/healthcarefin/
medicaid/programs-and-eligibility
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Services
Employee Benefits Security Administration
dol.gov/agencies/ebsa
866-444-3272

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
cms.hhs.gov
877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.12% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your Summary Plan Description or contact your medical insurer.

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

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

PART B: Information About Health Coverage Offered by Your Employer

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

Employer Name: City of Cedar Park
Employer Identification Number (EIN): 74-6186008
Employer Phone Number: 512.401.5022
Employer Address: 450 Cypress Creek Road,
Cedar Park, Texas 78613
Email Address: **hr@cedarparktexas.gov**

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
- Some employees. Eligible employees are full-time employees and employees who work an average of 30 hours per week.
- With respect to dependents:
- We do offer coverage. Eligible dependents are spouses/ domestic partners and children.

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

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

Notice of Availability of HIPAA Privacy Notice

Under the Health Insurance Portability and Accountability Act (HIPAA) health plans are required to provide covered individuals with a Privacy Notice that describes, among other things, the uses and disclosures of protected health information that may be received by the plans, your rights regarding that information and the plan's responsibilities.

The City of Cedar Park Group Health Plan (Plan) maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact:

Please contact us for more information:

HIPAA Privacy Officer
450 Cypress Creek Road, Cedar Park, Texas 78613
512.401.5022
hr@cedarparktexas.gov

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll Free: 1-877-696-6775

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450 Cypress Creek Rd.,
Cedar Park, Texas 78613