

City of Leander

2024 BENEFITS GUIDE



Edith Bergman, Account Executive

First Financial Group of America

<https://ffbenefits.ffga.com/cityofleander>



Belinda Medellin

512-528-2706

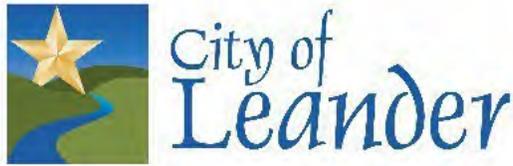
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This guide contains a summary of the benefits offered by your employer. If there is a conflict between the terms of this outline of benefits and the actual contracts, the terms of the contracts will prevail.

CONTACT INFORMATION



CITY OF LEANDER

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FIRST FINANCIAL GROUP OF AMERICA

Edith Bergman, Account Executive

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CONTACTS

BENEFIT	CARRIER/GROUP #	WEBSITE	PHONE
Medical	BCBS TX / PPO 315854 BCBS TX /HDHP 315872	www.bcbstx.com	800.521.2227
Virtual Visits	MD Live	www.MdLive.com/bcbstx.com	888.680.8646
24/7 Nurse Line	BCBS TX	www.bcbstx.com	800.581.0393
Prescription Drugs	Prime Therapeutics	www.MyPrime.com	855.457.0007
Prescription Drug Savings	CleverRX	https://partner.cleverrx.com/ffga	800.873.1195
Health Savings Account	A+ Federal Credit Union	www.aplusfcu.org	800.252.8148
Flexible Spending Account	FFGA	www.ffga.com	866.853.3539
Dental	BCBS TX / 315885	www.bcbstx.com	800.521.2227
Vision	BCBS TX / 1023239	www.Eyemedvisioncare.com/bcbstxvis	855.556.8796
Basic Life and AD&D Voluntary Life and AD&D	The Hartford	www.TheHartford.com	888.563.1124
Permanent Life Insurance	Texas Life Insurance	www.texaslife.com	800.282.9233
Short & Long Term Disability	BCBS	www.bcbstx.com	877.442.4207
Hospital Indemnity	Aetna	www.myaetnasupplemental.com	800.607.3366
Cancer	American Fidelity	www.americanfidelity.com	800.662.1113
Critical Illness	Aflac	www.aflacgroupinsurance.com	800.433.3036
Accident	Aflac	www.aflacgroupinsurance.com	800.433.3036
Employee Assistance Program	Alliance Work Partners	www.awpnw.com	800.343.3822

EMPLOYEE BENEFITS CENTER

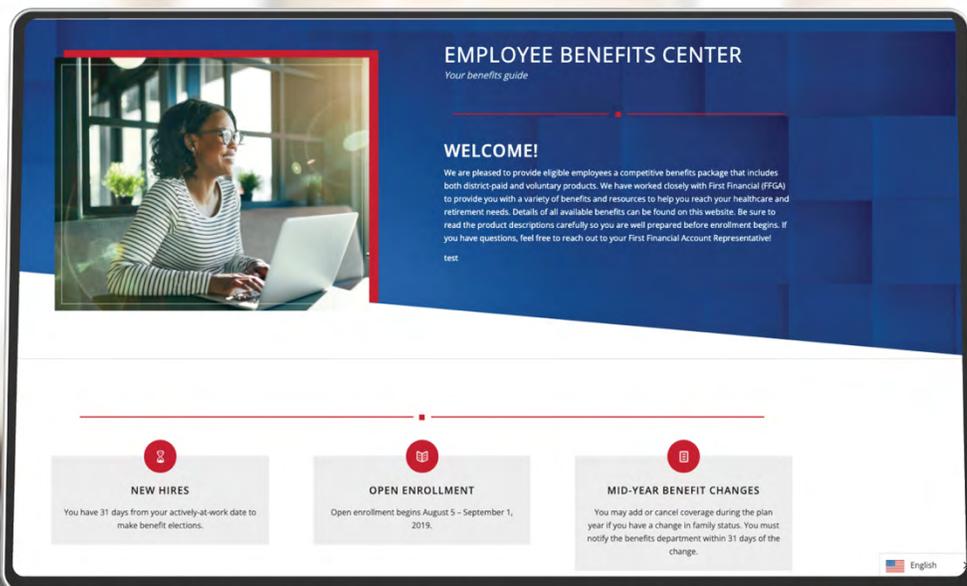
YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

City of Leander and First Financial are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer, as well as find claims, important phone number, and enrollment information.

There's no need to register for site access. Simply type the URL below into your browser and you will be directed to your Employee Benefits Center.

<https://ffbenefits.ffga.com/cityofleander>

El Centro de Beneficios esta disponible en español! Para ver esta página en español, haga clic en el botón en la esquina inferior a la derecha de la página.



HOW TO ENROLL

TWO WAYS TO ENROLL

During open enrollment, you can enroll online or on-site with your First Financial Account Representative.

ONLINE ENROLLMENT

To begin online enrollment, visit <https://ffga.benselect.com/Enroll/login.aspx>.

LOGIN

- **Login:** Your Social Security Number (no dashes)
- **PIN (first login only):** The last four digits of your Social Security Number and the last two digits of the year you were born (six digits total)
- **New PIN:** The first time you log in you will be required to change to a new PIN. Please note your new PIN because you will use the new PIN from that point forward.

VIEW CURRENT BENEFITS

After logging in, you will arrive at the welcome screen. Your current benefits and premium deductions will be listed on this screen.

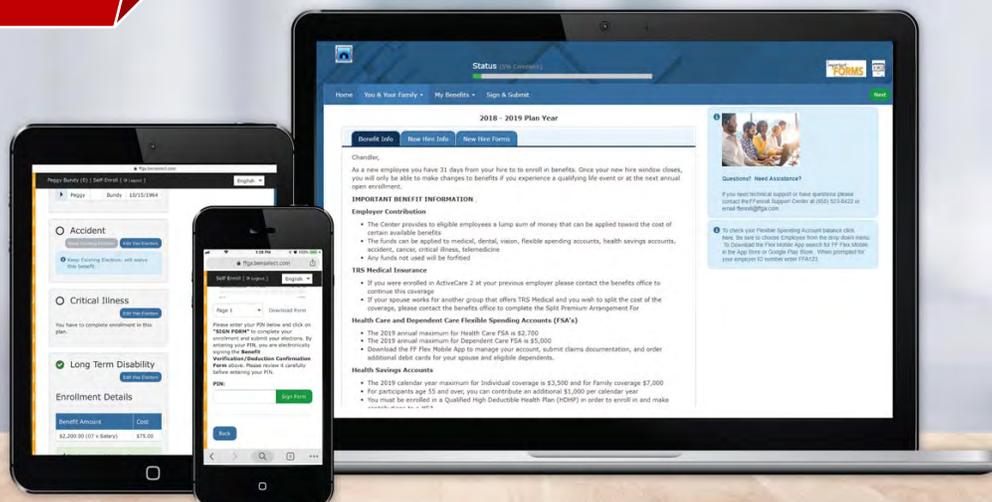
VIEW/ADD DEPENDENTS

Click next to view your dependents. It is very important to make sure the social security numbers and birth dates listed are correct. If you plan to add dependents, you will need to enter their social security numbers and birth dates.

BEGIN ELECTIONS

Click next again to begin making your benefit elections. Remember, no changes to your elections can be made during the plan year unless you have either a qualified mid-year change under Section 125 or a special enrollment event.

Enroll Online on
your computer,
phone, or tablet!



ON-SITE ENROLLMENT

When it's time to enroll in your benefits, your First Financial Account Representative will be on-site to assist you with making your elections.

ON-SITE OPEN ENROLLMENT MEETINGS

DATE	TIME	LOCATION
Tuesday, October 31	10 a.m.	Public Works Break Room, 607 Municipal Drive, Leander, 78641
Tuesday, October 31	1:30 p.m.	Public Works Break Room, 607 Municipal Drive, Leander, 78641
Wednesday, November 1	1:30 p.m.	Pat Bryson Municipal Room, 201 N Brushy Street, Leander, 78641
Thursday, November 2	10 a.m.	Pat Bryson Municipal Room, 201 N Brushy Street, Leander, 78641



ELIGIBILITY

ELIGIBILITY

Eligible employees must be actively at work on the plan effective date for new benefits to be effective.

NEW EMPLOYEES

You have 31 days from your hire date to make benefit elections.

EXISTING EMPLOYEES

During open enrollment, your First Financial Account Representative will be available to assist you with making your elections. Your elections can be made anytime during annual enrollment online from your work or home computer. Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the Employee Benefits Center.

MID-YEAR BENEFIT CHANGES

You may add or cancel coverage during the plan year if you have a change in family status. You must notify the HR department as soon as possible but no later than 31 days of the change.

DECLINING COVERAGE

If you are eligible for benefits, but wish to DECLINE coverage, please complete the online enrollment either on your work or home computer. Under each option, you will need to select “waive.” **You must still complete the beneficiary information.**

What Constitutes a Qualifying Life Event?

Qualifying Life Event	Benefits Allowed to Change								Documentation
	Medical	Dental	Vision	Supp. EE Life	Vol. Sp. Life	Vol. Child Life	Dep. Care	Flex Spending Acct.	
Change in marital status: - Marriage - Divorce or Annulment - Legal Separation - Domestic Partner Dissolution - Death of Spouse	✓	✓	✓		✓		✓	✓	<ul style="list-style-type: none"> • Marriage Certificate • Divorce Decree • Final Court Document • Notarized Statement of Disenrollment • Death Certificate
Change in the number of dependents: - Birth - Adoption - Guardianship of a Child - Death of a Dependent	✓	✓	✓			✓	✓	✓	<ul style="list-style-type: none"> • Birth Certificate, Hospital Announcement Adoption Agreement • Court Decree for Guardianship • Death Certificate
Dependent Becomes Eligible	✓	✓	✓	✓	✓	✓	✓	✓	Provide Name, Social Security Number, and Date of Birth for dependents
Dependent Loses Other Coverage	✓	✓	✓				✓	✓	<ul style="list-style-type: none"> • Proof of Loss of Coverage, such as termination letter • Certificate of Creditable Coverage
Dependent Gains Other Coverage	✓	✓	✓				✓	✓	Proof of Coverage with start date of benefits and name(s) of covered dependents
A change in Employee's, spouse's, or dependent's work hours (including a switch between full and part-time status)	✓	✓	✓				✓	✓	Proof of loss of Coverage due to employment status change, such as a Certificate of Creditable Coverage or letter from the company
Change in Dependent Care Costs							✓		Letter from your Day Care Provider
Court Ordered Dependent, add or drop from coverage	✓	✓	✓			✓	✓	✓	Contact Human Resources

You MUST contact Human Resources if you have a Qualifying Life Event (QLE) so eligible changes can be made before the deadline. IRS regulations require that for enrollment due to the above QLE's a change form must be submitted within 30 days of that qualifying event. Requests received after the deadline will be denied and changes will not be made until the next open enrollment period.

SECTION 125 PLANS

SECTION 125 PLAN INFORMATION AND RULES

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.

HERE'S HOW IT WORKS

A Section 125 Plan reduces your taxes and increases your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. Plus, the plan is available to you at no cost, and you're already eligible – all you must do is enroll.

IS IT RIGHT FOR ME?

The savings you may experience with a Section 125 Plan are outlined in the example below. For instance, you could potentially take home about \$54 more each month if you participated in your employer's Section 125 Plan – that's a savings of \$840 a year!

You cannot change your benefit elections for the plan year unless the benefits office receives notification in writing within 31 days of the status change. If the benefits office is not notified within 31 days of the status change, no benefit change can be made until the next annual open enrollment.

IRS specified changes in family status include:

- Change in legal married status
- Change in number of dependents
- Termination or commencement of employment
- Dependent satisfies or ceases to satisfy dependent eligibility requirements
- Change in residence or worksite that affects eligibility for coverage

SECTION 125 PLAN SAMPLE PAYCHECK		
	WITHOUT S125	WITH S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Taxable Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Medicare (1.45%)	-\$29	-\$25
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,321	\$1,375

YOU COULD SAVE \$54 PER MONTH IN TAXES BY PAYING FOR YOUR BENEFITS ON A PRE-TAX BASIS!

**The figures in the sample paycheck above are for illustrative purposes only.*

MEDICAL

Preventative Care

In addition to services mandated by the health reform law, BlueCross BlueShield of Texas also applies preventive care services benefits to certain services above and beyond the health reform law's requirements including colorectal cancer screening using CT colonography, prostate-specific antigen (PSA) screening for prostate cancer, and mammography screening for all adult women. These extra services are marked below with an asterisk.*

All members:

- Yearly preventive care visits for adults (male* and female)
- All routine immunizations recommended by the Advisory Committee on Immunization Practices.

All members at an appropriate age and/or risk status:

- Colorectal cancer screening (including CT colonography*, fecal occult blood testing, screening sigmoidoscopy, and screening colonoscopy)
- Cholesterol and lipid disorders
- Certain sexually transmitted diseases screening including HIV
- Hepatitis C screening
- High blood pressure, diabetes and depression screening
- Lung cancer screening for those age 55 to 80 using low-dose computed tomography (CT) with prior authorization
- Screening and counseling in a primary care setting for alcohol or substance abuse, tobacco use, obesity, diet and nutrition

Women's health:

- Mammography screening (film and digital) for all adult women*
- Genetic screening and evaluation for the BRCA breast cancer gene
- Cervical cancer screening including pap smears for women age 21-65
- Counseling for cancer prevention strategies for women at high risk for breast cancer.
- Sexually transmitted diseases screening including gonorrhea, Chlamydia, syphilis and HIV

(Women's health continued)

- Iron-deficiency anemia, bacteriuria, hepatitis B virus and Rh incompatibility screening in pregnant women
- Breast-feeding counseling and promotion
- Osteoporosis screening (age 60 and older)*
- Counseling women at high risk of breast cancer for chemoprevention
- Breast-feeding support, supplies, and counseling, including costs for obtaining specified breast-feeding equipment from a network provider or national durable medical equipment supplier*
- Domestic violence screening and counseling
- FDA-approved contraception methods, sterilization procedures and contraceptive counseling
- Gestational diabetes screening for all pregnant women*
- HIV counseling and screening for all sexually active women
- Human papillomavirus DNA testing for all women 30 years and older
- Sexually transmitted infection counseling for all sexually active women annually
- Well-woman visits including preconception counseling and routine, low-risk prenatal care

Men's health:

- Prostate cancer screening for men (age 40 and older)*
- Abdominal aortic aneurysm screening in men (age 65-75) who ever smoked
- Human papillomavirus (HPV) vaccine for males age 9-26

Children:

- Newborn screening for hearing, thyroid disease, phenylketonuria and sickle cell anemia and standard metabolic screening panel for inherited enzyme deficiency diseases
- Counseling for fluoride use
- Major depressive disorders screening
- Vision screening
- Developmental/autism screening
- Lead and tuberculosis screening
- Obesity counseling

MEDICAL

Blue Cross Blue Shield of Texas | <https://www.bcbstx.com> | 1.800.521.2227

Network: Blue Choice

Group No. PPO 315854 / HDHP 315872

BlueCross BlueShield of Texas PPO Medical Plan

Rate Type	Total Monthly Premium	City Pays Per Month	Employee Pays Per Month	Employee Pays Per Pay-Period
EMPLOYEE ONLY	\$651.85	\$651.85	\$0	\$0
EMPLOYEE + SPOUSE	\$1,551.43	\$1,191.60	\$359.83	\$179.92
EMPLOYEE + CHILD(REN)	\$1,290.71	\$1,035.17	\$255.54	\$127.77
EMPLOYEE + FAMILY	\$1,968.63	\$1,441.92	\$526.71	\$263.36

BlueCross BlueShield of Texas HDHP Medical Plan

The City of Leander will contribute \$1,000 per plan year, or a pro-rated amount based on benefit effective date, into the employee HSA account.

Rate Type	Total Monthly Premium	City Pays Per Month	Employee Pays Per Month	Employee Pays Per Pay-Period
EMPLOYEE ONLY	\$479.26	\$479.26	\$0	\$0
EMPLOYEE + SPOUSE	\$1,140.66	\$945.14	\$195.52	\$97.76
EMPLOYEE + CHILD(REN)	\$948.97	\$830.12	\$118.85	\$59.42
EMPLOYEE + FAMILY	\$1,447.39	\$1,129.17	\$318.22	\$159.11



PPO PLAN COMPARISON

Blue Choice Medical Benefits	PPO IN-NETWORK	PPO OUT-OF-NETWORK
Annual Deductible Co-pays do not accumulate	\$1,500 Individual \$3,000 Family	\$6,000 Individual \$12,000 Family
Annual Out-of-pocket Maximum Includes deductible, co-insurance, co-pays, and Rx co-pays	\$6,000 Individual \$12,000 Family	\$12,000 Individual \$24,000 Family
Hospital Services - Inpatient	20% after deductible	40% after deductible
Emergency Room Treatment (Emergency Situation)	Facility: \$250 co-pay + 20% of allowable amount Physician: 20% after deductible	Facility: \$250 co-pay + 20% of allowable amount Physician: 20% after deductible
Urgent Care Center Services Additional services/supplies may incur additional fees	\$60 co-pay	40% after deductible
Physician Visits	Primary Care Physician: \$30 copay Specialists: \$50 copay	40% after deductible
Virtual Visits	\$30 co-pay	40% after deductible
Preventive Care Physician's Services Preventive Testing	100%	40% after deductible
Office & Outpatient Surgery	20% after deductible	40% after deductible
Diagnostic Lab and X-Ray - Outpatient	100%	40% after deductible
Major Diagnostic (CT, PET, MRI, MRA and Nuclear Medicine)	Unlimited	Unlimited
Prescription Drug Program (Prime) Retail - 31 day supply Generic Preferred Brand Name Non-Preferred Brand Name Mail Order - 90 day Supply	\$10 copay \$35 copay \$60 copay 2.5 x retail copay	20% of allowable amount minus copay

Medical cards will only show employee name even with covered dependents.

HDHP PLAN COMPARISON

Blue Choice Medical Benefits	HDHP IN-NETWORK	HDHP OUT-OF-NETWORK
Annual Deductible Co-pays do not accumulate	\$3,200 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family
Annual Out-of-Pocket Maximum Includes deductible, co-insurance, co-pays, and Rx co-pays	\$6,350 Individual \$12,700 Family	\$12,700 Individual \$25,400 Family
Hospital Services - Inpatient	20% after deductible	40% after deductible
Emergency Room Treatment (Emergency Situation) Facility & Physician	20% after deductible	40% after deductible
Urgent Care Center Services Additional services/supplies may incur additional fees	20% after deductible	40% after deductible
Physician Visits Primary Care Physician & Specialist	20% after deductible	40% after deductible
Virtual Visits – MDLive	20% after deductible	40% after deductible
Preventive Care Physician's Services Preventive Testing	100%	40%
Office & Outpatient Surgery	20% after deductible	40% after deductible
Diagnostic Lab and X-Ray - Outpatient	100%	40% after deductible
Major Diagnostic (CT, PET, MRI, MRA and Nuclear Medicine)	20% after deductible	40% after deductible
Prescription Drug Program (Prime) Retail - 31 day supply Generic Preferred Brand Name Non-Preferred Brand Name Mail Order - 90 day supply	 \$10 copay \$35 copay \$60 copay 2.5 x retail copay	 \$10 copay \$35 copay \$60 copay 2.5 x retail copay

Medical cards will only show employee name even with covered dependents.

MEDICAL

Make the Most of Your Blue Cross and Blue Shield of Texas Plan.

Now that you have your Blue Cross and Blue Shield of Texas (BCBSTX) plan, here are some tips to help you make the most of your health coverage this year.

Knowledge is key.

• Know What's Covered

- Keep this book handy
- Check your plan when you schedule visits, tests or procedures

• Know Where to Go

- Remember, you may save time and money by visiting retail clinics and urgent care centers when it's not an emergency
- Go to the nearest ER for serious injuries or illnesses, and life-threatening symptoms

• Know the Costs

- Deductibles
- Copays and/or coinsurance
- Out-of-pocket maximum



Visit bcbstx.com/insurance-basics for more details.

Blue Access for MembersSM (BAMSM)

The gateway to help manage your personal health information.



Log in and look.

Go Paperless: Choose to receive paperless Explanation of Benefits (EOB) and other policy documents

You can also:

- Find doctors and hospitals
- Print a temporary ID card
- Order a replacement ID card
- View your benefits
- Check your claims
- View and pay premiums
- Use our online tools



Registering for your BAM account is easy

1. Visit bcbstx.com/member
2. Select "Log In To My Account" from the large center banner
3. Select "Register Now"
4. Use the information on your member ID card, your ZIP Code and your email address to complete the registration process

* Note: BCBSTX makes no representation or warranty with respect to the accuracy or completeness of information on BAM. The information on BAM is based on information provided by you and claims received by BCBSTX, which information has not been independently verified.



Download the BCBSTX App

Carry your health plan with you wherever you go:

- Look up your member ID
- Find providers in your network
- Check your benefits
- Track your claims

To download the app, go to Google PlayTM, Windows^{OS} Store or the App StoreSM or text** BCBSTX to 33633.

** Message and data rates may apply. Terms and conditions and privacy policy at bcbstx.com/mobile/text-messaging.

PRESCRIPTION DRUG LIST (PDL)

BCBSTX Prescription Drug List (PDL)



Your easy-to-use pharmacy benefit website

Manage all of your prescription medicine needs at MyPrime.com, including AllianceRx Walgreens Prime. Start by registering using the information on your member ID card.



Use your computer, tablet or even your mobile phone to:

- Switch a prescription to AllianceRx Walgreens Prime home delivery — you'll save time by getting up to a 90-day supply delivered anywhere in the U.S., with free standard shipping.
- Easily request a refill of a current medicine.
- Renew a prescription if it has expired, or if you have no more refills available.
- Quickly locate the closest in-network pharmacies, and see real-time prices.



Find and compare medicines — including the price

One click provides all relevant medicine information including:

- Learn about different medicines, including generic drugs that can save you money.
- Select and compare drugs by price across different pharmacies.
- See if a drug is on your health plan's formulary (the list of covered drugs) or if there are any special requirements.
- Check for harmful interactions between different drugs.



Questions?

Click the "Contact Us" link on MyPrime.com. Or, for questions about your pharmacy benefit, please call the phone number on the back of your member ID card.

Your info *your way*

Set your communication preference and receive communications in your preferred language. You can choose email, letters, phone calls or text messages.

CLEVER RX

Clever RX | <https://partner.cleverrx.com/ffga> | 1.800.873.1195

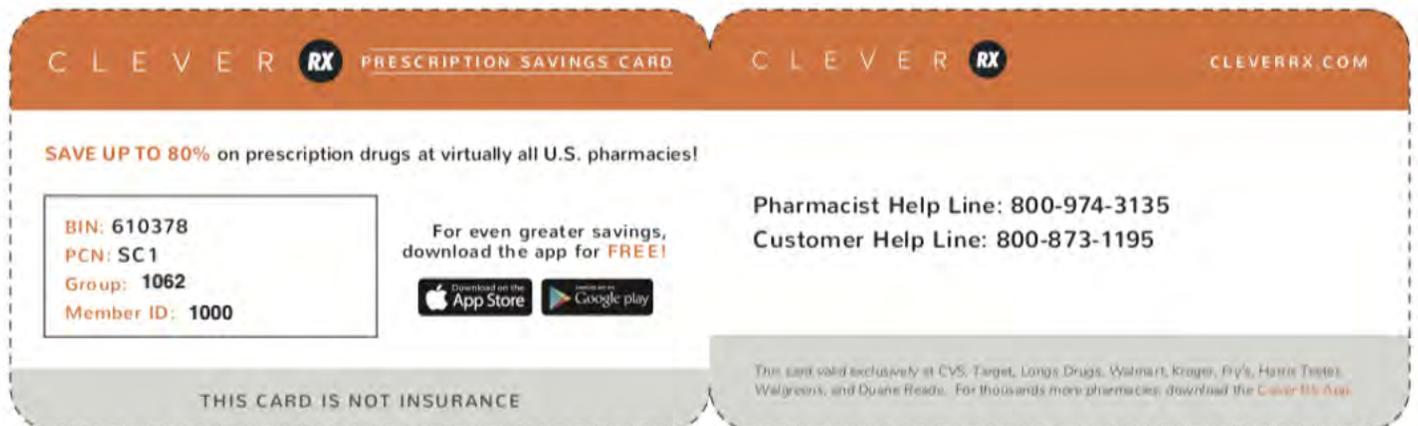
Clever RX is another option to save on prescriptions and is not affiliated with BCBSTX or myprime.com

Clever RX helps you save money by using a prescription drug savings card. They partner with the healthcare community to bring state-of-the-art, money-savings tools to participants. It helps you save up to 80% off prescriptions drugs and often beats the average copay. Plus, it's completely free. Thanks to Clever RX, you will never overpay for prescriptions again!

HIGHLIGHTS

- 100% FREE to use.
- Unlock discounts on thousands of medications.
- Save up to 80% on prescription medication – Often beats your copay!
- Download the Clever RX app by using the information on your card below to unlock exclusive savings at over 60,000 pharmacies nationwide.
- Available to use now!

Use Clever RX every time you pay for a medication for instant savings! Download the app or visit the site to price a drug: <https://partner.cleverrx.com/ffga>.



MEDICAL

RX Special Requirements, GeoBLUE, Well on Target

Doctor's orders: Some medicines on the drug list have special requirements.



What do I have to do to get my prescription?

Prior Authorization

Sometimes prior approval is needed before a drug may be covered.

- Your doctor will need to submit a prior authorization request to BCBSTX.

Step Therapy

Some drugs may not be covered unless you try another preferred drug first.

- Ask your doctor if the preferred drug is right for you or have your doctor submit a prior authorization request for your other drug to BCBSTX.

Quantity Limits

There may be dispensing limits on certain medicines. For example, a medication taken twice daily may be limited to 60 tablets for 30 days.

- If your doctor thinks you need more than the dispensing limit, he or she will need to ask for an override authorization from BCBSTX.



Your doctor can call **800-289-1525** with questions or to ask for any forms.

You Can Buy Travel Coverage

GeoBlue[®]* offers:

- Health care coverage when you travel the world.
- Access to English-speaking, Western-trained providers and hospitals in more than 190 countries.
- Global health coordinators to schedule doctor appointments and follow-up care.



Ask your independent, authorized BCBSTX agent or go to

bcbstx.com/go/geoblue to learn more.

Well onTarget[®]

Motivation and guidance for your health and wellness journey.

Whether you want to make a game plan, track your progress or get started on your journey, Well onTarget^{**} provides tools and resources to help guide you toward your health and wellness goals.



Make a plan and track your progress.



Take your health assessment today! It shows you where you stand with issues like:

- Activity level
- Nutrition
- Weight, blood pressure, cholesterol metrics
- Stress management
- Tobacco use

Resources include:

- Online courses on topics related to wellness goals identified by your health assessment
- Health trackers to track your progress toward wellness goals identified by your health assessment
- A Blue PointsSM reward program^{***}
 - The more you use the program, the more you earn
 - Redeem points for discounts on a wide range of products



Learn more at wellontarget.com.

* GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association. GeoBlue is the administrator of coverage provided under insurance policies issued by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross Blue Shield Association.

** Well onTarget is an informational resource provided to members and is not a substitute for the independent medical judgment of a health care provider. Members are instructed to consult with their health care provider before beginning their journey toward wellness.

*** Blue Points program rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

MEDICAL

Blue365[®]

Save with the member discount program.

Blue365 is just one more advantage of being a BCBSTX member. Save money on health and wellness products and services that often are not covered by your benefit plan. There are no claims to file and no referrals or pre-certifications.



Shop and save.



**Jenny Craig[®] | Seattle Sutton's[®] |
Nutrisystem[®] | Sun Basket**

Save on:

- Healthy meals
- Membership fees (if applicable)
- Nutritional products and services



Reebok | SKECHERS[®]

- 20% off and free shipping
- Select Reebok athletic equipment for adults and kids
- Select SKECHERS Performance, Sport, Work and Corporate Casual styles



EyeMed | Davis Vision

- Save on eye exams, eyeglasses, contact lenses and accessories
- Access to national and regional retail stores
- Access to local eye doctors
- Possible savings on laser vision correction



Dental SolutionsSM Discount Program

- \$9.95 sign-up and \$6 monthly fee
- Dental discount card
- Up to 50% discount at more than 61,000 dentists and 185,000 locations across the country



RetrofitSM | Fitbit[®]

- 15% off private Expert 10 and Expert 15 weight loss coaching programs
- Private coaching
- Food and activity logging
- Seamless integration with activity trackers and wireless scales
- 18% off select Fitbit devices



TruHearing[®] | BeltoneTM

Save on:

- Hearing tests
- Hearing aids



Snap FitnessTM

- 50% discount off the best current enrollment offer (no processing fees)
- 5% discount off monthly dues
- Up to five personal training sessions for 10% off
- Free online workout tools
- One month online nutrition and meal planning
- Free fitness tests twice a year
- 30-day trial for \$8.95



Log in to BAM and click on "Member Discount Program" under "Quick Links," or visit Blue365Deals.com/BCBSTX.

Once you sign up, weekly "Featured Deals" will be emailed to you. These deals offer special savings for a short period of time.

Value-added products and services may be discontinued or changed at any time and may be subject to geographical availability.

The relationship between these vendors and Blue Cross and Blue Shield of Texas (BCBSTX) is that of independent contractors.

Blue365 is a discount program only for BCBSTX members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Please check your Benefit Book or call the Customer Service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change your monthly payment, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors who take part in this program. BCBSTX does not guarantee or make any claims or recommendations about the program's services or products. You may want to talk to your doctor before using these services and products. BCBSTX reserves the right to stop or change this program at any time without notice.

HEALTH SAVINGS ACCOUNTS

Participants in the City of Leander High Deductible Health Plan (HDHP) may be eligible to open an HSA at A+ Federal Credit Union.

An HSA is a tax-advantaged personal savings account that works in conjunction with a HDHP. Participants can pay for qualified medical expenses with tax-free dollars from their HSA. There is no 'use-it-or-lose-it' requirement, the account is portable and the balance plus earnings (from interest and/or investments) carries over year after year, all tax-free. If HSA monies are used for nonqualified medical expenses prior to age 65, a 20% penalty plus ordinary income tax must be paid to the IRS.

Eligibility Requirements:

- In order to open an HSA, you MUST meet the following requirements:
- Covered by City of Leander's HDHP Plan
- NOT covered by another health insurance plan that is not a qualified HDHP including:
 - A spouse's medical plan
 - Medicare
 - Tricare
 - Note: Does not apply to specific injury, accident, disability, dental care, vision care and/or long term care insurance plans.
- NOT participating in an employer-sponsored Flexible Spending Account (unless limited use)
- NOT claimed as a dependent on someone else's tax return
- Your spouse must also NOT participate in a Healthcare Flexible Spending Account. The Dependent Care FSA will not disqualify you from opening an HSA.

HSAs allow:

- Tax-free contributions by employer, employee or others
- Tax-free growth of interest or investment earnings
- Tax-free distributions of principal and interest to pay for qualified medical expenses
- Accumulation of unused funds and portability between employers. No "Use it or Lose it" rules. Portable from employer to employer and across state lines.
- Flexible use – You choose whether or when to use the account for health expenses, now or after employment.

In addition to paying for current expenses, funds can be used to pay for:

- COBRA premiums
- Long-term Care premiums
- Out-of-Pocket expenses for Medicare
- Medical insurance during unemployment
- Services not covered under a future health plan

If you are covered under the qualified HDHP and meet the eligibility requirements you may open an HSA. HSA plans are intended to be used to pay for healthcare for the individual and covered dependents. Distributions from an HSA to pay for qualified medical expenses are not taxable.

Qualified health care expenses are expenses which are:

- Incurred for the individual, his/her spouse or a tax dependent;
- Eligible as defined in Internal Revenue Code Section 213(d) – generally defined as expenses for the diagnosis, cure, mitigation, treatment or prevention of disease;
- Not reimbursed by insurance or another health plan; and
- Not deducted on the individual's tax return.

Medical expenses that may be reimbursed through a HSA under IRS Code Section 213 include (but are not limited to) the following:

- Deductible payments;
- Coinsurance payments;
- Dental care not provided through another health insurance plan;
- Prescription drugs;
- Emergency ambulance service;
- Chiropractic services;
- Eyeglasses and/or contact lenses;
- Hearing devices;
- Psychiatric care;
- Psychologists' fees;
- Acupuncture
- Over the Counter Drugs can be reimbursed from the HSA as long as they meet the criteria set out in Internal Revenue Code Section 213(d) and you have a prescription on file for the medication.



Must be enrolled
In the HDHP to
have an HSA

HEALTH SAVINGS ACCOUNTS

Contributing to your HSA

When you participate in an HSA, you set aside money to pay for eligible out-of-pocket expenses. Money can be contributed to your HSA by you and the City of Leander contribution. The IRS calendar year (January 1- December 31) contribution maximums (including employer contributions) are:

Maximum 2023 (calendar year) Contribution:

- \$3,850 for Employee Only
- \$7,750 for Employee + Spouse, Employee + Child(ren), Employee + Family
- \$1,000 Catch Up Contribution for Employees age 55 and up

Maximum 2024 (calendar year) Contribution:

- \$4,150 for Employee Only
- \$8,300 for Employee + Spouse, Employee + Child(ren), Employee + Family
- \$1,000 Catch Up Contribution for Employees age 55 and up

If you are age 55 or older, you can make an additional contribution amount of \$1,000. The HSA cannot receive contributions after the individual has enrolled in Medicare. For the most current HSA contribution information, please go to the U.S. Dept. of Treasury web site at <http://www.ustreas.gov/offices/public-affairs/hsa>.

Note for Newly Eligible and Partial Year Participants:

If you become newly eligible to contribute to an HSA during the year, you may contribute the maximum contribution for the year (without incurring taxes or a penalty on the amount of the contribution) provided you continue to remain eligible for a 13 month period beginning December 1st of the year in which you become eligible and ending on December 31st of the following year.

If you do not remain eligible for a 13 month period shown above, your excess contributions will be subject to federal income tax and may be subject to the 6% excise tax. Please contact your tax advisor for assistance determining if your partial year contributions will be subject to taxes and penalties.

As a general rule, to meet IRS eligibility, stay on the HDHP/HSA for 2 open enrollment cycles.

Using your HSA

You will set up an account at A+ Federal Credit Union in Leander, which will include a debit card to use for eligible purchases. With an HSA, your contributions, earnings and eligible withdrawals are all tax-free. As long as your withdrawals are used to pay for qualified health care expenses, you won't pay taxes. Contributions that the City of Leander makes to your HSA are yours. There are no vesting requirements or forfeiture provisions. Unlike flexible spending accounts, HSAs do not have a 'use it or lose it' requirement. Your account balance rolls over from year to year and will earn interest tax-free.

Tax Filing

You will receive a 1099SA and a 5498SA from your HSA Fund Manager Institution and will be required to file Form 8889 with your annual tax return. Please see your tax advisor if you have any questions.

Employer Contributions

City of Leander contributes \$42.50 semi monthly to Employee's HSA for current employees which totals \$1020.00. This amount does count towards your maximum contribution (calendar year).

HSA CONTRIBUTIONS			
	EMPLOYER CONTRIBUTION	EMPLOYEE MAX CONTRIBUTION	COMBINED MAX
INDIVIDUAL <55	\$1,020	\$3,130	\$4,150
INDIVIDUAL >55	\$1,020	\$3,130*	\$5,150
FAMILY <55	\$1,020	\$7,280	\$8,300
FAMILY >55	\$1,020	\$7,280*	\$9,300

*Includes the \$1,000 Catch Up Contribution

You are responsible for the eligibility of all items and keeping receipts for tax purposes.

Not all expenses that are qualified health care expenses under the HSA count towards the satisfaction of the calendar year deductible.



Must be enrolled
In the HDHP to
have an HSA

FLEXIBLE SPENDING ACCOUNTS

First Financial Administrators, Inc. | www.ffga.com | 1.866.853.3539
P.O. Box 161968 | Altamonte Springs, FL 32716

MEDICAL FSA

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. Your employer has chosen the \$610 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$610 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$610 will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2024 is \$3,050.

Your minimum contribution amount is \$300.

HIGHLIGHTS

- Contributions are automatically deducted from your paycheck on a pre-tax basis, which helps reduce your taxable income and increase your spendable income.
- Your full election will be available to you at the beginning of the plan year.
- Be conservative – any money left in your account at the end of the plan year will be forfeited.
- Use your benefits card to pay for qualified expenses upfront without spending money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

NOTE: The IRS requires proof that all expenses are eligible. Keep all receipts in case you need to substantiate a claim for tax purposes. Your receipt must include the date of purchase or service, amount you were required to pay after insurance, description of the product or service, merchant or provider name, and the patient's name.

DEPENDENT CARE FSA

With a Dependent Care Flexible Spending Account, you can set aside part of your pay on a pre-tax basis to pay for eligible dependent care expenses like childcare, babysitters, and adult day care.

You may allocate up to \$5,000 per tax year for reimbursement of dependent care services.

If you are married and file a separate tax return, the limit is \$2,500.

HIGHLIGHTS

- Eligible dependents must be claimed as an exemption on your tax return.
- Eligible dependents must be children under age 13 or an adult dependent incapable of self-care.
- Funds become available as contributions are made to your account.
- Keep all receipts in case you need to substantiate a claim for tax purposes.
- Balances will be forfeited at the end of the runoff or grace period.

FSA & HSA RESOURCES

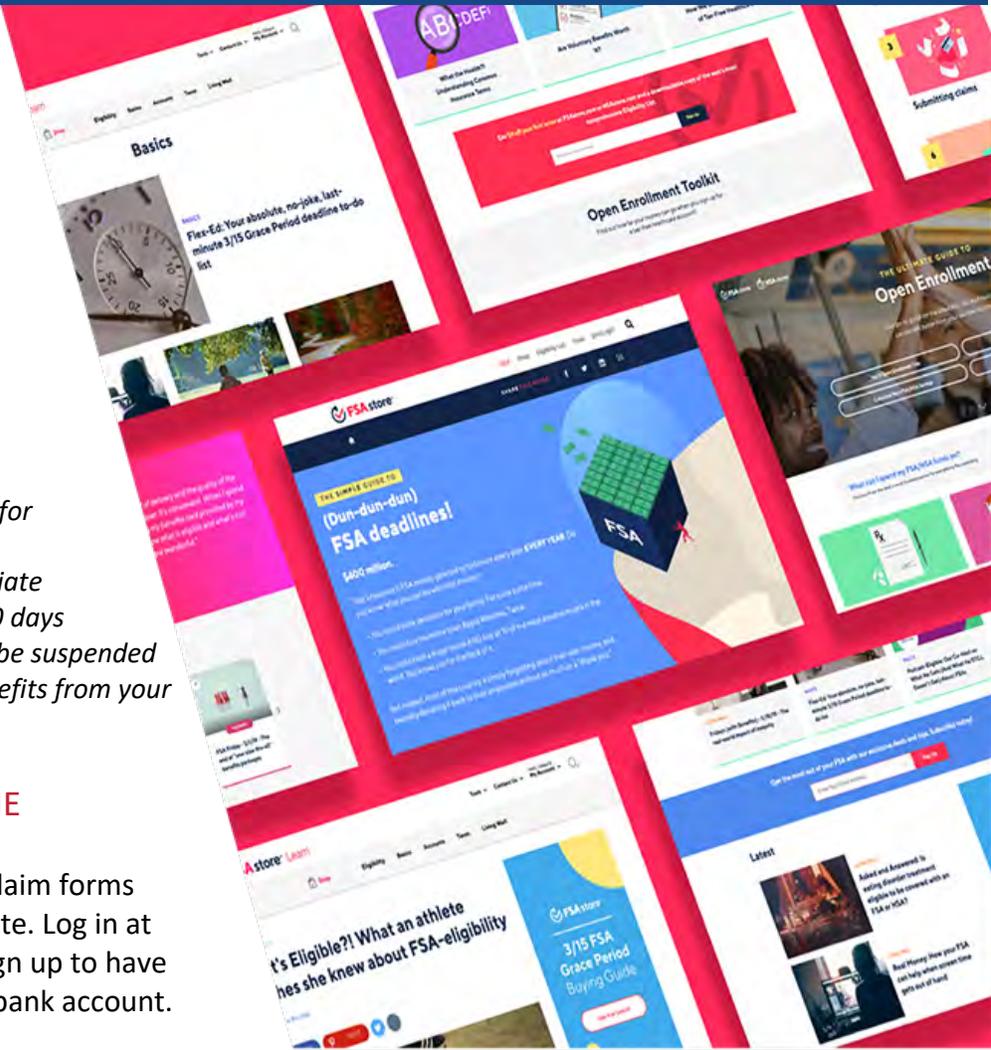
BENEFITS CARD

The First Financial Benefits Card is available to all employees that participate in a Medical FSA and/or a Dependent Care FSA. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse and any eligible dependents who are at least 18 years old.

The IRS requires validation of most transactions for FSAs. You must submit receipts for validation of expenses when requested. If you fail to substantiate by providing a receipt to First Financial within 60 days of the purchase or date of service your card will be suspended until the necessary receipt or explanation of benefits from your insurance provider is received.

VIEW YOUR ACCOUNT DETAILS ONLINE

Sign up to view your account balance, find claim forms and check claims status on our secure website. Log in at www.ffga.com. After you log in, you may sign up to have reimbursements directly deposited to your bank account. View the [Portal Log-in Guide](#) now!



FF MOBILE ACCOUNT APP

With the FF Mobile Account App, you can submit claims, view account balance and history, check claims status, view alerts, upload receipts and documentation and more! The FF Mobile Account App is available for Apple® and Android™ devices on either the App Store™ or Google Play Store™. View the FF Mobile Account App [User Guide](#) and [Quick Reference Guide](#).

FSA & HSA STORE

First Financial has partnered with the FSA and HSA Store to bring you an easy-to-use online store to better understand and manager your account. You can shop for eligible medical items like bandages and contact solution, browse for products and services using the Eligibility List and visit the Learning Center to find answers to commonly asked questions. Visit the store at <http://www.ffga.com/individuals/#stores> for more details and special deals.



ELIGIBLE MEDICAL EXPENSES FOR HSA/FSA ACCOUNTS

DEDUCTIBLE MEDICAL EXPENSES

- Abdominal supports
- Abortion
- Acupuncture
- Air conditioner (when necessary for relief from difficulty in breathing)
- Alcoholism treatment
- Ambulance
- Anesthetist
- Arch supports
- Artificial limbs
- Autoeette (when used for relief of sickness/disability)
- Birth Control Pills (by prescription)
- Blood tests
- Blood transfusions
- Braces
- Cardiographs
- Chiropractor
- Christian Science Practitioner
- Contact Lenses
- Contraceptive devices (by prescription)
- Convalescent home (for medical treatment only)
- Crutches
- Dental Treatment
- Dental X-rays
- Dentures
- Dermatologist
- Diagnostic fees
- Diathermy
- Drug addiction therapy
- Drugs (prescription)
- Elastic hosiery (prescription)
- Eyeglasses
- Fees paid to health institute prescribed by a doctor
- FICA and FUTA tax paid for medical care service
- Fluoridation unit
- Guide dog
- Gum treatment
- Gynecologist
- Healing services
- Hearing aids and batteries
- Hospital bills
- Hydrotherapy
- Insulin treatment
- Lab tests
- Lead paint removal
- Legal fees
- Lodging (away from home for outpatient care)
- Metabolism tests
- Neurologist
- Nursing (including board and meals)
- Obstetrician
- Operating room costs
- Ophthalmologist
- Optician
- Optometrist
- Oral surgery
- Organ transplant (including donor's expenses)
- Orthopedic shoes
- Orthopedist
- Osteopath
- Oxygen and oxygen equipment
- Pediatrician
- Physician
- Physiotherapist
- Podiatrist
- Postnatal treatments
- Prenatal care
- Prescription medicines
- Psychiatrist
- Psychoanalyst
- Psychologist
- Psychotherapy
- Radium Therapy
- Registered nurse
- Special school costs for the handicapped
- Spinal fluid test
- Splints
- Sterilization
- Surgeon
- Telephone or TV equipment to assist the hard-of-hearing
- Therapy equipment
- Transportation expenses (relative to health care)
- Ultra-violet ray treatment
- Vaccines
- Vasectomy
- Vitamins (if prescribed)
- Wheelchair
- X-rays

ELIGIBLE OVER-THE-COUNTER DRUGS

- Antacids
- Allergy Medications
- Pain Relievers
- Cold medicine
- Anti-diarrhea medicine
- Cough drops and throat lozenges
- Sinus Medications and Nasalsprays
- Pedialyte
- First aid creams
- Calamine lotion
- Wart removal medication
- Antibiotic ointments
- Suppositories and creams for hemorrhoids
- Sleep aids
- Motion sickness pills

DEDUCTIBLE MEDICAL EXPENSES

- Advancement payment for services to be rendered next year
- Athletic Club membership
- Automobile insurance premium allocable to medical coverage
- Boarding school fees
- Bottled Water
- Commuting expenses of a disabled person
- Cosmetic surgery and procedures
- Cosmetics, hygiene products and similar items
- Funeral, cremation, or burial expenses
- Health programs offered by resort hotels, health clubs, and gyms
- Illegal operations and treatments
- Illegally procured drugs
- Maternity clothes
- Non-prescription medication
- Premiums for life insurance, income protection, disability, loss of limbs, sight or similar benefits
- Scientology counseling
- Social activities
- Special foods and beverages
- Specially designed car for the handicapped other than an autoeette or special equipment
- Stop-smoking programs
- Swimming pool
- Travel for general health improvement
- Tuition and travel expenses a problem child to a particular school
- Weight loss programs

INELIGIBLE OVER-THE-COUNTER DRUGS

- Toiletries (including toothpaste)
- Acne treatments
- Lip balm (including Chapstick or Carmex)
- Cosmetics (including face cream and moisturizer)
- Medicated shampoos and soaps
- Vitamins (daily)
- Fiber supplements
- Dietary supplements
- Suntan lotion
- Weight loss drugs for general well being
- Herbs

Visit [FSAStore.com](https://www.FSAStore.com)

For a complete list of eligible expenses please see IRS Publication

You can find the prescription drug list by logging into myprime.com.



DENTAL INSURANCE

Blue Cross Blue Shield of Texas | www.bcbstx.com | 1.800.521.2227

Taking care of your oral health is not a luxury, it is a necessity to long-term optimal health. Dental insurance can greatly reduce your costs when it comes to preventative, restorative, and emergency procedures. Review the plan benefits to see which option is best for you and your family's dental needs. A range of procedures may be covered, such as:

BCBSTX Dental - Base Plan				
Rate Type	Total Monthly Premium	City Pays Per Month	Employee Pays Per Month	Employee Pays Per Pay-Period
EMPLOYEE ONLY	\$11.73	\$11.73	\$0	\$0
EMPLOYEE + SPOUSE	\$19.80	\$16.57	\$3.23	\$1.61
EMPLOYEE + CHILD(REN)	\$30.01	\$22.70	\$7.31	\$3.66
EMPLOYEE + FAMILY	\$35.13	\$25.77	\$9.36	\$4.68

BCBSTX Dental – High Plan				
Rate Type	Total Monthly Premium	City Pays Per Month	Employee Pays Per Month	Employee Pays Per Pay-Period
EMPLOYEE ONLY	\$32.04	\$11.73	\$20.31	\$10.16
EMPLOYEE + SPOUSE	\$64.26	\$43.25	\$21.01	\$10.51
EMPLOYEE + CHILD(REN)	\$76.45	\$50.56	\$25.89	\$12.94
EMPLOYEE + FAMILY	\$108.65	\$69.88	\$38.77	\$19.38

BCBSTX Dental Benefits	Network: Blue Care	Network: National Options
Plan Types	PPO – Low	PPO-High
Type I – Preventative/Diagnostic Services	Employee pays 0% - no deductible (limited services)	Employee pays 0% - no deductible
Type II – Basic Restorative Services	Employee pays 50% after deductible	Employee pays 0% - after deductible (limited services)
Type III – Major Dental Services	Employee pays 80% after deductible	Employee pays 40% after deductible
Annual Deductible (waived for Type I)	\$50 Individual \$150 Family *Misc. preventative services deductible applies	\$50 Individual \$150 Family
Annual Maximum	\$750	\$1,000
Annual Carry over	Not Covered	\$300 per year, Limited to \$1,000
Orthodontics (deductibles waived) **Diagnostic procedures and treatment – employee pays 50%	Not Covered	\$2,000 lifetime maximum (Adults & Children)
Medical cards will only show employee name even with covered dependents.		

VISION INSURANCE

Blue Cross Blue Shield of Texas | Group No. 1023239 | www.eyemedvisioncare.com/bcbstxvis | 1.855.556.8796

Proper vision care is essential to your overall wellbeing. Regular eye exams at any age will help prevent eye disease and keep your vision strong for years to come.

Your employer provides you with a vision plan to take care of you and your family's needs. You must enroll in the vision plan each plan year and premiums are typically paid through payroll deduction. Here are just a few of the areas where you will save money with your plan:

- Eye exams
- Eyeglasses
- Contact lenses
- Eye surgeries
- Vision correction

BCBSTX Voluntary Vision Plan		
Rate Type	Employee Pays Per Month	Employee Pays Per Pay-Period
EMPLOYEE ONLY	\$8.08	\$4.04
EMPLOYEE + SPOUSE	\$15.36	\$7.68
EMPLOYEE + CHILD(REN)	\$16.15	\$8.08
EMPLOYEE + FAMILY	\$23.76	\$11.88



VISION INSURANCE



Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only.

Take a sneak peek before enrolling

- For a complete list of in-network providers near you, visit eyemedvisioncare.com/bcbstxvis or call 1.855.556.8796.
- For LASIK providers, call 1.877.5LASER6.

Summary of Vision Benefits

City of Leander

PLAN 5: 12/12/24/\$150		MS 600 V
Frequency		
Examination		Once every 12 months
Lenses or contact lenses		Once every 12 months
Frame		Once every 24 months
Contact lens eval/fitting		N/A
Vision Care Services		
	In-Network Member Cost	Out-of-Network Reimbursement*
Exam with dilation as necessary	\$10 copay	Up to \$30
Contact lens fit and follow-up	Up to \$40 for standard; 10% off retail price for premium	N/A
Frames		
Any available frame at provider location	\$0 copay, \$150 allowance, 20% off balance over \$150	Up to \$75
Standard Lenses		
Single vision	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$55
Lenticular	\$10 copay	Up to \$55
Standard progressive lens	\$75 copay	Up to \$40
Premium progressive lens	See table on page 2.	Up to \$40
Lens Options		
Tint (solid and gradient)	\$15	N/A
Scratch resistant coating	\$0	Up to \$5
Polycarbonate lenses	\$0 kids; \$40 adults	Up to \$5 kids
Ultraviolet coating	\$15	N/A
Anti-reflective coating	See table on page 2.	N/A
High index lenses	20% off retail	N/A
Polarized lenses	20% off retail	N/A
Photocromatic/transitions plastic	\$75	N/A
Contact Lenses (in lieu of spectacle lenses)		
Conventional	\$0 copay, \$150 allowance, 15% off balance over \$150	Up to \$120
Disposable	\$0 copay, \$150 allowance, plus balance over \$150	Up to \$120
Medically necessary	\$0 copay, paid-in-full	Up to \$210
Other		
Laser vision correction	15% retail price or 5% off promotional price	N/A
Additional pairs benefit	40% off purchase of complete pair of eyeglasses and a 15% off conventional contact lenses once the funded benefit has been used	N/A
Amplifon hearing discount	40% off hearing exams and low price guarantee on discounted hearing aids	N/A
Additional discounts	20% off non-covered items with limitations	N/A
Monthly Premium		
Employee		\$8.08
Employee + spouse		\$15.36
Employee + child(ren)		\$16.15
Employee + family		\$23.76

Eligibility: All active full-time employees as defined by your employer. Dependent coverage is available to age 26.

VISION INSURANCE

Summary of Benefits Continued

Progressive Price List ²	Member Cost In-Network
Standard progressive	\$75 copay

Premium progressives³ as follows:

Tier 1	\$95 copay
Tier 2	\$105 copay
Tier 3	\$120 copay
Tier 4	\$75 copay, 80% of charge less \$120 allowance

Anti-Reflective Coating Price List ²	Member Cost In-Network
Standard anti-reflective coating	\$45

Premium anti-reflective³ coatings as follows:

Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge

Other Add-ons Price List	Member Cost In-Network
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Plan Exclusions

1. Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; aniseikonic lenses
2. Medical and/or surgical treatment of the eye, eyes or supporting structures
3. Any eye or vision examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear
4. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof
5. Plano (non-prescription) lenses and/or contact lenses
6. Non-prescription sunglasses
7. Two pair of glasses in lieu of bifocals
8. Services rendered after the date an insured person ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order
9. Services or materials provided by any other group benefit plan providing vision care

Here's How to Access the EyeMed Member App



1. DOWNLOAD

Search "EyeMed Members" in your App store, iTunes or Google Play.



2. OPEN

You can use some features right away; others unlock once you register.



3. REGISTER

You'll need your member ID or the last four digits of your Social Security number.



4. LOG IN

It's that easy!

	Ready when you download	Unlocked when you register
Find nearby network providers	<input checked="" type="checkbox"/>	
On-the-fly appointment scheduling	<input checked="" type="checkbox"/>	
Turn-by-turn directions and map	<input checked="" type="checkbox"/>	
Eye exam and contact lens reminders		<input checked="" type="checkbox"/>
Electronic ID card for office visits		<input checked="" type="checkbox"/>
Save vision prescriptions		<input checked="" type="checkbox"/>
Benefit plan details		<input checked="" type="checkbox"/>
Answers to common questions	<input checked="" type="checkbox"/>	
Direct line to member support	<input checked="" type="checkbox"/>	

Get a Clear View

Download the EyeMed member app now and register to access your vision benefit information on the go!



TERM LIFE & AD&D INSURANCE

The Hartford | www.TheHartford.com | 1.888.563.1124

EMPLOYER-PAID TERM LIFE & AD&D INSURANCE

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a \$15,000 policy. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

VOLUNTARY TERM LIFE INSURANCE

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by your employer. It will cover you for a specific period of time while you are employed. Plan amounts are offered in tiers so you can choose the amount of coverage that works best for you and your family. Because it's a group plan, premiums are typically lower, so it's more affordable to gain the peace of mind that life insurance provides. Limitations apply, please see policy for details. Visit the Employee Benefits Center for more details.

TEXAS LIFE – PERMANENT LIFE

Texas Life | www.TexasLife.com | 1.800.283.9233

TEXAS LIFE INSURANCE - PERMANENT, PORTABLE LIFE INSURANCE

The peace of mind voluntary, permanent life insurance provides is unmatched. It is a solid companion to your group life insurance plan. Texas Life provides life insurance that you can keep for a lifetime. The plan is easy to purchase, pay for, and keep through the convenience of payroll deduction. Coverage is affordable and dependable. Plus, Texas Life has over a century of experience protecting families and giving the peace of mind only permanent life insurance can provide.

HIGHLIGHT

- You own the policy, even if you change jobs or retire.
- The policy remains in force until you die or up to age 121 if you pay the necessary premium on time.
- It is a permanent, universal life policy which means you can rest easy knowing your loved ones will be well taken care of when you're gone.

BASIC and SUPPLEMENTAL GROUP TERM LIFE and ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE BENEFIT HIGHLIGHTS



More than half of Americans (53%) expressed a heightened need for life insurance because of COVID-19.¹

City of Leander

The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer gives extra protection that you and your family may need. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that destroys your income-earning ability. Life benefits are disbursed to your beneficiaries in a lump sum in the event of your death.



To learn more about Life and AD&D insurance, visit thehartford.com/employee-benefits/employees

- \$200k employee guaranteed issue amount
- \$25k spouse guaranteed issue amount

COVERAGE INFORMATION

APPLICANT	BASIC COVERAGE	SUPPLEMENTAL COVERAGE
Employee	Benefit ² : \$15,000 AD&D: Included	Benefit ³ : Increments of \$10,000 Maximum: the lesser of 5x earnings or \$500,000 AD&D: Included
Spouse	Not Included	Benefit ³ : Increments of \$5,000 Maximum: the lesser of 50% of your supplemental coverage or \$250,000 AD&D: Included
Child(ren)	Not Included	Benefit: \$10,000 AD&D: Included

AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT

Covered accidents or death can occur up to 365 days after the accident. The total benefit for all losses due to the same accident will not exceed 100% of your coverage amount.

LOSS FROM ACCIDENT	BASIC COVERAGE	SUPPLEMENTAL COVERAGE
Life	100%	100%
Both Hands or Both Feet or Sight of Both Eyes	100%	100%
One Hand and One Foot	100%	100%
Speech and Hearing in Both Ears	100%	100%
Either Hand or Foot and Sight of One Eye	100%	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%	100%
Movement of Both Lower Limbs (Paraplegia)	75%	75%
Movement of Three Limbs (Triplegia)	75%	75%
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%	50%
Either Hand or Foot	50%	50%
Sight of One Eye	50%	50%
Speech or Hearing in Both Ears	50%	50%
Movement of One Limb (Uniplegia)	25%	25%
Thumb and Index Finger of Either Hand	25%	25%

²35% @Age 65; 55% @ Age 70; 70% @ Age 75 and 80% @ Age 80, original amount

³35% @Age 65; 55% @ Age 70; 70% @ Age 75 and 80% @ Age 80, original amount

ADDITIONAL SERVICES



City of Leander

If you are enrolled in insurance coverage with The Hartford, you may also be eligible to receive additional services. These services help with challenges that come before and after a claim. Be sure to read the information provided below; The Hartford wants to be there when you need us.

SERVICES AVAILABLE

COVERAGE ENROLLED IN	ADDITIONAL SERVICES AVAILABLE
Life	Ability Assist Counseling Services Health Champion Beneficiary Assist Counseling Services EstateGuidance Will Services Funeral Concierge Services Travel Assistance and ID Theft Protection Services

ASKED & ANSWERED

WHAT IS ABILITY ASSIST COUNSELING SERVICES?

Ability Assist^{®1} Counseling Services provides access to Master's degree clinicians for 24/7 assistance if you're enrolled in our life plan. This includes 3 face-to-face visits per occurrence per year for emotional concerns and unlimited phone consultations for financial, legal, and work-life concerns.

For more information on Ability Assist[®] Counseling Services:

Call 1-800-964-3577

Visit www.guidanceresources.com

Company name: **Abili** Company ID: **HLF902**

WHAT IS BENEFICIARY ASSIST COUNSELING SERVICES?

Beneficiary Assist^{®2} Counseling Services offers compassionate expertise to help you, your beneficiaries (those you name in your policy) and immediate family members cope with emotional, financial and legal issues that arise after a loss. Includes unlimited phone contact with professionals, as well as five face-to-face sessions* available for up to one year.

For more information on Beneficiary Assist[®] Counseling Services, call 1-800-411-7239.

*California residents are limited to three prepaid behavioral health counseling sessions in any six-month period. Except for acute emergencies and other special circumstances, additional sessions for California employees are available on a fee-for-service basis.

WHAT IS ESTATEGUIDANCE WILL SERVICES?

EstateGuidance^{®3} Will Services helps you protect your family's future by creating a customized and legally binding online will. Online support is also available from licensed attorneys, if needed.

For more information on EstateGuidance[®] Will Services:

www.estateguidance.com Use Code: **WILLHLF**

WHAT IS FUNERAL CONCIERGE SERVICES?

Funeral Concierge Services⁴ provides a suite of online tools to guide you through key decisions before a loss, including help comparing funeral-related costs. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers—often resulting in significant financial savings. In addition, Express Pay is a service that delivers proceeds in as little as 48 hours, allowing beneficiaries to use proceeds immediately for funeral expenses.

For more information on Funeral Concierge Services:

Call 1-866-854-5429 or visit www.everestfuneral.com/hartford Use Code: **HFEVLC**

WHAT IS HEALTHCHAMPION?

HealthChampion^{SM5} offers unlimited access to benefit specialists and nurses for administrative and clinical support to address medical care and insurance claims concerns if you're enrolled in our life plan. Service includes: claims and billing support, explanation of benefits, cost estimates and fee negotiation, information related to conditions and available treatments, and support to help prepare for medical visits.

For more information on HealthChampionSM Services

Call 1-800-964-3577

Visit www.guidanceresources.com

Company name: **Abili** Company ID: **HLF902**

WHAT IS TRAVEL ASSISTANCE AND ID THEFT PROTECTION SERVICES?

Travel Assistance Services and ID Theft Protection Services⁶ includes pre-trip information to help you feel more secure while traveling. It can also help you access medical professionals across the globe for medical assistance when traveling 100+ miles away from home for 90 days or less when unexpected detours arise. The ID theft protection services are available to you and your family at home or when you travel. Protection is provided two ways: educational materials to help prevent identity theft and access to caseworkers to help resolve problems that result from identity theft.

For more information on Travel Assistance Services or ID Theft Services:

Call from United States: 1-800-243-6108

Call collect from other locations: 202-828-5885

Fax: 202-331-1528

Travel Assistance Identification Number: **GLD-09012**

You'll be asked to provide your employer's name, a phone number where you can be reached, nature of the problem, Travel Assistance Identification Number, and your company policy number which can be obtained through your Human Resources/Personnel department.

If you have a serious medical emergency, please obtain emergency medical services first, and then contact Generali Global Assistance for follow-up.

¹AbilityAssist[®] services are offered through The Hartford by ComPsych[®]. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

²BeneficiaryAssist[®] services are offered through The Hartford by ComPsych[®]. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

³Estate Guidance[®] services are provided through The Hartford by ComPsych[®]. A simple will does not cover printing or certain other features. These features are available at an additional cost to you. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Estate Guidance is a registered trademark of ComPsych. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

⁴Funeral Concierge services is offered through Everest Funeral Package, LLC (Everest). Everest and the Everest logo are service marks of Everest Funeral Package, LLC. Everest is not affiliated with The Hartford and is not a provider of insurance services. Everest and its affiliates have no affiliation with Everest ReGroup, Ltd., Everest Reinsurance Company or any of their affiliates. The Hartford is not responsible and assumes no liability for the services provided by Everest Funeral Package, LLC as described in these materials and reserves the right to discontinue any of these services at any time. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

⁵HealthChampionSM services are provided through The Hartford by ComPsych[®]. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford doesn't provide basic hospital, basic medical, or major medical insurance. HealthChampion specialists are only available during business hours. Inquiries outside of this timeframe can either request a call-back the next day or schedule an appointment. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Health Champion is a service mark of ComPsych. Services may not be available in all states.

Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

⁶Travel Assistance and Identity Theft Protection Services are provided by Generali Global Assistance, Inc. Generali Global Assistance, Inc. is not affiliated with The Hartford and is not a provider of insurance services. Generali Global Assistance, Inc. may modify or terminate all or any part of the service at any time without prior notice. None of the benefits provided to you by Generali Global Assistance, Inc. as a part of the Travel Assistance and Identity Theft service are insurance. The flyer, the Travel Assistance and Identity Theft service Terms and Conditions of Use, and the Identity Theft Resolution Kit constitute your benefit materials and contain the terms, conditions, and limitations relating to your benefits. These services may not be used for business or commercial purposes or by any person other than the individual insured under The Hartford's group insurance policy. The Hartford is not responsible and assumes no liability for the goods and services described in these materials and reserves the right to discontinue any of these services at any time. Services may not be available in all states.

Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

The Buck's Got Your Back[®]

The Hartford[®] is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. © 2020 The Hartford. This Benefit Highlights Sheet is an overview of the non-insurance services being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the services as actually provided. Only the Service Provider can fully describe all of the provisions, terms, conditions, limitations and exclusions of your non-insurance service coverage.

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Premium Worksheet



Rates and/or benefits may be changed on a class basis. Rates are based on the employee's age and increase as you enter each new age category.

SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE												
Monthly Premium Amount (Cost per Pay Period – 12/Year)												
Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.90	\$0.90	\$0.90	\$1.10	\$1.70	\$2.90	\$4.10	\$6.80	\$11.30	\$19.60	\$19.60	\$48.00
\$20,000	\$1.80	\$1.80	\$1.80	\$2.20	\$3.40	\$5.80	\$8.20	\$13.60	\$22.60	\$39.20	\$39.20	\$96.00
\$30,000	\$2.70	\$2.70	\$2.70	\$3.30	\$5.10	\$8.70	\$12.30	\$20.40	\$33.90	\$58.80	\$58.80	\$144.00
\$40,000	\$3.60	\$3.60	\$3.60	\$4.40	\$6.80	\$11.60	\$16.40	\$27.20	\$45.20	\$78.40	\$78.40	\$192.00
\$50,000	\$4.50	\$4.50	\$4.50	\$5.50	\$8.50	\$14.50	\$20.50	\$34.00	\$56.50	\$98.00	\$98.00	\$240.00
\$60,000	\$5.40	\$5.40	\$5.40	\$6.60	\$10.20	\$17.40	\$24.60	\$40.80	\$67.80	\$117.60	\$117.60	\$288.00
\$70,000	\$6.30	\$6.30	\$6.30	\$7.70	\$11.90	\$20.30	\$28.70	\$47.60	\$79.10	\$137.20	\$137.20	\$336.00
\$80,000	\$7.20	\$7.20	\$7.20	\$8.80	\$13.60	\$23.20	\$32.80	\$54.40	\$90.40	\$156.80	\$156.80	\$384.00
\$90,000	\$8.10	\$8.10	\$8.10	\$9.90	\$15.30	\$26.10	\$36.90	\$61.20	\$101.70	\$176.40	\$176.40	\$432.00
\$100,000	\$9.00	\$9.00	\$9.00	\$11.00	\$17.00	\$29.00	\$41.00	\$68.00	\$113.00	\$196.00	\$196.00	\$480.00
\$110,000	\$9.90	\$9.90	\$9.90	\$12.10	\$18.70	\$31.90	\$45.10	\$74.80	\$124.30	\$215.60	\$215.60	\$528.00
\$120,000	\$10.80	\$10.80	\$10.80	\$13.20	\$20.40	\$34.80	\$49.20	\$81.60	\$135.60	\$235.20	\$235.20	\$576.00
\$130,000	\$11.70	\$11.70	\$11.70	\$14.30	\$22.10	\$37.70	\$53.30	\$88.40	\$146.90	\$254.80	\$254.80	\$624.00
\$140,000	\$12.60	\$12.60	\$12.60	\$15.40	\$23.80	\$40.60	\$57.40	\$95.20	\$158.20	\$274.40	\$274.40	\$672.00
\$150,000	\$13.50	\$13.50	\$13.50	\$16.50	\$25.50	\$43.50	\$61.50	\$102.00	\$169.50	\$294.00	\$294.00	\$720.00
\$160,000	\$14.40	\$14.40	\$14.40	\$17.60	\$27.20	\$46.40	\$65.60	\$108.80	\$180.80	\$313.60	\$313.60	\$768.00
\$170,000	\$15.30	\$15.30	\$15.30	\$18.70	\$28.90	\$49.30	\$69.70	\$115.60	\$192.10	\$333.20	\$333.20	\$816.00
\$180,000	\$16.20	\$16.20	\$16.20	\$19.80	\$30.60	\$52.20	\$73.80	\$122.40	\$203.40	\$352.80	\$352.80	\$864.00
\$190,000	\$17.10	\$17.10	\$17.10	\$20.90	\$32.30	\$55.10	\$77.90	\$129.20	\$214.70	\$372.40	\$372.40	\$912.00
\$200,000	\$18.00	\$18.00	\$18.00	\$22.00	\$34.00	\$58.00	\$82.00	\$136.00	\$226.00	\$392.00	\$392.00	\$960.00
\$210,000	\$18.90	\$18.90	\$18.90	\$23.10	\$35.70	\$60.90	\$86.10	\$142.80	\$237.30	\$411.60	\$411.60	\$1,008.00
\$220,000	\$19.80	\$19.80	\$19.80	\$24.20	\$37.40	\$63.80	\$90.20	\$149.60	\$248.60	\$431.20	\$431.20	\$1,056.00
\$230,000	\$20.70	\$20.70	\$20.70	\$25.30	\$39.10	\$66.70	\$94.30	\$156.40	\$259.90	\$450.80	\$450.80	\$1,104.00
\$240,000	\$21.60	\$21.60	\$21.60	\$26.40	\$40.80	\$69.60	\$98.40	\$163.20	\$271.20	\$470.40	\$470.40	\$1,152.00
\$250,000	\$22.50	\$22.50	\$22.50	\$27.50	\$42.50	\$72.50	\$102.50	\$170.00	\$282.50	\$490.00	\$490.00	\$1,200.00
\$260,000	\$23.40	\$23.40	\$23.40	\$28.60	\$44.20	\$75.40	\$106.60	\$176.80	\$293.80	\$509.60	\$509.60	\$1,248.00
\$270,000	\$24.30	\$24.30	\$24.30	\$29.70	\$45.90	\$78.30	\$110.70	\$183.60	\$305.10	\$529.20	\$529.20	\$1,296.00
\$280,000	\$25.20	\$25.20	\$25.20	\$30.80	\$47.60	\$81.20	\$114.80	\$190.40	\$316.40	\$548.80	\$548.80	\$1,344.00
\$290,000	\$26.10	\$26.10	\$26.10	\$31.90	\$49.30	\$84.10	\$118.90	\$197.20	\$327.70	\$568.40	\$568.40	\$1,392.00
\$300,000	\$27.00	\$27.00	\$27.00	\$33.00	\$51.00	\$87.00	\$123.00	\$204.00	\$339.00	\$588.00	\$588.00	\$1,440.00
\$310,000	\$27.90	\$27.90	\$27.90	\$34.10	\$52.70	\$89.90	\$127.10	\$210.80	\$350.30	\$607.60	\$607.60	\$1,488.00
\$320,000	\$28.80	\$28.80	\$28.80	\$35.20	\$54.40	\$92.80	\$131.20	\$217.60	\$361.60	\$627.20	\$627.20	\$1,536.00
\$330,000	\$29.70	\$29.70	\$29.70	\$36.30	\$56.10	\$95.70	\$135.30	\$224.40	\$372.90	\$646.80	\$646.80	\$1,584.00
\$340,000	\$30.60	\$30.60	\$30.60	\$37.40	\$57.80	\$98.60	\$139.40	\$231.20	\$384.20	\$666.40	\$666.40	\$1,632.00
\$350,000	\$31.50	\$31.50	\$31.50	\$38.50	\$59.50	\$101.50	\$143.50	\$238.00	\$395.50	\$686.00	\$686.00	\$1,680.00
\$360,000	\$32.40	\$32.40	\$32.40	\$39.60	\$61.20	\$104.40	\$147.60	\$244.80	\$406.80	\$705.60	\$705.60	\$1,728.00
\$370,000	\$33.30	\$33.30	\$33.30	\$40.70	\$62.90	\$107.30	\$151.70	\$251.60	\$418.10	\$725.20	\$725.20	\$1,776.00
\$380,000	\$34.20	\$34.20	\$34.20	\$41.80	\$64.60	\$110.20	\$155.80	\$258.40	\$429.40	\$744.80	\$744.80	\$1,824.00
\$390,000	\$35.10	\$35.10	\$35.10	\$42.90	\$66.30	\$113.10	\$159.90	\$265.20	\$440.70	\$764.40	\$764.40	\$1,872.00
\$400,000	\$36.00	\$36.00	\$36.00	\$44.00	\$68.00	\$116.00	\$164.00	\$272.00	\$452.00	\$784.00	\$784.00	\$1,920.00
\$410,000	\$36.90	\$36.90	\$36.90	\$45.10	\$69.70	\$118.90	\$168.10	\$278.80	\$463.30	\$803.60	\$803.60	\$1,968.00
\$420,000	\$37.80	\$37.80	\$37.80	\$46.20	\$71.40	\$121.80	\$172.20	\$285.60	\$474.60	\$823.20	\$823.20	\$2,016.00
\$430,000	\$38.70	\$38.70	\$38.70	\$47.30	\$73.10	\$124.70	\$176.30	\$292.40	\$485.90	\$842.80	\$842.80	\$2,064.00
\$440,000	\$39.60	\$39.60	\$39.60	\$48.40	\$74.80	\$127.60	\$180.40	\$299.20	\$497.20	\$862.40	\$862.40	\$2,112.00

\$450,000	\$40.50	\$40.50	\$40.50	\$49.50	\$76.50	\$130.50	\$184.50	\$306.00	\$508.50	\$882.00	\$882.00	\$2,160.00
\$460,000	\$41.40	\$41.40	\$41.40	\$50.60	\$78.20	\$133.40	\$188.60	\$312.80	\$519.80	\$901.60	\$901.60	\$2,208.00
\$470,000	\$42.30	\$42.30	\$42.30	\$51.70	\$79.90	\$136.30	\$192.70	\$319.60	\$531.10	\$921.20	\$921.20	\$2,256.00
\$480,000	\$43.20	\$43.20	\$43.20	\$52.80	\$81.60	\$139.20	\$196.80	\$326.40	\$542.40	\$940.80	\$940.80	\$2,304.00
\$490,000	\$44.10	\$44.10	\$44.10	\$53.90	\$83.30	\$142.10	\$200.90	\$333.20	\$553.70	\$960.40	\$960.40	\$2,352.00
\$500,000	\$45.00	\$45.00	\$45.00	\$55.00	\$85.00	\$145.00	\$205.00	\$340.00	\$565.00	\$980.00	\$980.00	\$2,400.00

SPOUSE/PARTNER SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Monthly Premium Amount (Cost per Pay Period – 12/Year)

Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	\$0.45	\$0.45	\$0.45	\$0.55	\$0.85	\$1.45	\$2.05	\$3.40	\$5.65	\$9.80	\$9.80	\$24.00
\$10,000	\$0.90	\$0.90	\$0.90	\$1.10	\$1.70	\$2.90	\$4.10	\$6.80	\$11.30	\$19.60	\$19.60	\$48.00
\$15,000	\$1.35	\$1.35	\$1.35	\$1.65	\$2.55	\$4.35	\$6.15	\$10.20	\$16.95	\$29.40	\$29.40	\$72.00
\$20,000	\$1.80	\$1.80	\$1.80	\$2.20	\$3.40	\$5.80	\$8.20	\$13.60	\$22.60	\$39.20	\$39.20	\$96.00
\$25,000	\$2.25	\$2.25	\$2.25	\$2.75	\$4.25	\$7.25	\$10.25	\$17.00	\$28.25	\$49.00	\$49.00	\$120.00
\$30,000	\$2.70	\$2.70	\$2.70	\$3.30	\$5.10	\$8.70	\$12.30	\$20.40	\$33.90	\$58.80	\$58.80	\$144.00
\$35,000	\$3.15	\$3.15	\$3.15	\$3.85	\$5.95	\$10.15	\$14.35	\$23.80	\$39.55	\$68.60	\$68.60	\$168.00
\$40,000	\$3.60	\$3.60	\$3.60	\$4.40	\$6.80	\$11.60	\$16.40	\$27.20	\$45.20	\$78.40	\$78.40	\$192.00
\$45,000	\$4.05	\$4.05	\$4.05	\$4.95	\$7.65	\$13.05	\$18.45	\$30.60	\$50.85	\$88.20	\$88.20	\$216.00
\$50,000	\$4.50	\$4.50	\$4.50	\$5.50	\$8.50	\$14.50	\$20.50	\$34.00	\$56.50	\$98.00	\$98.00	\$240.00
\$55,000	\$4.95	\$4.95	\$4.95	\$6.05	\$9.35	\$15.95	\$22.55	\$37.40	\$62.15	\$107.80	\$107.80	\$264.00
\$60,000	\$5.40	\$5.40	\$5.40	\$6.60	\$10.20	\$17.40	\$24.60	\$40.80	\$67.80	\$117.60	\$117.60	\$288.00
\$65,000	\$5.85	\$5.85	\$5.85	\$7.15	\$11.05	\$18.85	\$26.65	\$44.20	\$73.45	\$127.40	\$127.40	\$312.00
\$70,000	\$6.30	\$6.30	\$6.30	\$7.70	\$11.90	\$20.30	\$28.70	\$47.60	\$79.10	\$137.20	\$137.20	\$336.00
\$75,000	\$6.75	\$6.75	\$6.75	\$8.25	\$12.75	\$21.75	\$30.75	\$51.00	\$84.75	\$147.00	\$147.00	\$360.00
\$80,000	\$7.20	\$7.20	\$7.20	\$8.80	\$13.60	\$23.20	\$32.80	\$54.40	\$90.40	\$156.80	\$156.80	\$384.00
\$85,000	\$7.65	\$7.65	\$7.65	\$9.35	\$14.45	\$24.65	\$34.85	\$57.80	\$96.05	\$166.60	\$166.60	\$408.00
\$90,000	\$8.10	\$8.10	\$8.10	\$9.90	\$15.30	\$26.10	\$36.90	\$61.20	\$101.70	\$176.40	\$176.40	\$432.00
\$95,000	\$8.55	\$8.55	\$8.55	\$10.45	\$16.15	\$27.55	\$38.95	\$64.60	\$107.35	\$186.20	\$186.20	\$456.00
\$100,000	\$9.00	\$9.00	\$9.00	\$11.00	\$17.00	\$29.00	\$41.00	\$68.00	\$113.00	\$196.00	\$196.00	\$480.00
\$105,000	\$9.45	\$9.45	\$9.45	\$11.55	\$17.85	\$30.45	\$43.05	\$71.40	\$118.65	\$205.80	\$205.80	\$504.00
\$110,000	\$9.90	\$9.90	\$9.90	\$12.10	\$18.70	\$31.90	\$45.10	\$74.80	\$124.30	\$215.60	\$215.60	\$528.00
\$115,000	\$10.35	\$10.35	\$10.35	\$12.65	\$19.55	\$33.35	\$47.15	\$78.20	\$129.95	\$225.40	\$225.40	\$552.00
\$120,000	\$10.80	\$10.80	\$10.80	\$13.20	\$20.40	\$34.80	\$49.20	\$81.60	\$135.60	\$235.20	\$235.20	\$576.00
\$125,000	\$11.25	\$11.25	\$11.25	\$13.75	\$21.25	\$36.25	\$51.25	\$85.00	\$141.25	\$245.00	\$245.00	\$600.00
\$130,000	\$11.70	\$11.70	\$11.70	\$14.30	\$22.10	\$37.70	\$53.30	\$88.40	\$146.90	\$254.80	\$254.80	\$624.00
\$135,000	\$12.15	\$12.15	\$12.15	\$14.85	\$22.95	\$39.15	\$55.35	\$91.80	\$152.55	\$264.60	\$264.60	\$648.00
\$140,000	\$12.60	\$12.60	\$12.60	\$15.40	\$23.80	\$40.60	\$57.40	\$95.20	\$158.20	\$274.40	\$274.40	\$672.00
\$145,000	\$13.05	\$13.05	\$13.05	\$15.95	\$24.65	\$42.05	\$59.45	\$98.60	\$163.85	\$284.20	\$284.20	\$696.00
\$150,000	\$13.50	\$13.50	\$13.50	\$16.50	\$25.50	\$43.50	\$61.50	\$102.00	\$169.50	\$294.00	\$294.00	\$720.00
\$155,000	\$13.95	\$13.95	\$13.95	\$17.05	\$26.35	\$44.95	\$63.55	\$105.40	\$175.15	\$303.80	\$303.80	\$744.00
\$160,000	\$14.40	\$14.40	\$14.40	\$17.60	\$27.20	\$46.40	\$65.60	\$108.80	\$180.80	\$313.60	\$313.60	\$768.00
\$165,000	\$14.85	\$14.85	\$14.85	\$18.15	\$28.05	\$47.85	\$67.65	\$112.20	\$186.45	\$323.40	\$323.40	\$792.00
\$170,000	\$15.30	\$15.30	\$15.30	\$18.70	\$28.90	\$49.30	\$69.70	\$115.60	\$192.10	\$333.20	\$333.20	\$816.00
\$175,000	\$15.75	\$15.75	\$15.75	\$19.25	\$29.75	\$50.75	\$71.75	\$119.00	\$197.75	\$343.00	\$343.00	\$840.00
\$180,000	\$16.20	\$16.20	\$16.20	\$19.80	\$30.60	\$52.20	\$73.80	\$122.40	\$203.40	\$352.80	\$352.80	\$864.00
\$185,000	\$16.65	\$16.65	\$16.65	\$20.35	\$31.45	\$53.65	\$75.85	\$125.80	\$209.05	\$362.60	\$362.60	\$888.00
\$190,000	\$17.10	\$17.10	\$17.10	\$20.90	\$32.30	\$55.10	\$77.90	\$129.20	\$214.70	\$372.40	\$372.40	\$912.00
\$195,000	\$17.55	\$17.55	\$17.55	\$21.45	\$33.15	\$56.55	\$79.95	\$132.60	\$220.35	\$382.20	\$382.20	\$936.00
\$200,000	\$18.00	\$18.00	\$18.00	\$22.00	\$34.00	\$58.00	\$82.00	\$136.00	\$226.00	\$392.00	\$392.00	\$960.00
\$205,000	\$18.45	\$18.45	\$18.45	\$22.55	\$34.85	\$59.45	\$84.05	\$139.40	\$231.65	\$401.80	\$401.80	\$984.00
\$210,000	\$18.90	\$18.90	\$18.90	\$23.10	\$35.70	\$60.90	\$86.10	\$142.80	\$237.30	\$411.60	\$411.60	\$1,008.00
\$215,000	\$19.35	\$19.35	\$19.35	\$23.65	\$36.55	\$62.35	\$88.15	\$146.20	\$242.95	\$421.40	\$421.40	\$1,032.00
\$220,000	\$19.80	\$19.80	\$19.80	\$24.20	\$37.40	\$63.80	\$90.20	\$149.60	\$248.60	\$431.20	\$431.20	\$1,056.00
\$225,000	\$20.25	\$20.25	\$20.25	\$24.75	\$38.25	\$65.25	\$92.25	\$153.00	\$254.25	\$441.00	\$441.00	\$1,080.00
\$230,000	\$20.70	\$20.70	\$20.70	\$25.30	\$39.10	\$66.70	\$94.30	\$156.40	\$259.90	\$450.80	\$450.80	\$1,104.00

\$235,000	\$21.15	\$21.15	\$21.15	\$25.85	\$39.95	\$68.15	\$96.35	\$159.80	\$265.55	\$460.60	\$460.60	\$1,128.00
\$240,000	\$21.60	\$21.60	\$21.60	\$26.40	\$40.80	\$69.60	\$98.40	\$163.20	\$271.20	\$470.40	\$470.40	\$1,152.00
\$245,000	\$22.05	\$22.05	\$22.05	\$26.95	\$41.65	\$71.05	\$100.45	\$166.60	\$276.85	\$480.20	\$480.20	\$1,176.00
\$250,000	\$22.50	\$22.50	\$22.50	\$27.50	\$42.50	\$72.50	\$102.50	\$170.00	\$282.50	\$490.00	\$490.00	\$1,200.00

CHILD(REN) SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE	
Monthly Premium Amount (Cost per Pay Period – 12/Year)	
Benefit Amount	Cost For All Children
\$10,000	\$1.90

5962a NS 07/21 Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

The Buck's Got Your Back®

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This document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.



LIFE INSURANCE YOU CAN KEEP!



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 COVER YOUR SPOUSE, CHILDREN AND GRANDCHILDREN, TOO³



YOU CAN GET A LIVING BENEFIT IF YOU BECOME TERMINALLY ILL⁵



YOU CAN GET CASH TO COVER LIVING EXPENSES IF YOU BECOME CHRONICALLY ILL⁶



You can qualify by answering just 3 questions.⁷

DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

1. Been actively at work on a full time basis, performing usual duties?
2. Been absent from work due to illness or medical treatment for a period of more than 5 consecutive working days?
3. Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation, dialysis treatment, or treatment for alcohol or drug abuse?

TEXASLIFE INSURANCE COMPANY
Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

First Financial Group of America
First in Service and Expertise

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.

The agent/agency offering this proposal is not affiliated with Texas Life other than to market its products. Claims payments are the responsibility of Texas Life Insurance Company.

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative or see the PureLife-plus brochure for costs and complete details. Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO. Texas Life is licensed to do business in the District of Columbia and every state but New York. Payment of this rider terminates the contract and any obligations under other riders, endorsements and supplemental benefits as if the insured had died.

PureLife-plus — Standard Risk Table Premiums — Non-Tobacco — Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		13.05	23.85	34.65	45.45	67.05	88.65	110.25	131.85	75
21-22		13.33	24.40	35.48	46.55	68.70	90.85	113.00	135.15	74
23		13.60	24.95	36.30	47.65	70.35	93.05	115.75	138.45	75
24-25		13.88	25.50	37.13	48.75	72.00	95.25	118.50	141.75	74
26		14.43	26.60	38.78	50.95	75.30	99.65	124.00	148.35	75
27-28		14.70	27.15	39.60	52.05	76.95	101.85	126.75	151.65	74
29		14.98	27.70	40.43	53.15	78.60	104.05	129.50	154.95	74
30-31		15.25	28.25	41.25	54.25	80.25	106.25	132.25	158.25	73
32		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	74
33		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	74
34		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	75
35		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	76
36		19.10	35.95	52.80	69.65	103.35	137.05	170.75	204.45	76
37		19.93	37.60	55.28	72.95	108.30	143.65	179.00	214.35	77
38		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	77
39		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	78
40	10.75	23.50	44.75	66.00	87.25	129.75	172.25	214.75	257.25	79
41	11.52	25.43	48.60	71.78	94.95	141.30	187.65	234.00	280.35	80
42	12.40	27.63	53.00	78.38	103.75	154.50	205.25	256.00	306.75	81
43	13.17	29.55	56.85	84.15	111.45	166.05	220.65	275.25	329.85	82
44	13.94	31.48	60.70	89.93	119.15	177.60	236.05	294.50	352.95	83
45	14.71	33.40	64.55	95.70	126.85	189.15	251.45	313.75	376.05	83
46	15.59	35.60	68.95	102.30	135.65	202.35	269.05	335.75	402.45	84
47	16.36	37.53	72.80	108.08	143.35	213.90	284.45	355.00	425.55	84
48	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	85
49	18.12	41.93	81.60	121.28	160.95	240.30	319.65	399.00	478.35	85
50	19.22	44.68	87.10	129.53	171.95					86
51	20.54	47.98	93.70	139.43	185.15					87
52	21.97	51.55	100.85	150.15	199.45					88
53	23.07	54.30	106.35	158.40	210.45					88
54	24.17	57.05	111.85	166.65	221.45					88
55	25.38	60.08	117.90	175.73	233.55					89
56	26.48	62.83	123.40	183.98	244.55					89
57	27.80	66.13	130.00	193.88	257.75					89
58	29.01	69.15	136.05	202.95	269.85					89
59	30.33	72.45	142.65	212.85	283.05					89
60	31.18	74.58	146.90	219.23	291.55					90
61	32.61	78.15	154.05	229.95	305.85					90
62	34.37	82.55	162.85	243.15	323.45					90
63	36.13	86.95	171.65	256.35	341.05					90
64	38.00	91.63	181.00	270.38	359.75					90
65	40.09	96.85	191.45	286.05	380.65					90
66	42.40									90
67	44.93									91
68	47.68									91
69	50.43									91
70	53.29									91

CHILDREN AND GRANDCHILDREN (NON-TOBACCO)
with Accidental Death Rider
Grandchild coverage available through age 18.

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
15D-1	9.25	16.25	81
2-4	9.50	16.75	80
5-8	9.75	17.25	79
9-10	10.00	17.75	79
11-16	10.25	18.25	77
17-20	12.25	22.25	75
21-22	12.50	22.75	74
23	12.75	23.25	75
24-25	13.00	23.75	74
26	13.50	24.75	75

Indicates Spouse Coverage Available

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18

Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

PureLife-plus – Standard Risk Table Premiums – Tobacco – Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	71
21-22		19.38	36.50	53.63	70.75	105.00	139.25	173.50	207.75	71
23		20.20	38.15	56.10	74.05	109.95	145.85	181.75	217.65	72
24-25		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	71
26		21.30	40.35	59.40	78.45	116.55	154.65	192.75	230.85	72
27-28		21.85	41.45	61.05	80.65	119.85	159.05	198.25	237.45	71
29		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	71
30-31		24.88	47.50	70.13	92.75	138.00	183.25	228.50	273.75	72
32		25.70	49.15	72.60	96.05	142.95	189.85	236.75	283.65	72
33		25.98	49.70	73.43	97.15	144.60	192.05	239.50	286.95	72
34		26.25	50.25	74.25	98.25	146.25	194.25	242.25	290.25	71
35		28.18	54.10	80.03	105.95	157.80	209.65	261.50	313.35	72
36		29.00	55.75	82.50	109.25	162.75	216.25	269.75	323.25	72
37		30.93	59.60	88.28	116.95	174.30	231.65	289.00	346.35	73
38		31.75	61.25	90.75	120.25	179.25	238.25	297.25	356.25	73
39		33.95	65.65	97.35	129.05	192.45	255.85	319.25	382.65	74
40	16.14	36.98	71.70	106.43	141.15	210.60	280.05	349.50	418.95	76
41	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	77
42	18.34	42.48	82.70	122.93	163.15	243.60	324.05	404.50	484.95	78
43	19.88	46.33	90.40	134.48	178.55	266.70	354.85	443.00	531.15	80
44	20.65	48.25	94.25	140.25	186.25	278.25	370.25	462.25	554.25	80
45	21.75	51.00	99.75	148.50	197.25	294.75	392.25	489.75	587.25	81
46	22.63	53.20	104.15	155.10	206.05	307.95	409.85	511.75	613.65	81
47	23.73	55.95	109.65	163.35	217.05	324.45	431.85	539.25	646.65	82
48	24.72	58.43	114.60	170.78	226.95	339.30	451.65	564.00	676.35	82
49	26.15	62.00	121.75	181.50	241.25	360.75	480.25	599.75	719.25	83
50	27.36	65.03	127.80	190.58	253.35					83
51	28.57	68.05	133.85	199.65	265.45					83
52	30.33	72.45	142.65	212.85	283.05					84
53	31.87	76.30	150.35	224.40	298.45					85
54	33.30	79.88	157.50	235.13	312.75					85
55	34.84	83.73	165.20	246.68	328.15					85
56	36.60	88.13	174.00	259.88	345.75					85
57	38.36	92.53	182.80	273.08	363.35					86
58	40.23	97.20	192.15	287.10	382.05					86
59	42.10	101.88	201.50	301.13	400.75					86
60	43.28	104.83	207.40	309.98	412.55					86
61	45.81	111.15	220.05	328.95	437.85					86
62	48.23	117.20	232.15	347.10	462.05					87
63	50.65	123.25	244.25	365.25	486.25					87
64	53.07	129.30	256.35	383.40	510.45					87
65	55.71	135.90	269.55	403.20	536.85					87
66	58.57									88
67	61.65									88
68	64.84									88
69	68.25									88
70	71.88									89

CHILDREN AND GRANDCHILDREN (TOBACCO)
 with Accidental Death Rider
 Grandchild coverage available through age 18.

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18

Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
17-20	17.25	32.25	71
21-22	18.00	33.75	71
23	18.75	35.25	72
24-25	19.25	36.25	71
26	19.75	37.25	72

Indicates Spouse Coverage Available

DISABILITY INSURANCE

Blue Cross Blue Shield | www.bcbstx.com | 1.877.442.4207

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? That is why you need disability coverage. It replaces a portion of income for the period you are unable to work due to those reasons. You can choose the benefit amount, which is the amount of your income to replace, and the waiting period that you begin receiving payments.

How do you decide if you need disability insurance? Consider these questions when making your decision:

- How much employer leave do you have?
- Do you have savings?
- Do you have other income you can rely on, such as from your spouse or from child support?
- How close are you to retirement?
- Could you go on Social Security Disability or take a Disability Retirement?
- What are your other sources of income?



GROUP BENEFIT PROGRAM SUMMARY For CITY OF LEANDER

Today, most American would not be able to make payments on their homes or keep their family financially stable without their current salary; STD reduces the burden during these unstable times. It is a convenient, economical way of securing an income while out of work from an unexpected injury or illness. Group STD is a guaranteed issue coverage, which requires no health questionnaires to complete.

Voluntary Group Short Term Disability (STD)

Eligibility	All Active Full Time Employees regularly working 40 hours per week are eligible for insurance the first of the month following or coinciding with their date of hire.
Group STD Benefit	60% of basic weekly earnings
Weekly Maximum Benefit	\$750
Benefits Are Payable On	15 th day for accident; 15 th day for sickness
Maximum Benefit Period	11 Weeks or until LTD begins, whichever is earlier
Employee Contribution	100 percent
Total Disability	Total Disability means that due to Injury or Sickness the employee is unable to perform all the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any, are less than the percentage (20%) of the employee's pre-disability weekly earnings.
Partial Disability	Partial Disability means that during the elimination period the employee is able to perform some, but not all, of the material and substantial duties of the employee's regular occupation. After the elimination period, partial disability means that due to injury or sickness the employee is able to perform some but not all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any are at least the minimum percentage (20%), but less than the maximum percentage of the employee's pre-disability weekly earnings (80%).
Pre-Existing Condition Limitation	A pre-existing condition is a sickness or injury for which you have received treatment within 3 months prior to your effective date. Any disability contributed to or caused by a Pre-Existing Condition within the first 12 months of your effective date will not be covered.
Exclusions	Blue Cross Blue Shield of Texas does not pay benefits for any loss or disability caused by, resulting from, arising out of or substantially contributed to, directly by any one or more of the following: Loss of professional license, occupational license or certification, Commission of, participation in, or an attempt to commit an assault or felony, Intentionally self-inflicted injuries Attempted suicide, regardless of mental capacity, Cosmetic surgery except when required due to illness or injury, Occupational sickness or injury, Participation in a war, declared or undeclared, or any act of war
Additional Features	Survivor Benefit, Work Incentive Benefit, Worksite Modification Benefit

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

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**GROUP BENEFIT PROGRAM SUMMARY
For CITY OF LEANDER**

STD RATE GRID

Age	Monthly Rate per \$10 of Weekly Benefit	Age	Monthly Rate per \$10 of Weekly Benefit
Under 20	\$0.16	45-49	\$0.21
20-24	\$0.16	50-54	\$0.26
25-29	\$0.21	55-59	\$0.30
30-34	\$0.27	60-64	\$0.42
35-39	\$0.23	65-69	\$0.42
40-44	\$0.16	70+	\$0.42

Your Premium Calculation

Enter your salary and the rate for your current age from the table above

Annual Salary									
÷ 52 =									
	Weekly Earnings								
	\$ _____	x	STD Benefit %	÷ 10		x	STD Rate	=	Monthly Premium
			(.60%)	(max. \$75.00)			(from above table)		\$ _____
			.60	_____			\$ _____		

To determine Semi-Monthly Premium, multiply Monthly Premium by 12, and then divide by 24.
 To determine Bi-Weekly Premium, multiply Monthly Premium by 12, and then divide by 26.
 To determine Weekly Premium, multiply Monthly Premium by 12, and then divide by 52.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

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GROUP BENEFIT PROGRAM SUMMARY For CITY OF LEANDER

Today, most American would not be able to make payments on their homes or keep their family financially stable without their current salary; LTD reduces the burden during these unstable times. It is a convenient, economical way of securing an income while out of work from an unexpected injury or illness. Group LTD is a guaranteed issue coverage, which requires no health questionnaires to complete.

Voluntary Paid Group Long Term Disability Insurance (LTD)

Eligibility	All Active Full Time Employees regularly working 40 hours per week are eligible for insurance the first of the month following or coinciding with their date of hire.
Group LTD Benefit	60%
Maximum Monthly Benefit	\$5,000
Minimum Monthly Benefit	\$100
Elimination Period	90 Days
Maximum Benefit Period	5 years or until age 70
Social Security Offset Method	Primary and Family Integration
Own Occupation Period	24 months
Partial Disability Earnings Test – During Own Occ Period	80%
Earnings Test – After Own Occ Period	60%
Work Incentive Benefit	<p>Proportionate – 12 months. Partial disabled employees are eligible for a Work Incentive Benefit. The Work Incentive Benefits allows the partially disabled employee to receive their monthly benefit if their benefit plus their earnings do not exceed 100% of indexed pre-disability income. If their benefit plus their earnings exceeds 100% of indexed pre-disability income, their benefit is reduced by the excess. After 12 months, the employee's Work Incentive Benefit is calculated by multiplying their monthly benefit by their loss of salary ratio.</p> <p>"Partial Disabled" means than an employee is working in a partial or part-time capacity after becoming disabled and meets the earnings test shown above.</p>
Rehabilitation Incentive Income (RII)	<p>Proportionate – 12 months. RII is offered to employees who agree to take part in a rehabilitation plan, structured to return them to gainful employment in another occupation because they can not return to their regular occupation. During the first 12 months, RII is equal to the monthly benefit. If disability earnings during this period exceed 100% of indexed pre-disability earnings, the monthly benefit is reduced by the excess. After 12 months, RII is equal to the monthly benefit reduced by multiplying the monthly benefit by the adjusted loss of salary ratio.</p>
Survivor Benefit	If the employee passes away after being disabled and receiving long-term disability benefits for 6 consecutive months, Blue Cross Blue Shield of Texas will pay the employee's beneficiary a lump sum benefit equal to 3 months of disability benefits.
Day Care Expense Benefit	While receiving RII, and participating in an approved rehabilitation plan, the claimant may be reimbursed for eligible day care expenses.

**GROUP BENEFIT PROGRAM SUMMARY
For CITY OF LEANDER**

Mental Disorder Limitation	24 months
Substance Abuse Limitation	24 months
Special Conditions Limitation	24 months
Pre-Existing Condition Limitation	3/12 – A pre-existing condition means a sickness or injury for which an employee received treatment within 3 months prior to the effective date. Any disability contributed to or caused by a pre-existing condition within the first 12 months of the effective date will not be covered.
Additional Features	Disability Resource Services – In addition to the resource services available on-line at GuidanceResources.com, Disability Resource Services provides a 24-hour telephonic support for all LTD insureds for behavior health issues. A staff of master's degree clinicians are available to provide each caller with assessment, counseling and referral advice for face-to-face counseling. Face-to-face counseling – Up to three face-to-face counseling sessions per year to address appropriate behavioral health issues.

LTD RATE GRID

Age	Monthly Rate per \$100 of <u>Monthly Earnings</u>	Age	Monthly Rate per \$100 <u>of Monthly Earnings</u>
Under 20	\$0.07	45-49	\$0.40
20-24	\$0.07	50-54	\$0.61
25-29	\$0.07	55-59	\$0.87
30-34	\$0.13	60-64	\$1.19
35-39	\$0.20	65-69	\$1.19
40-44	\$0.27	70+	\$1.19

Your Premium Calculation

Enter your salary and the rate for your current age from the table above

Annual Salary ÷ 12 =	Monthly Earnings (Max - \$8,333)	÷ Monthly Earnings by \$100	X	LTD Rate (From above table)	=	Monthly Premium
\$ _____	\$ _____	\$ _____		\$ _____		\$ _____

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

HOSPITAL INDEMNITY INSURANCE

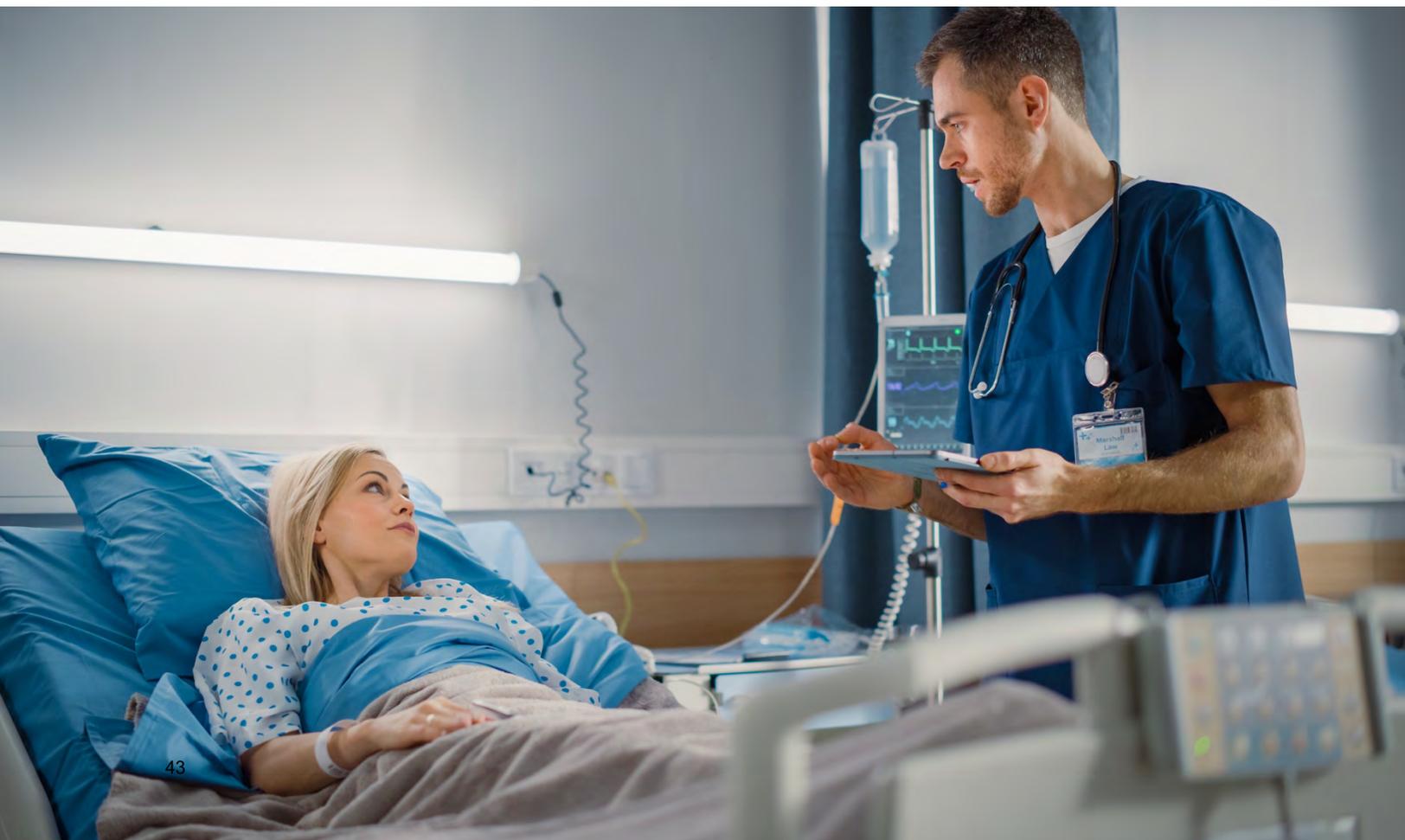
Aetna | www.myaetnasupplemental.com | 1.800.607.3366

Hospital stays are costly. If you or a family member find yourself in the hospital due to a sudden accident or illness, you may struggle financially, even if you have a good medical plan. With a hospital indemnity plan, you can rest assured those extra expenses won't be a financial burden.

Unlike medical plans, there are no deductibles to meet with a hospital indemnity plan. As soon as you incur a qualified event, you can file a claim and start receiving benefits.

The plan pays a lump sum benefit in a previously specified amount. The money can be used for medical costs, insurance deductibles, groceries, transportation, childcare – the choice is up to you!

HOSPITAL INDEMNITY INSURANCE				
	PLAN 1		PLAN 2	
	Employee Pays Per Month	Employee Pays Per Pay-Period	Employee Pays Per Month	Employee Pays Per Pay-Period
EMPLOYEE ONLY	\$15.38	\$7.69	\$23.25	\$11.63
EMPLOYEE + SPOUSE	\$34.21	\$17.11	\$51.66	\$25.83
EMPLOYEE + CHILD(REN)	\$26.24	\$13.12	\$39.71	\$19.86
EMPLOYEE + FAMILY	\$43.41	\$21.71	\$65.65	\$32.83



Aetna Hospital Indemnity Plan

Plan Description

Our hospital indemnity plan pays members cash directly when they have a covered inpatient hospital stay.

Plan Eligibility

- Employee eligibility as defined by the Client. A minimum of at least 15 hours per week is required
- Eligible dependents include: Legal spouse, domestic partner, children under age 26 and provided they meet the definition of dependent child as defined by the state
- Retirees are not considered actively at work and therefore not eligible for this plan

Plan Highlights

- Guaranteed Issue every year for employees and their families – even if coverage waived in the past
- Rate Guarantee for 36 months subject to all other terms in this Proposal
- 4 Tier Coverage options include: Employee, Employee & Spouse, Employee & Children, and Family
- HSA compatible
- Cash benefits paid directly to the employee
- Pre-ex waived
- Simplified Claims Process for Aetna medical members
- Online claims process for employees not enrolled in an Aetna medical plan
- Participation Requirement Waived

Plan Features

- Lump-sum payment for first day of inpatient stay, when stay begins during the plan year
- Daily benefit payment beginning on the second day
- Increased per day payment in an intensive care unit (ICU)
- Waiver of Premium
- Portable

Value Added Programs

Access to Aetna Discount Programs: including blood pressure monitors, weight-loss programs and meal plans, books and magazine subscriptions, gym memberships, health and wellness products, hearing and dental products, eye care and more.

Hospital Indemnity Plan Benefits

Covered Benefit for Inpatient Stays	Plan 1	Plan 2
<p>Hospital stay - Admission</p> <p>Provides a lump sum benefit for the initial day of your stay in a hospital.</p> <p><i>Maximum 2 stays per plan year; separated by 30 days in a row</i></p>	\$1,000	\$1,500
<p>Hospital stay - Daily</p> <p>Pays a daily benefit, beginning on day two of your stay in a non-ICU room of a hospital.</p> <p><i>Maximum 30 days per plan year</i></p>	\$100	\$150
<p>Hospital stay - (ICU) Daily</p> <p>Pays a daily benefit, beginning on day two of your stay in an ICU room of a hospital.</p> <p><i>Maximum 30 days per plan year</i></p>	\$200	\$300
<p>Newborn routine care</p> <p>Provides a lump-sum benefit after the birth of your newborn. This will not pay for an outpatient birth.</p>	\$100	\$200
<p>Observation unit</p> <p>Provides a lump sum benefit for the initial day of your stay in an observation unit as the result of an illness or accidental injury.</p> <p><i>Maximum 1 day per plan year</i></p>	\$100	\$200
<p>Substance abuse stay - Daily</p> <p>Pays a daily benefit for each day you have a stay in a hospital or substance abuse treatment facility for the treatment of substance abuse.</p> <p><i>Maximum 30 days per plan year</i></p>	\$100	\$150
<p>Mental disorder stay - Daily</p> <p>Pays a daily benefit for each day you have a stay in a hospital or mental disorder treatment facility for the treatment of mental disorders.</p> <p><i>Maximum 30 days per plan year</i></p>	\$100	\$150
<p>Rehabilitation unit stay - Daily</p> <p>Pays a benefit each day of your stay in a rehabilitation unit immediately after your hospital stay due to an illness or accidental injury.</p> <p><i>Maximum 30 days per plan year</i></p>	\$50	\$75

Important Note: All daily inpatient stay benefits begin on day two and count toward the plan year maximum.

Waiver of Premium

Covered Benefit	Plan 1	Plan 2
<p>If you are in a hospital for more than 30 days in a row, we will waive the premium beginning on the first premium due date that occurs after the 30th day of your stay, through the next 6 months of coverage. During your stay, you must remain employed with the policyholder.</p>	Included	Included

CANCER INSURANCE

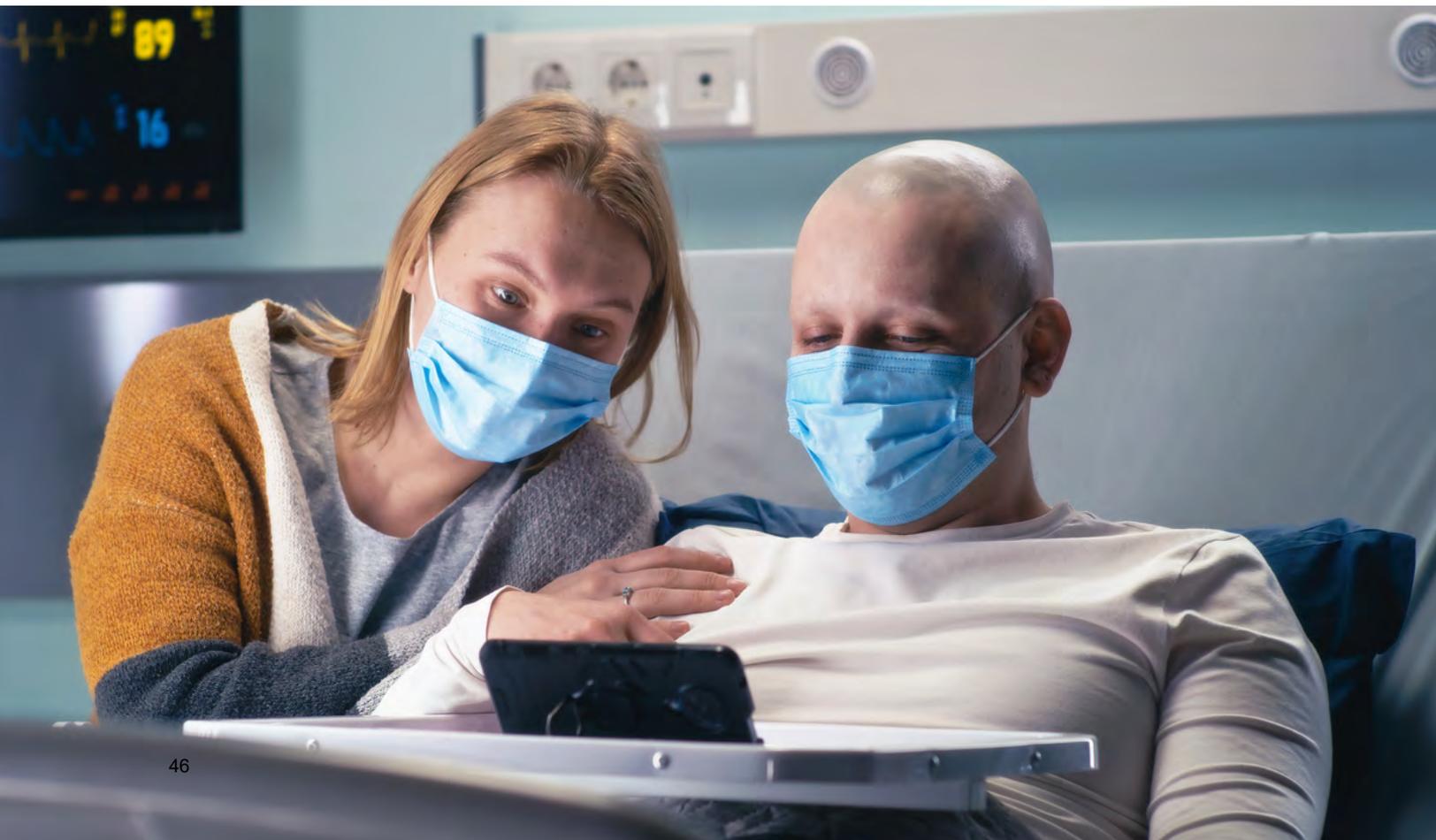
American Fidelity | <https://americanfidelity.com> | 800.662.1113

Thousands of Americans are diagnosed with cancer each day. No doubt, the news is devastating, both personally and financially. It's impossible to anticipate a cancer diagnosis, but it is possible to prepare for it with a cancer insurance plan.

It is likely that your major medical coverage will not cover all the costs associated with a cancer diagnosis. Supplementing your major medical with cancer insurance may help you pay for related expenses, such as copays and deductibles, specialists, experimental treatment, specialty hospitals, travel expenses, in-home care and more.

Premiums are paid through convenient payroll deduction to ensure your policy remains in force if you should need it. Benefits are paid directly to you, so you can choose how to spend the money. Visit the Employee Benefits Center and view policy for more details.

CANCER INSURANCE						
	BASIC		ENHANCED		ENHANCED PLUS	
	Employee Pays Per Month	Employee Pays Per Pay-Period	Employee Pays Per Month	Employee Pays Per Pay-Period	Employee Pays Per Month	Employee Pays Per Pay-Period
EMPLOYEE	\$16.70	\$8.35	\$23.60	\$11.80	\$30.80	\$15.40
SPF	\$24.80	\$12.40	\$35.20	\$17.60	\$45.80	\$22.90
FAMILY	\$32.20	\$16.10	\$45.70	\$22.85	\$59.50	\$29.75





AF™ Cancer C11 Individual Insurance



EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Focus on the fight.

A Cancer diagnosis may be both a physical and emotional drain. But thanks to advances in medicine and procedures to treat Cancer, more and more people are beating the disease. However, with the arrival of these advances also comes the continuing rise in the cost of Cancer treatment.

AF™ **Limited Benefit Individual Cancer Insurance** offers a solution to help you and your family focus on fighting the disease.

Plan Highlights

- **Helps cover expenses**
for the treatment of Cancer, transportation, hospitalization, and more.
- **Benefits paid directly to you**
to be used however you see fit.
- **Portable to take with you**
even if you leave employment.
- **Coverage options available**
for you, your spouse, and your children under age 26.

Cancer Insurance Benefits

With over 25 benefits specifically designed to help with the financial impact of being diagnosed, **Individual Cancer Insurance** may help pay for expenses not covered by your major medical insurance.

Example Cancer insurance benefits include:



Experimental Treatment

This benefit may help pay for experimental treatment to give you alternatives in your healing. These treatment types may not be covered by major medical plans.



Transportation and Lodging

This benefit may help pay for qualified transportation and lodging for the patient and family.

SCREENING BENEFIT⁺

Receive a benefit for your annual internal Cancer screening test, including but not limited to mammogram, pap, prostate-specific antigen blood test (PSA), chest x-ray, flexible sigmoidoscopy, thinprep pap test, and colonoscopy.

DIAGNOSTIC AND PREVENTION BENEFIT <i>(per calendar year)</i>		
BASIC	ENHANCED	ENHANCED PLUS
\$45	\$60	\$75

⁺The premium and amount of benefits provided vary based upon the plan selected.

Benefits

BENEFITS ⁺	BASIC	ENHANCED	ENHANCED PLUS
SCREENING			
Diagnostic and Prevention Benefit (one per calendar year)	\$45	\$60	\$75
Cancer Screening Follow-Up Benefit (one per calendar year)	\$45	\$60	\$75
TREATMENT			
Radiation Therapy/Chemotherapy/Immunotherapy Benefit (per 12-month period) (Actual Charges)	up to \$10,000	up to \$15,000	up to \$20,000
Medical Imaging Benefit (per image - max 2 per calendar year)	\$100	\$200	\$300
Hormone Therapy Benefit (per treatment - max 12 treatments/calendar year)	\$50	\$50	\$50
Administrative/Lab Work Benefit (per calendar month)	\$50	\$75	\$100
Blood, Plasma, and Platelets Benefit (per day) (per calendar year max)	\$100 \$5,000	\$150 \$7,500	\$200 \$10,000
Experimental Treatment Benefit	Paid as any non-experimental benefit		
Bone Marrow/Stem Cell Transplant Benefit			
Autologous (patient provided) (per calendar year)	\$500	\$1,000	\$1,500
Non-autologous (donor provided) (per calendar year)	\$1,500	\$3,000	\$4,500
Donor Benefit	\$1,000 per donation		
Inpatient Special Nursing Services Benefit (per day)	\$150	\$150	\$150
Dread Disease Benefit (per day for the first 30 days per Hospital confinement) (per day thereafter)	\$100 \$200	\$200 \$400	\$300 \$600
HOSPITALIZATION			
Hospital Confinement Benefit* (per day for the first 30 days) (per day thereafter)	\$100 \$200	\$200 \$400	\$300 \$600
Drugs & Medicine Benefit			
Hospital Confinement (per confinement)	\$100	\$200	\$300
Outpatient (per prescription - \$50 monthly max for basic; \$100 for enhanced; \$150 for enhanced plus per calendar month)	\$50	\$50	\$50
Attending Physician Benefit (per day)	\$30	\$40	\$50
U.S. Government/Charity Hospital or HMO Benefit (per day in lieu of most benefits)			
Hospital Confinement	\$100	\$200	\$300
Outpatient Services	\$100	\$200	\$300

BENEFITS ⁺	BASIC	ENHANCED	ENHANCED PLUS
AMBULANCE, TRANSPORTATION, & LODGING			
Ambulance Benefit (per trip - max 2 trips any combination per confinement)			
Ground	\$200	\$200	\$200
Air	\$2,000	\$2,000	\$2,000
Transportation & Lodging Benefit (Patient and/or Family)			
Transportation ((\$1,500 max per round trip; max 12 trips/calendar year)	Coach fare or \$.50/mile by car		
Outpatient Lodging (per day up to 90 days per calendar year)	\$40	\$60	\$80
SURGICAL TREATMENT			
Surgical Benefit unit dollar amount (per surgical unit) maximum per operation	\$20 \$2,000	\$30 \$3,000	\$40 \$4,000
Anesthesia Benefit	25% of the amount paid for covered surgery		
Outpatient Hospital or Ambulatory Surgical Center Benefit (per day)	\$200	\$400	\$600
Second & Third Surgical Opinion Benefit (per diagnosis)	\$300	\$300	\$300
CONTINUING CARE			
Prosthesis Benefit			
Non-Surgical (per device - 1 per site, lifetime max of 3)	\$100	\$150	\$200
Surgical Implantation (per device, includes surgical fee - 1 per site, lifetime max of 2)	\$1,000	\$1,500	\$2,000
Hair Prosthesis (once per life)	\$100	\$150	\$200
Extended Care Facility Benefit (per day for up to the same number of days of paid Hospital confinement)	\$50	\$75	\$100
Physical or Speech Therapy Benefit (per visit up to 4 per calendar month - lifetime max of \$1,000)	\$25	\$25	\$25
Hospice Care Benefit (per day - \$9,000 lifetime max for basic; \$13,500 lifetime max for enhanced; \$18,000 lifetime max for enhanced plus)	\$50	\$75	\$100
Home Health Care Benefit (per day for up to the same number of days of paid Hospital confinement)	\$50	\$75	\$100
Waiver of Premium (as long as the primary insured remains disabled)	after 90 continuous days of disability		

Refer to Plan Benefit Highlights for more complete benefit descriptions and limits on the Individual Cancer insurance plan.

+The premium and amount of benefits provided vary based upon the plan selected.

Plan Benefit Highlights

MONTHLY PREMIUMS COMPOSITE RATES

	BASIC
Individual	\$16.70
Single Parent Family	\$24.80
Family	\$32.20

	ENHANCED
Individual	\$23.60
Single Parent Family	\$35.20
Family	\$45.70

	ENHANCED PLUS
Individual	\$30.80
Single Parent Family	\$45.80
Family	\$59.50

Plan Benefit Highlights

Only loss for Cancer The policy pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. The policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer.

Cancer means a disease which is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function, or spread (local or distant) of cells in any part of the body. This includes Cancer in situ and malignant melanoma. It does not include other conditions which may be considered precancerous or having malignant potential such as: leukoplakia; hyperplasia; polycythemia; actinic keratosis; myelodysplastic and non-malignant myeloproliferative disorders; aplastic anemia; atypia; non-malignant monoclonal gammopathy; carcinoid; or pre-malignant lesions, benign tumors or polyps.

All diagnosis of Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. **Benefits under this policy pays the benefit amount shown per covered person due to a covered Cancer unless otherwise specified.**

Diagnostic, Prevention and Cancer Screening Benefit Pays for a generally medically recognized internal Cancer screening test when a charge is incurred for the test. Tests include but are not limited to mammogram, thinprep pap test, prostate-specific antigen blood test (PSA), colonoscopy, and chest x-ray. Refer to the policy for more examples. Screening tests payable under this benefit will ONLY be paid under this benefit and does not include any test payable under the medical imaging benefit. This benefit is available without a diagnosis of Cancer.

Cancer Screening Follow-Up Benefit Payable for one invasive follow-up screening test needed due to an abnormal result from a covered screening test. Diagnostic surgeries which result in a positive diagnosis of Cancer will be paid under the surgical benefit.

Radiation/Chemotherapy/Immunotherapy Benefit Pays the Actual Charges up to the maximum amount shown when radiation therapy, chemotherapy, or immunotherapy is received as defined in the policy, per 12-month period. The 12-month period begins on the first day the covered radiation therapy, chemotherapy, or immunotherapy is received. This benefit does not cover other procedures related to radiation/ chemotherapy/ immunotherapy. This benefit does not include any drugs/ medicines covered under the drugs and medicine benefit or the hormone therapy benefit. Actual Charges means the amount actually paid by or on behalf of the insured person and accepted by the provider for services provided.

Medical Imaging Benefit Pays the indemnity amount for either an MRI; CT scan; CAT scan; or PET scan when performed at the request of a physician.

Hormone Therapy Benefit Drugs and medicines covered under the drugs and medicine benefit or the radiation/chemotherapy/immunotherapy benefit are not included. This benefit does not cover associated administrative processes.

Administrative/Lab Work Benefit Pays when procedures related to radiation therapy/chemotherapy/immunotherapy treatment occur and benefits are payable during the same calendar month as the radiation therapy/chemotherapy/immunotherapy benefit.

Blood, Plasma and Platelets Benefit Benefits for blood, plasma and platelets are only provided under this benefit. Laboratory processes and colony stimulating factors are not covered.

Bone Marrow/Stem Cell Transplant Benefit Harvesting of bone marrow or stem cells from a donor are not covered under this benefit.

Hospital Confinement Benefit Payable while confined to a Hospital for at least 18 continuous hours. *A Hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction. This benefit is not payable for outpatient treatment.

Drugs and Medicine Benefit Pays for anti-nausea and pain medication prescribed by a physician and administered while also receiving radiation therapy/chemotherapy/immunotherapy, a covered surgery, or a bone marrow/stem cell transplant. It does not include associated administrative processes or drugs or medicines covered under the radiation therapy/ chemotherapy/immunotherapy benefit or the hormone therapy benefit.

Attending Physician Benefit Pays for one physician's visit per day when the services of a physician, other than a surgeon, are required while confined in a Hospital.

U.S. Government/Charity Hospital /HMO Benefit Payable when an itemized list of services is not available due to confinement in a charity Hospital or a Hospital owned or operated by the U.S. government or covered under an HMO or diagnostic related group where no charges are made for treatment of Cancer or a covered dread disease. This benefit will be paid in lieu of most benefits covered under this policy.

Ambulance Benefit If air and ground ambulance services are both required on the same day, we will only pay the higher benefit amount. The covered person must be admitted as an inpatient and Hospital confined for at least 18 consecutive hours.

Transportation and Lodging Benefits Pays a benefit for transportation by scheduled bus, plane or train, or by car and outpatient lodging to receive radiation therapy, chemotherapy, or immunotherapy treatment, bone marrow or stem cell transplant, or surgery in a Hospital not available locally and at least 50 miles from the covered person's residence. Payable for the covered person and one adult family member. If traveling in the same car or lodging in the same room, the benefit is payable only for the covered person. Travel must be within the United States or its Territories.

Surgical Benefit Payable when a surgical operation is performed for covered diagnosed Cancer, skin Cancer, or reconstructive surgery due to Cancer. Benefits are calculated up to a maximum benefit by multiplying the surgical unit value assigned to the procedure, as shown in the most current physician's relative value table, by the unit dollar amount shown in the policy. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries, surgeries to implant a permanent prosthetic device, are not covered under this benefit. This benefit is payable for reconstructive breast surgery performed on a nondiseased breast to establish symmetry with a diseased breast when reconstructive surgery on the diseased breast is performed while covered under this policy. Reconstructive surgery to the nondiseased breast must occur within 24 months of the reconstructive surgery of the diseased breast.

Plan Benefit Highlights (cont.)

Anesthesia Benefit Services of an anesthesiologist for bone marrow transplants, skin Cancer or surgical prosthesis implantation are not covered.

Outpatient Hospital or Ambulatory Surgical Center Benefit Surgical procedures for skin Cancer are not covered.

Second and Third Surgical Opinion Benefit Payable once per diagnosis of Cancer for a second surgical opinion, and a third if the second disagrees with the first. Surgical opinions for reconstructive, skin Cancer, or prosthesis surgeries are not covered.

Prosthesis Benefit Payable for a prosthetic device and, if surgery required, its surgical implantation. Prosthetic related supplies such as special bras or ostomy pouches and supplies are not covered. **Hair Prosthesis Benefit** is payable once per covered person per lifetime when a hair prosthesis is needed.

Extended Care Facility Benefit Pays for physician authorized confinement that begins within 14 days after a Hospital confinement.

Physical or Speech Therapy Benefit Therapy must be provided by a caregiver licensed in physical or speech therapy.

Hospice Care Benefit Payable when a physician determines terminal illness with life expectancy of 6 months or less and approves hospice care at home or in a hospice facility. This benefit does not include well baby care, volunteer services, meals, housekeeping services, or family support after the death.

Home Health Care Benefit Pays for physician authorized private nursing care that begins within 14 days of a hospital confinement. This benefit does not include nutrition counseling, medical social services, medical supplies, prosthesis or orthopedic appliances, rental or purchase of durable medical equipment, drugs or medicines, child care, meals or housekeeping services, or physical or speech therapy. The service must be provided by a nurse or home health nurse's aid and can not be a family member.

Waiver of Premium Benefit If the primary insured becomes disabled due to Cancer and remains so for more than 90 continuous days, we will pay all premiums for policy and rider(s) due after the 90th day so long as the primary insured remains disabled. "Disabled" means the primary insured's inability because of Cancer: to work at any job for which (s)he is qualified by education, training or experience; not working at any job for pay or benefits; and under the care of a physician for the treatment of Cancer. The policy must be in force at the time disability begins and the primary insured must be under age 65.

Experimental Treatment Benefit Benefits for experimental treatment prescribed by a physician for treatment of Cancer will be provided the same as non-experimental treatment. Coverage for treatments received outside of the United States or its territories is not provided.

Donor Benefit Pays if a donor incurs expenses on behalf of a covered person for a covered surgery due to organ transplant or a bone marrow/stem cell transplant. Blood donor expenses are not covered under this benefit.

Dread Disease Benefit Covered dread diseases are: addison's disease; amyotrophic lateral sclerosis; cystic fibrosis; diphtheria; encephalitis; grand mal epilepsy; legionnaire's disease; meningitis; multiple sclerosis; muscular dystrophy; myasthenia gravis; niemann-pick disease; osteomyelitis; poliomyelitis; reye's syndrome; rheumatic fever; rocky mountain spotted fever; sickle cell anemia; systemic lupus erythematosus; tay-sach's disease; tetanus; toxic epidermal; toxic shock syndrome; tuberculosis; tularemia; typhoid fever; whipple's disease.

Inpatient Special Nursing Services Benefit Pays when Hospital confined and receiving physician authorized special nursing care (other than that regularly furnished by a Hospital) of at least 8 consecutive hours during a 24 hour period.

See your policy for more information regarding the benefits listed above.

This product may contain limitations, exclusions, and waiting periods. This product is inappropriate for people who are eligible for Medicaid coverage.

Eligibility The policy/rider(s) will be issued only to those persons who meet American Fidelity's insurability requirements, which includes satisfactory responses to medical questions. You, your lawful spouse and each natural, adopted or step child who is under 26 years of age are eligible to apply for coverage.

Limitations and Exclusions This policy pays only for loss resulting from definitive Cancer treatment including direct extension, metastatic spread, or recurrence. Proof must be submitted to support each claim. This policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer.

Pre-Existing Condition A Pre-Existing Condition is a Cancer or dread disease for which, within 12 months prior to the effective date of coverage, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession; or which symptoms manifested in such a manner as would cause an ordinarily prudent person to seek diagnosis, medical advice, or treatment. Pre-Existing Conditions specifically named or described as excluded in any part of the policy are never covered. No benefits are payable for any covered person for any loss incurred during the first year of the policy as a result of a Pre-Existing Condition.

Waiting Period The policy contains a 30-day waiting period during which no benefits will be paid under the policy. If any Cancer or dread disease is diagnosed before the end of the 30-day period immediately following the effective date, coverage will apply only to loss that is incurred after one year from the effective date. If any covered person is diagnosed as having a Cancer or dread disease during the 30-day period immediately following the effective date, you may elect to void the policy from the beginning and receive a full refund of premium. All benefits are payable only up to the maximum amount listed in the schedule of benefits in the policy.

Termination of Insurance Policy/rider(s) will terminate and coverage will end on the earliest of: the end of the grace period if the premium remains unpaid; or the end of the policy/rider(s) month in which we receive a written request from you to terminate the policy/rider(s); or the date of your death, if this is an Individual Plan. If the plan is other than individual the remaining covered persons may have the right to continue or convert their coverage. Coverage will terminate when they no longer meet the eligibility requirements.

For the spouse, policy/rider(s) will terminate and coverage will end on the earliest of: The end of the policy/rider(s) month in which we receive a written request from you to delete the spouse from the policy/rider(s); the end of the premium term in which a divorce, annulment, legal separation is obtained; or upon their death.

For the child(ren), policy/rider(s) will terminate and coverage will end the earliest of: The end of the policy/rider(s) month in which we receive a written request from you to delete the child(ren) from the policy/rider(s); or upon their death.

Guaranteed Renewable You are guaranteed the right to renew your policy/rider(s) during your lifetime as long as you pay premiums when due or within the premium grace period. We have the right to increase premiums by class.



American Fidelity Assurance Company
9000 Cameron Parkway, Oklahoma City, Oklahoma 73114
800-662-1113 • americanfidelity.com

CRITICAL ILLNESS INSURANCE

AFLAC | <https://www.aflacgroupinsurance.com> | 1.800.433.3036

If you've heard of heart attacks, strokes, organ transplants or paralysis, then you're familiar with critical illness. It's likely you or someone you know has experienced one of these life-altering events. Often times, a critical illness has a powerful impact on people's lives, affecting their livelihood and finances.

A critical illness plan can help with the treatment costs of covered illnesses. Benefits are paid directly to you, unless otherwise assigned, giving you the choice of how to spend the money. Plus, there are plans available to provide coverage for you, your spouse and dependent children.

Prepare now for the unexpected with a critical illness insurance plan. The plan helps you focus on getting well rather than worrying about finances. Visit the Employee Benefits Center and view policy for more details.



Aflac can help ease the financial stress of surviving a critical illness.

Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

That's the benefit of an Aflac Group Critical Illness plan.

It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke.

More importantly, the plan helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

What you need, when you need it.

Group critical illness insurance pays cash benefits that you can use any way you see fit.



Here's why the Aflac Group Critical Illness plan may be right for you.

For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. The Aflac Group Critical Illness plan is just another innovative way to help make sure you're well protected.

But it doesn't stop there. Having group critical illness insurance from Aflac means that you may have added financial resources to help with medical costs or ongoing living expenses.

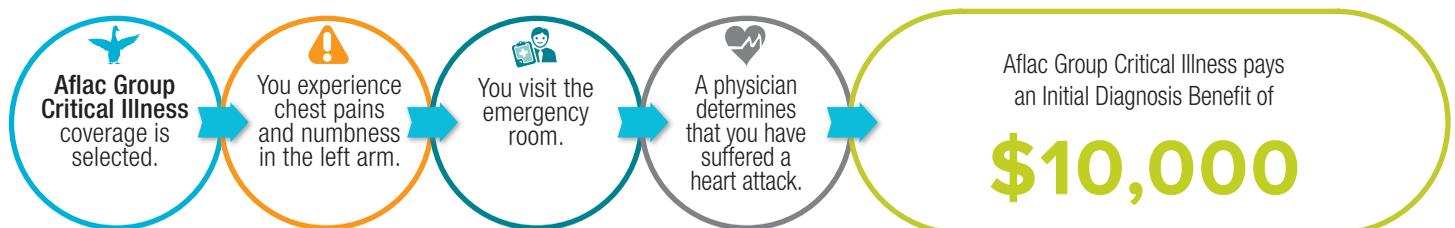
The Aflac Group Critical Illness plan benefits include:

- Critical Illness Benefit payable for:
 - Cancer
 - Heart Attack (Myocardial Infarction)
 - Stroke
 - Kidney Failure (End-Stage Renal Failure)
 - Major Organ Transplant
 - Bone Marrow Transplant (Stem Cell Transplant)
 - Sudden Cardiac Arrest
- Health Screening Benefit
 - Coronary Artery Bypass Surgery
 - Non-Invasive Cancer
 - Skin Cancer
 - Coma
 - Severe Burn
 - Paralysis
 - Loss of Speech/Sight/Hearing

Features:

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.

How it works



Amount payable based on \$10,000 Initial Diagnosis Benefit.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit aflacgroupinsurance.com.

Benefits Overview

COVERED CRITICAL ILLNESSES:

CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
MAJOR ORGAN TRANSPLANT (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
SEVERE BURN*	100%
PARALYSIS**	100%
COMA**	100%
LOSS OF SPEECH / SIGHT / HEARING**	100%
NON-INVASIVE CANCER	25%
CORONARY ARTERY BYPASS SURGERY	25%

INITIAL DIAGNOSIS

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

ADDITIONAL DIAGNOSIS

We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

REOCCURRENCE

We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.

*This benefit is only payable for a burn due to, caused by, and attributed to, a covered accident.

**These benefits are payable for loss due to a covered underlying disease or a covered accident.

SKIN CANCER BENEFIT

We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

WAIVER OF PREMIUM

If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.

SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time.

HEALTH SCREENING BENEFIT (Employee and Spouse only)

We will pay \$100 for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year.

This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse.

This benefit is not paid for dependent children.

OPTIONAL BENEFITS RIDER

BENIGN BRAIN TUMOR	100%
ADVANCED ALZHEIMER'S DISEASE	25%
ADVANCED PARKINSON'S DISEASE	25%

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the optional benefit if the insured is diagnosed with one of the conditions listed in the rider schedule if the date of diagnosis is while the rider is in force.

PROGRESSIVE DISEASE RIDER:

AMYOTROPHIC LATERAL SCLEROSIS (ALS OR LOU GEHRIG'S DISEASE)	100%
SUSTAINED MULTIPLE SCLEROSIS	100%

This benefit is paid based on your selected Progressive Disease Benefit amount. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

CHILDHOOD CONDITIONS RIDER

CYSTIC FIBROSIS	50%
CEREBRAL PALSY	50%
CLEFT LIP OR CLEFT PALATE	50%
DOWN SYNDROME	50%
PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU)	50%
SPINA BIFIDA	50%
TYPE 1 DIABETES	50%

One Time Benefit Amount

AUTISM SPECTRUM DISORDER (ASD)	\$3,000
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Benefits are payable if a dependent child is diagnosed with one of the conditions listed.

SPECIFIED DISEASES RIDER

Percentage of Face Amount

<p>TIER I SPECIFIED DISEASE BENEFIT Addison’s Disease, Cerebrospinal Meningitis, Diphtheria, Huntington’s Chorea, Legionnaire’s Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis</p> <p>We will pay the benefit shown if an insured is diagnosed with one of the Tier I Specified Diseases listed, and if the date of diagnosis is while the rider is in force.</p> <p>For any subsequent Tier I Specified Disease to be covered, the date of diagnosis of the subsequent Tier I Specified Disease must be 180 days or more after the date the insured first qualified for any previously paid Tier I Specified Disease Benefit.</p>	25%
<p>TIER II SPECIFIED DISEASE BENEFIT Covered Diseases: Human Coronavirus</p> <p>We will pay the benefit shown if an insured is diagnosed with one of the Tier II Specified Diseases listed, and such diagnosis results in either a period of hospital confinement or hospital intensive care unit confinement as a direct result of the Tier II Specified Disease. Furthermore, the date of diagnosis must be while the rider is in force.</p> <p>In addition, the insured must be receiving treatment for the Tier II Specified Disease for the minimum number of days shown. Only the highest eligible benefit amount will be payable under these benefits. In the event a lower benefit amount was previously paid under these benefits for any period of hospital confinement and that confinement is extended or the insured is moved to an intensive care unit triggering a higher payment, the difference between the previous paid benefit amount and the new benefit amount will be provided.</p> <p>For any subsequent Tier II Specified Disease to be covered, the date of diagnosis of the subsequent Tier II Specified Disease must be 180 days or more after the date the insured first qualified for any previously paid Tier II Specified Disease Benefit.</p>	10% if confined to a hospital for 4-9 days 25% if confined to a hospital for 10 or more days 40% if confined to an intensive care unit

RATES TABLE FOR: CITY OF LEANDER - GP-36266 / GROUP CRITICAL ILLNESS - PLAN-233777**DEDUCTION FREQUENCY: Semimonthly (24pp / yr)****Employee - Uni-Tobacco**

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.06	\$4.77	\$6.48	\$8.18	\$9.89	\$11.60	\$13.31	\$15.02	\$16.73	\$18.44
30-39	\$4.10	\$6.85	\$9.61	\$12.36	\$15.11	\$17.86	\$20.61	\$23.36	\$26.12	\$28.87
40-49	\$6.55	\$11.75	\$16.94	\$22.14	\$27.34	\$32.54	\$37.74	\$42.94	\$48.13	\$53.33
50-59	\$11.39	\$21.44	\$31.48	\$41.52	\$51.57	\$61.61	\$71.66	\$81.70	\$91.74	\$101.79
60+	\$20.20	\$39.05	\$57.89	\$76.74	\$95.59	\$114.44	\$133.28	\$152.13	\$170.98	\$189.83

Spouse - Uni-Tobacco

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$2.87	\$4.39	\$5.91	\$7.43	\$8.95	\$10.47	\$11.99	\$13.51	\$15.02	\$16.54
30-39	\$3.91	\$6.48	\$9.04	\$11.60	\$14.16	\$16.73	\$19.29	\$21.85	\$24.41	\$26.98
40-49	\$6.36	\$11.37	\$16.38	\$21.39	\$26.40	\$31.40	\$36.41	\$41.42	\$46.43	\$51.44
50-59	\$11.20	\$21.06	\$30.91	\$40.77	\$50.62	\$60.48	\$70.33	\$80.18	\$90.04	\$99.89
60+	\$20.01	\$38.67	\$57.33	\$75.98	\$94.64	\$113.30	\$131.96	\$150.62	\$169.28	\$187.93

ACCIDENT INSURANCE

AFLAC | www.aflacgroupinsurance.com | 1.800.433.3036

The costs associated with an injury can add up. Between hospital visits, exams and treatment, out-of-pocket costs could put you in a financial hardship. An accident plan pays benefits directly to you so you can determine where to spend the money. It's comforting to know that an accident insurance policy can be there through all stages of your care, from initial treatment to follow-up care. Accident coverage is available to you through payroll deduction and may provide a benefit for costs associated with:

- Concussions
- Lacerations
- Broken teeth
- Emergency room visits
- Ambulance, ground or air
- Intensive care unit

ACCIDENT INSURANCE		
	Employee Pays Per Month	Employee Pays Per Pay-Period
EMPLOYEE ONLY	\$8.92	\$4.46
EMPLOYEE + SPOUSE	\$15.16	\$7.58
EMPLOYEE + CHILD(REN)	\$20.04	\$10.02
EMPLOYEE + FAMILY	\$26.28	\$13.14



Just because an accident can change your health, doesn't mean it should change your lifestyle too.

Accidents can happen in an instant affecting you or a loved one. Aflac is designed to help families plan for the health care bumps ahead and take some of the uncertainty and financial insecurity out of getting better.

Protection for the unexpected, that's the benefit of the Aflac Group Accident Plan.

After an accident, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you in your time of need to help cover expenses such as:

- Ambulance rides
- Emergency room visits
- Surgery and anesthesia
- Prescriptions
- Major Diagnostic Testing
- Burns

Plan Features

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Benefits are paid regardless of any other medical insurance.

What you need, when you need it.

Group accident insurance pays cash benefits that you can use any way you see fit.



GROUP ACCIDENT INSURANCE

	BENEFIT AMOUNT
<p>INITIAL TREATMENT (once per accident, within 7 days after the accident, not payable for telemedicine services) Payable when an insured receives initial treatment for a covered accidental injury. This benefit is payable for initial treatment received under the care of a doctor when an insured visits the following:</p>	
Hospital emergency room with X-Ray / without X-Ray	\$100/\$50
Urgent care facility with X-Ray / without X-Ray	\$100/\$50
Doctor's office or facility (other than a hospital emergency room or urgent care) with X-Ray / without X-Ray	\$50/\$25
<p>AMBULANCE (within 90 days after the accident) Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.</p>	<p>\$200 Ground \$600 Air</p>
<p>MAJOR DIAGNOSTIC TESTING (once per accident, within 6 months after the accident) Payable when an insured requires one of the following exams: Computerized Tomography (CT/CAT scan), Magnetic Resonance Imaging (MRI), or Electroencephalography (EEG) due to a covered accidental injury. These exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center or an ambulatory surgical center.</p>	\$100
<p>EMERGENCY ROOM OBSERVATION (within 7 days after the accident) Payable when an insured receives treatment in a hospital emergency room, and is held in a hospital for observation without being admitted as an inpatient because of a covered accidental injury.</p>	<p>\$100 Each 24 hour period</p> <p>\$25 Less than 24 hours, but at least 4 hours</p>
<p>PRESCRIPTIONS (2 times per accident, within 6 months after the accident) Payable for a prescription filled that - due to a covered accidental injury - is ordered by a doctor, dispensed by a licensed pharmacist and medically necessary for the care and treatment of the insured (in Alaska, Massachusetts and Montana prescriptions do not have to be medically necessary). This benefit is not payable for therapeutic devices or appliances; experimental drugs; drugs, medicines or insulin used by or administered to a person while he is confined to a hospital, rest home, extended-care facility, convalescent home, nursing home or similar institution; or immunization agents, biological sera, blood or blood plasma. This benefit is not payable for pain management techniques for which a benefit is paid under the Pain Management Benefit (if available).</p>	\$5
<p>BLOOD/PLASMA/PLATELETS (3 times per accident, within 6 months after the accident) Payable for each day that an insured receives blood, plasma or platelets due to a covered accidental injury.</p>	\$300
<p>PAIN MANAGEMENT (once per accident, within 6 months after the accident) Payable when an insured, due to a covered accidental injury, is prescribed and receives a nerve ablation and/or block, or an epidural injection administered into the spine. This benefit is only payable for pain management techniques (as shown above) that are administered in a hospital or doctor's office. This benefit is not payable for an epidural administered during a surgical procedure.</p>	\$50
<p>CONCUSSION (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a doctor with a concussion due to a covered accident.</p>	\$200
<p>TRAUMATIC BRAIN INJURY (once per accident, within 6 months after the accident) Payable when an insured is diagnosed by a neurologist with Traumatic Brain Injury (TBI) due to a covered accident. To qualify as TBI, the neurological deficit must require treatment by a neurologist and a prescribed course of physical, speech and/or occupational therapy under the direction of a neurologist.</p>	\$1,250

COMA (once per accident) Payable when an insured is in a coma lasting 30 days or more as the result of a covered accident. For the purposes of this benefit, Coma means a profound state of unconsciousness caused by a covered accident.	\$5,000
EMERGENCY DENTAL WORK (once per accident, within 6 months after the accident) Payable when an insured's natural teeth are injured as a result of a covered accident.	\$25 Extraction \$100 Repair with a crown
BURNS (once per accident, within 6 months after the accident) Payable when an insured is burned in a covered accident and is treated by a doctor. We will pay according to the percentage of body surface burned. First degree burns are not covered.	
Second Degree	
Less than 10%	\$25
At least 10% but less than 25%	\$50
At least 25% but less than 35%	\$125
35% or more	\$250
Third Degree	
Less than 10%	\$250
At least 10% but less than 25%	\$1,250
At least 25% but less than 35%	\$2,500
35% or more	\$5,000
EYE INJURIES Payable for eye injuries if, because of a covered accident, a doctor removes a foreign body from the eye, with or without anesthesia.	\$200
FRACTURES (once per accident, within 90 days after the accident) Payable when an insured fractures a bone because of a covered accident and is treated by a doctor. If the fracture requires open reduction, 200% of the benefit is payable for that bone. For multiple fractures (more than one fracture in one accident), we will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount. For a chip fracture (a piece of bone that is completely broken off near a joint), we will pay 25% of the amount for the affected bone. This benefit is not payable for stress fractures.	Up to \$1,500 based on a schedule
DISLOCATIONS (once per accident, within 90 days after the accident) Payable when an insured dislocates a joint because of a covered accident and is treated by a doctor. If the dislocation requires open reduction, 200% of the benefit for that joint is payable. We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of his certificate and then dislocates the same joint again, it will not be covered by the plan. For multiple dislocations (more than one dislocated joint in one accident), we will pay a maximum of 200% of the benefit amount for the joint dislocated that has the highest dollar amount. For a partial dislocation (joint is not completely separated, including subluxation), we will pay 25% of the amount for the affected joint.	Up to \$1,500 based on a schedule
LACERATIONS (once per accident, within 7 days after the accident) Payable when an insured receives a laceration in a covered accident and the laceration is repaired by a doctor. For multiple lacerations, we will pay a maximum of 200% of the benefit for the largest single laceration requiring stitches. Lacerations requiring stitches (including liquid skin adhesive):	
Over 15 centimeters	\$200
5-15 centimeters	\$100
Under 5 centimeters	\$25
Lacerations not requiring stitches	\$12.50
OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in hospital or ambulatory surgical center, within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a hospital or ambulatory surgical center. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.	\$200

<p>FACILITIES FEE FOR OUTPATIENT SURGERY (surgery performed in hospital or ambulatory surgical center, within one year after the accident) Payable once per each eligible Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).</p>	\$25
<p>OUTPATIENT SURGERY AND ANESTHESIA (per day / performed in a doctor's office, urgent care facility, or emergency room; maximum of two procedures per accident, within one year of the accident)</p> <p>Payable for each day that, due to a covered accidental injury, an insured has an outpatient surgical procedure performed by a doctor in a doctor's office, urgent care facility or emergency room. Surgical procedure does not include laceration repair. If an outpatient surgical procedure is covered under another benefit in this plan, we will pay the higher benefit amount.</p>	\$25
<p>INPATIENT SURGERY AND ANESTHESIA (per day / within one year after the accident) Payable for each day that, due to a covered accidental injury, an insured has an inpatient surgical procedure performed by a doctor. The surgery must be performed while the insured is confined to a hospital as an inpatient. If an inpatient surgical procedure is covered under another benefit in the plan, we will pay the higher benefit amount.</p>	\$375
<p>TRANSPORTATION (greater than 100 miles from the insured's residence, 3 times per accident, within 6 months after the accident)</p> <p>Payable for transportation if, because of a covered accident, an insured is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the insured's resident city.</p>	<p>\$200 Plane</p> <p>\$100 Any ground transportation</p>
<p>SUCCESSOR INSURED BENEFIT</p> <p>If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.</p>	

Surgical Procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.

AFTER CARE BENEFITS	BENEFIT AMOUNT
<p>APPLIANCES (within 6 months after the accident)</p> <p>Payable if, as a result of an injury received in a covered accident, a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion.</p> <p>Cane, Ankle Brace</p> <p>Walking Boot, Walker, Crutches, Leg Brace, Cervical Collar, Wheelchair, Knee Scooter, Body Jacket, Back Brace</p>	<p>\$20</p> <p>\$50</p>
<p>ACCIDENT FOLLOW-UP TREATMENT (maximum of 6 per accident, within 6 months after the accident provided initial treatment is within 7 days of the accident)</p> <p>Payable for doctor-prescribed follow-up treatment for injuries received in a covered accident.</p> <p>Follow-up treatments do not include physical, occupational or speech therapy. Chiropractic or acupuncture procedures are also not considered follow-up treatment.</p>	\$25
<p>POST-TRAUMATIC STRESS DISORDER (PTSD) (once per accident, within 6 months after the accident)</p> <p>Payable if the insured is diagnosed with PTSD, a mental health condition triggered by a covered accident. An insured must meet the diagnostic criteria for PTSD, stipulated in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV-TR), and be under the active care of either a psychiatrist or Ph.D.-level psychologist.</p>	\$100
<p>REHABILITATION UNIT (maximum of 31 days per confinement, no more than 62 days total per calendar year for each insured)</p> <p>Payable for each day that, due to a covered accidental injury, an insured receives treatment as an inpatient at a rehabilitation facility. For this benefit to be payable, the insured must be transferred to the rehabilitation facility for treatment following an inpatient hospital confinement.</p> <p>We will not pay the rehabilitation facility benefit for the same days that the hospital confinement benefit is paid. We will pay the highest eligible benefit.</p>	\$50 per day

<p>THERAPY (maximum of 10 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident) Payable if because of injuries received in a covered accident, an insured has doctor-prescribed therapy treatment in one of the following categories: physical therapy provided by a licensed physical therapist, occupational therapy provided by a licensed occupational therapist, or speech therapy provided by a licensed speech therapist.</p>	\$15
<p>CHIROPRACTIC OR ALTERNATIVE THERAPY (maximum of 6 per accident, beginning within 90 days after the accident provided initial treatment is within 7 days after the accident) Payable if because of injuries received in a covered accident, an insured receives acupuncture or chiropractic treatment.</p>	\$15
<p>HOSPITALIZATION BENEFITS</p>	<p>BENEFIT AMOUNT</p>
<p>HOSPITAL ADMISSION (once per accident, within 6 months after the accident) Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury. This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.</p>	\$500 per confinement
<p>HOSPITAL CONFINEMENT (maximum of 365 days per accident, within 6 months after the accident) Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury. If we pay benefits for confinement and the insured is confined again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility.</p>	\$100 per day
<p>HOSPITAL INTENSIVE CARE (maximum of 30 days per accident, within 6 months after the accident) Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury. We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accidental injury. If we pay benefits for confinement in a hospital intensive care unit and an insured becomes confined to a hospital intensive care unit again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.</p>	\$100 per day
<p>INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT (maximum of 30 days per accident, within 6 months after the accident) Payable for each day an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury. We will pay benefits for only one confinement in an intermediate intensive care step-down unit at a time, even if it is caused by more than one covered accidental injury. If we pay benefits for confinement in an intermediate intensive care step-down unit and an insured becomes confined to an intermediate intensive care step-down unit again within 6 months because of the same condition, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.</p>	\$50 per day
<p>FAMILY MEMBER LODGING (greater than 100 miles from the insured's residence, maximum of 30 days per accident, within 6 months after the accident) Payable for each night's lodging in a motel/hotel/rental property for an adult member of the insured's immediate family. For this benefit to be payable:</p> <ul style="list-style-type: none"> • The insured must be confined to a hospital for treatment of a covered accidental injury; • The hospital and motel/hotel must be more than 100 miles from the insured's residence; and • The treatment must be prescribed by the insured's treating doctor. 	\$100 per day

LIFE CHANGING EVENTS BENEFITS

DISMEMBERMENT (once per accident, within 6 months after the accident)

Payable if an insured loses a hand or foot or experiences loss of sight as the result of a covered accident.

Dismemberment means:

- Loss of a hand -The hand is removed at or above the wrist joint;
- Loss of a foot -The foot is removed at or above the ankle;
- Loss of a finger/toe - The finger or toe is removed at or above the joint where it is attached to the hand or foot; or
- Loss of sight - At least 80% of the vision in one eye is lost (such loss of sight must be permanent and irrecoverable).

If the Dismemberment Benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate death benefit (if available), less any amounts paid under this benefit.

SINGLE LOSS (the loss of one hand, one foot, or the sight of one eye)	BENEFIT AMOUNT
Employee	\$5,000
Spouse	\$5,000
Child(ren)	\$5,000

DOUBLE LOSS (the loss of both hands, both feet, the sight of both eyes, or a combination of any two)

Employee	\$10,000
Spouse	\$10,000
Child(ren)	\$10,000

LOSS OF ONE OR MORE FINGERS OR TOES

Employee	\$500
Spouse	\$500
Child(ren)	\$500

PARTIAL DISMEMBERMENT (INCLUDES AT LEAST ONE JOINT OF A FINGER OR A TOE)

Employee	\$62.50
Spouse	\$62.50
Child(ren)	\$62.50

PARALYSIS (once per accident, diagnosed by a doctor within six months after the accident)

Payable if an insured has permanent loss of movement of two or more limbs for more than 90 days (in Utah, 30 days) as the result of a covered accidental injury.

Paraplegia	\$2,500
Quadriplegia	\$5,000

PROSTHESIS (once per accident, up to 2 prosthetic devices and one replacement per device per insured)*

Payable when an insured receives a prosthetic device, prescribed by a doctor, as a result of a covered accidental injury. Prosthetic Device/Prosthesis means an artificial device designed to replace a missing part of the body. This benefit is not payable for hearing aids, wigs, or dental aids (to include false teeth), repair or replacement of prosthetic devices* and /or joint replacements.

* We will pay this benefit again once to cover the replacement of a prosthesis for which a benefit has been paid, provided the replacement takes place within three years of the initial benefit payment.

RESIDENCE/VEHICLE MODIFICATION (once per accident, within one year after the accident)

Payable for a permanent structural modification to an insured's primary residence or vehicle when the insured suffers total and permanent or irrevocable loss of one of the following, due to a covered accidental injury:

- The sight of one eye;
- The use of one hand/arm; or
- The use of one foot/leg.

\$500

ACCIDENTAL DEATH RIDER**BENEFIT AMOUNT**

ACCIDENTAL DEATH BENEFIT (within 90 days after the accident*)
Payable if a covered accidental injury causes the insured to die.

\$25,000
Employee
\$25,000
Spouse
\$25,000
Child(ren)

ACCIDENTAL COMMON-CARRIER DEATH BENEFIT

Payable if the insured:
• Is a fare-paying passenger on a common carrier;
• Is injured in a covered accident; and
• Dies within 90 days* after the covered accident.

*In Oregon and Utah, within 180 days after the accident; in Pennsylvania, there is no limitation on the number of days.

\$50,000
Employee
\$50,000
Spouse
\$50,000
Child(ren)

ORGANIZED ATHLETIC ACTIVITY RIDER**ORGANIZED ATHLETIC ACTIVITY BENEFIT**

We will pay an additional percentage of the benefit amount payable under the Aflac Group Accident plan for covered accidental injuries sustained while participating in an organized athletic event.

20%

INITIAL ACCIDENT EXCLUSIONS EXCLUSIONS

State references refer to the state of your group and not your resident state.

Plan exclusions apply to all riders unless otherwise noted.

We will not pay benefits for accidental injury, disability or death contributed to, caused by, or resulting from*:

- **War** – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
 - In California: voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection or riot.
 - In Idaho: participating in any war or act of war, declared or undeclared, or participating or serving in the armed forces or units auxiliary thereto. War also includes participation in a riot or an insurrection.
 - In Illinois: the statement “war does not include acts of terrorism” is deleted.
 - In Michigan: voluntarily participating in war or any act of war. War also includes voluntary felonious participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism.
 - In North Carolina: War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes civil participation in an active riot. War does not include acts of terrorism.
- **Suicide** – committing or attempting to commit suicide, while sane or insane.
 - In Montana: committing or attempting to commit suicide, while sane
 - In Illinois, Michigan and Minnesota: this exclusion does not apply
- **Sickness** – having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for:
 - Allergic reactions
 - Any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid or other arthropod bites or stings. In Illinois: any bacterial infection, except an infection which results from an accidental injury or an infection which results from accidental, involuntary or unintentional ingestion of a contaminated substance; any viral or microorganism infection or infestation; or any condition resulting from insect, arachnid or other arthropod bites or stings. In North Carolina: any viral or microorganism infestation or any condition resulting from insect, arachnid or other arthropod bites or stings
 - An error, mishap or malpractice during medical, diagnostic, or surgical treatment or procedure for any sickness
 - Any related medical/surgical treatment or diagnostic procedures for such illness
- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally.
 - In Idaho: intentionally self-inflicting injury.
 - In Montana: injuring or attempting to injure oneself intentionally, while sane
 - In Michigan: this exclusion does not apply
- **Racing** – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
 - In Idaho: this exclusion does not apply
- **Illegal Occupation** – voluntarily participating in, committing or attempting to commit a felony or illegal act or activity, or voluntarily working at or being

engaged in, an illegal occupation or job.

- In California, Nebraska and Tennessee: voluntarily participating in, committing, or attempting to commit a felony; or voluntarily working at, or being engaged in, an illegal occupation or job.
- In Illinois and Pennsylvania: committing or attempting to commit a felony or being engaged in an illegal occupation
- In Michigan: voluntarily participating in, committing or attempting to commit a felony, or being engaged in an illegal occupation
- In Idaho and South Dakota: this exclusion does not apply
- **Sports** – participating in any organized sport in a professional or semi-professional capacity for pay or profit.
 - In California and Idaho: participating in any organized sport in a professional capacity for pay or profit
- **Cosmetic Surgery** – having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of a covered accident.
 - In Alaska, Massachusetts and Montana: having cosmetic surgery, other elective procedures or dental treatment except as a result of a covered accident.
 - In California: having cosmetic surgery or other elective procedures that are not medically necessary (“cosmetic surgery” does not include reconstructive surgery when the service is related to or follows surgery resulting from a covered accident); or having dental treatment except as a result of a covered accident.
 - In Idaho: having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of a covered accident. Cosmetic surgery shall not include reconstructive surgery because of a Congenital Anomaly of a covered dependent child.
- **Felony** (In Idaho only) – participation in a felony

For 24-Hour Coverage, the following exclusions will not apply:

An injury arising from any employment.

An injury or sickness covered by worker’s compensation.

In North Carolina: services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina workers’ compensation act only to the extent such services or supplies are the liability of the employee, employer, or workers’ compensation insurance carrier according to a final adjudication under the North Carolina Workers’ Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers’ Compensation Act.

*“Contributed to” language doesn’t apply in Illinois

DEFINITIONS

Note: In New Hampshire, all mentions of “Treatment” refer to “Care”.

Accidental Injury means accidental bodily damage to an insured resulting from an unforeseen and unexpected traumatic event. This must be the direct result of an accident and not the result of disease or bodily infirmity. **A Covered Accidental Injury** is an accidental injury that occurs while coverage is in force. A **Covered Accident** is an accident that occurs on or after an insured’s effective date while coverage is in force, and that is not specifically excluded by the plan.

Ambulatory Surgical Center is defined as a licensed surgical center consisting of an operating room; facilities for the administration of general anesthesia; and a post-surgery recovery room in which the patient is admitted and discharged within a period of less than 24 hours.

Dependent Child or Dependent Children means your or your spouse’s natural children, step-children, grandchildren who are in your legal custody and residing with you, foster children, children subject to legal guardianship, legally adopted children, or children placed for adoption, who are younger than age 26 (and in Louisiana, unmarried). Newborn children may be automatically covered from the moment of birth for 60 days. Newly adopted children (and foster children in North Carolina and Florida) may also be automatically covered for 60 days. See certificate for details.

Doctor is a person who is duly qualified as a practitioner of the healing arts acting within the scope of his license, and is licensed to practice medicine; prescribe and administer drugs; or to perform surgery, or is a duly qualified medical practitioner according to the laws and regulations in the state in which treatment is made.

In Montana, for purposes of treatment, the insured has full freedom of choice in the selection of any licensed physician, physician assistant, dentist, osteopath, chiropractor, optometrist, podiatrist, psychologist, licensed social worker, licensed professional counselor, acupuncturist, naturopathic physician, physical therapist, speech-language pathologist, audiologist, licensed addiction counselor, or advanced practice registered nurse.

A Doctor does not include the insured or an insured's family member. In South Dakota however, a doctor who is an employee's family member may treat the insured if that doctor is the only doctor in the area and acts within the scope of his practice. For the purposes of this definition, family member includes the employee's spouse as well as the following members of the employee's immediate family son, daughter, mother, father, sister, and brother. This includes step-family members and family-members-in-law.

The term **Hospital** specifically excludes any facility not meeting the definition of hospital as defined in this plan, including but not limited to:

- A nursing home,
- An extended-care facility,
- A skilled nursing facility,
- A rest home or home for the aged,
- A rehabilitation facility,
- A facility for the treatment of alcoholism or drug addiction, or
- An assisted living facility.

Spouse is your legal wife, husband, or partner in a legally recognized union. Refer to your certificate for details.

Telemedicine Service means a medical inquiry with a doctor via audio or video communication that assists with a patient's assessment, diagnosis, and consultation.

Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines. Treatment does not include telemedicine services.

Urgent Care is a walk-in clinic that delivers ambulatory, outpatient care in a dedicated medical facility for illnesses or injuries that require immediate care but that are not serious enough to require a visit to an emergency room.

HOSPITALIZATION BENEFITS

Hospital Intensive Care Unit means a place that meets all of the following criteria:

- Is a specifically designated area of the hospital called a hospital intensive care unit;
- Provides the highest level of medical care;
- Is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
- Is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
- Is permanently equipped with special life-saving equipment for the care of the critically ill or injured;
- Is under close observation by a specially trained nursing staff assigned exclusively to the hospital intensive care unit 24 hours a day; and
- Has a doctor assigned to the hospital intensive care unit on a full-time basis.

The term **Hospital Intensive Care Unit** specifically excludes any type of facility not meeting the definition of hospital intensive care unit as defined in this plan, including but not limited to private monitored rooms, surgical recovery rooms, observation units and the following step-down units:

- A progressive care unit;
- A sub-acute intensive care unit; or
- An intermediate care unit.

Intermediate Intensive Care Step-Down Unit means any of the following:

- A progressive care unit;
- A sub-acute intensive care unit;
- An intermediate care unit; or
- A pre- or post-intensive care unit.

An intermediate intensive care step-down unit is not a hospital intensive care unit as defined in this plan.

AFTER CARE BENEFITS

Psychiatrist is a doctor of medicine who specializes in the diagnosis and treatment of mental disorders.

Psychologist is a clinical, mental health professional who works with patients. A psychologist is not a doctor of medicine who typically provides medical interventions and drug therapies, but provides analysis and counseling.

Rehabilitation Facility is a unit or facility providing coordinated multidisciplinary physical restorative services. These services must be provided to inpatients under a doctor's direction. The doctor must be knowledgeable and experienced in rehabilitative medicine. Beds must be set up in a unit or facility specifically designated and staffed for this service. This is not a facility for the treatment of alcoholism or drug addiction.

ACCIDENTAL DEATH RIDER

Common Carrier means:

- An airline carrier that is licensed by the United States Federal Aviation Administration and operated by a licensed pilot on a regular schedule between established airports;
- A railroad train that is licensed and operated for passenger service only; or
- A boat or ship that is licensed for passenger service and operated on a regular schedule between established ports.

ORGANIZED ATHLETIC ACTIVITY RIDER

EXCLUSIONS

The Organized Athletic Activity Benefit is not payable for accidental injuries that are caused by or occur as a result of an insured's participating in any sport or sporting activity for wage, compensation, or profit, including officiating, coaching, or racing any type vehicle in an organized event (in Idaho, in a professional capacity).

This benefit is also not payable for accidental injuries that occur during or are due to physical education classes (except in Idaho).

DEFINITION

Organized Athletic Activity means an athletic competition or supervised organized practice for an athletic competition. Organized Athletic Activities take place on a regularly occurring and scheduled basis, often during a pre-determined season. The competition must be governed by a set of written rules and officiated by someone certified to act in that capacity. The competition must also be overseen by a legal entity such as a public school system or sports conference. The legal entity must have a set of bylaws and competition must take place on a regulation playing surface. Participation must be on an amateur basis.

YOU MAY CONTINUE YOUR COVERAGE

Your coverage may be continued with certain stipulations. See certificate for details.

TERMINATION OF COVERAGE

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed renewable policy.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

EMPLOYEE ASSISTANCE PROGRAM

Alliance Work Partner | www.awpnow.com | 1.800.343.3822

Life pulls us in many different directions. Between kids, personal relationships, extracurricular activities, and family time, it seems like we don't have enough time in day to fit it all in. When life gets you stressed, call the employee assistance line provided by your employer. It offers 24/7 access to professionals who can help you successfully face emotional issues.

An employee assistance program, or EAP, is a free, voluntary program offered by your employer. With one phone call, you will have access to short-term counseling and confidential assessments whenever you have a personal or work-related problem.

Employee assistance programs address a wide range of issues including mental and emotional well-being, substance abuse and grief. Counselors are held to the highest ethical standard and are trained to keep your situation confidential. They work with you to determine the best way to address your needs and move you in a positive direction.



City of Leander

Employee Assistance Program (EAP)



Alliance Work Partners is
here for you as life happens.

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

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

All benefits can be
accessed by calling:

toll free

1-800-343-3822

TDD

1-800-448-1823

teen line

1-800-334-TEEN (8336)

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



Visit your EAP website at
awpnow.com

and create a
customized account.

Go to

<https://www.awpnow.com>

Select "Access Your Benefits"

Registration Code:

AWP-COLEA-1448

Your EAP Benefits:

LawAccess

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

HelpNet

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

WorkLife

Resources and referrals for everyday needs. Available by telephone.

SafeRide

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

1 to 8 Counseling Sessions

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

Newsletters

Webinar Training Series

Tips for Everyday Living

Here for you as life happens ...



Criteria for Benefits Eligibility

Full Benefits:

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

Assessment & Referral:

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

Information & Referral:

- Anyone contacting Alliance Work Partners regardless of contract status

Children under the age of 18 must have a written, signed release by their guardian who has custody (whether living in the home or not) to attend counseling on their own. This release is given to their affiliate provider. Divorced parents who bring their children in for counseling must bring a copy of their divorce decree or have signed permission from the other parent before bringing a child into counseling. Grandparents who bring their grandchildren into counseling must have proof of guardianship or written permission from the child's parents.

LEGAL SHIELD INSURANCE

LegalShield | www.legalshield.com | 800-654-7757

Have you ever found yourself in need of legal advice, but aren't sure where to go? A voluntary group legal plan helps fill that need. It provides you with access to professional lawyers at a low monthly rate. For just a few dollars a month, you can consult with a lawyer about having your will prepared, reviewing documents, contesting a traffic ticket, lawsuits, divorce and so much more. Expert legal advice is available at your fingertips.

LEGAL SHIELD INSURANCE		
	Employee Pays Per Month	Employees Pays Per Pay-Period
EMPLOYEE	\$21.95	\$10.98
FAMILY	\$21.95	\$10.98





Have You Ever...

- Signed a contract?
- Received a moving traffic violation?
- Needed your Will prepared or updated?
- Had concerns regarding child support?
- Had trouble with a warranty or defective product?
- Been overcharged for a repair or paid an unfair bill?

The LegalShield Membership Includes:

Dedicated Law Firm Direct access, no call center

Legal Advice/Consultation on unlimited personal issues

Letters/Calls made on your behalf

Contracts/Documents Reviewed up to 15 pages

Residential Loan Document Assistance for the purchase of your primary residence

Will Preparation - Will/Living Will/Health Care Power of Attorney/Financial Power of Attorney

Traffic Ticket Consultation

IRS Audit Assistance (begins with the tax return due April 15th of the year you enroll)

Trial Defense (if named defendant/respondent in a covered civil action suit)

Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)

25% Preferred Member Discount (bankruptcy, criminal charges, DUI, personal injury, etc.)

24/7 Emergency Access for covered situations



Put your law firm in the palm of your hand with the LegalShield mobile app!

Plan	Family Price
LegalShield	

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children. LegalShield provides access to identity theft protection and restoration services.

FOR MORE INFORMATION PLEASE CONTACT AN INDEPENDENT ASSOCIATE:



ADDITIONAL BENEFITS

Holidays (as of 10/1/2022)

All regular full-time employees will earn 8 hours of holiday leave for a designated City holiday. The following eleven holidays are official holidays for city employees:

- New Year's Day
- Martin Luther King, Jr. Day
- Good Friday (Friday before Easter)
- Memorial Day
- Juneteenth
- Independence Day (July 4th)
- Labor Day
- September 11 (Only for Fire Trainees, Uniform Fire, Police Cadets & Commissioned Police)
- Veterans Day
- Thanksgiving Day (fourth Thursday in November)
- Day after Thanksgiving (fourth Friday in November)
- Christmas Eve
- Christmas Day
- Day after Christmas

When a holiday occurs on a weekend, the following alternative schedule applies:

- A holiday that occurs on a Saturday shall be observed on the Friday before the holiday;
- A holiday that occurs on a Sunday shall be observed on the following Monday.

Vacation Leave

All regular full-time employees will be entitled to accrue vacation leave for each complete month of active service with the City. Employees will accrue vacation leave after working a full pay period. Employees cannot use any vacation leave until they have completed the initial six month introductory period, or any extended introductory period, unless their department director approves such use during the initial or extended introductory period. Accrual rates will be based on length of service with the City and number of hours worked per regular workweek. Accruals are calculated proportionately and occur each pay period.

Years of Service	Full-Time (40 hours)	Dept Head (Full-Time)
Less than 4	3.69 hours	4.62 hours
4-9	4.62 hours	4.62 hours
9-14	5.54 hours	5.54 hours
14 or more	6.46 hours	6.46 hours

Commissioned Fire Protection Employees and Licensed Peace Officers accrue at a higher rate than other full-time employees as required by Local Government Code 142.0013. Refer to Section 6.13 Vacation of the City of Leander Personnel Policy for these accruals rates and other detailed vacation leave information.

Vacation accrual based on 26 pay periods.

Sick Leave

All regular full-time employees will receive sick leave. Employees will accrue sick leave after working a full pay period and can use any accrued sick leave. Employees who have completed one year of employment may sell back a portion of their accrued sick leave. A maximum of 24 hours may be purchased back by the City. If any sick leave was used during the calendar year, an employee may sell back twenty-four (24) hours less the amount of sick time taken. Example, employee took (16) hours of sick leave so only eight (8) hours may be sold back. Refer to Section 6.12 Sick Leave of the City of Leander Personnel Policy for detailed sick leave information.

All Full-Time (40 Hour Shift) Per pay period	24 Hour Shift Employees Per pay period
3.69 or 96 hours per year	5.54 or 144 hours per year

Longevity Pay

In the pay period before Thanksgiving and after the first anniversary of a regular full-time employee's hire date, employees will receive a longevity lump sum of \$60 per each full year of continuous service, up to a maximum of 25 years. Longevity pay is based upon years of service at the City only. Longevity payment is also dependent on the employee's pay status. Refer to Section 5.16 Longevity Pay of the City of Leander Personnel Policy for detailed information.

Bereavement Leave

All regular full-time employees may be granted bereavement leave with pay for a specific period of time to be used in the event of the death of an immediate family member. Refer to Section 6.5 Bereavement Leave of the City of Leander Personnel Policy for detailed information.

Family and Medical Leave and Military Caregiver Leave (FMLA)

Eligible employees may receive up to 12 weeks of job-protected leave per calendar year for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. FMLA leave is not paid, but eligible employees are allowed to use their own available paid leave while on FMLA. If the employee is an eligible family member or next of kin (spouse, son, daughter or parent) of a covered service member, the employee can take up to 26 work weeks of leave during a single 12-month period to care for a covered service member with a serious injury or illness. Refer to Section 6.9 Family Medical Leave (FMLA) of the City of Leander Personnel Policy for detailed information.

Workers' Compensation

The City is self-insured for workers' compensation coverage through the Texas Municipal League Intergovernmental Risk Pool to protect employees injured as a direct result of the duties being performed in the course of employment with the City. If you are injured on the job, workers' compensation insurance may pay medical costs and income benefits to replace part of lost wages. Death benefits may also be paid to legal beneficiaries of employees killed on the job. Workers' compensation is designed to cover the costs associated with injuries resulting from identifiable and specific accidents or injuries occurring on the job. It is not designed to cover "ordinary diseases of life."

If you are injured on the job and require emergency medical treatment, go to the nearest hospital emergency room. Also, it is extremely important that you notify your supervisor and contact the Human Resources Department for any workplace injury. For all other medical treatment, including follow-up care after hospital treatment you must select a doctor from the Political Subdivision Workers' Compensation Alliance. The Alliance doctor list may be found at www.pswca.org or you may call 866-99-PSWCA.

Leander Library Card, Events and Resources

Residents of Leander within the city limits may get a library card for free, residents outside of the city limits must pay \$15.00 per year, per individual, for a library card. City employees get a library card free, regardless of their address, as long as they provide a state issued ID with a current address and their city-issued badge. A library card will allow check out of all physical items within the library (i.e., books, DVDs, audiobooks on CD) as well as access to online content (i.e., eBooks, eAudiobooks, movies, music) through three apps: Libby, powered by Overdrive; Hoopla; and Freegal. A library card is not required for faxing, printing, copying, or scanning services (fees may apply). In addition, a library card is not required to attend library programs and events. The Leander Library sends out an eNewsletter every month that gives an overview of the library's events, staff picks, puzzles, and more. You can sign up to receive the newsletter at www.tinyurl.com/lplnewsletter.

Crystal Falls Golf Course

City employees may play at the golf course for half off the regular rate. City employees who work at the golf course may play golf at no charge. You will be required to show your City badge to take advantage of these deals.

Retirement Plan

The City is a member of the Texas Municipal Retirement System (TMRS). The purpose of this plan is to provide an adequate and dependable program for the retirement of employees of Texas municipalities. Participation in the program is compulsory for all regular, full-time employees and for all part-time, non-temporary employees who are expected to work in excess of 1,000 hours per year. State laws governing TMRS require a specified contribution by each eligible employee. Employee contributions will be deducted from each paycheck (currently 7% of gross pay). Under present law, TMRS deductions are tax-free.

The City contributes two dollars for every one dollar contributed by the employee, to be available for the employee through monthly lifetime annuities when they retire from the City. Should a retiring employee choose to take a 100% lump sum distribution, they will ONLY receive an amount equal to their personal contributions and the interest that money has earned, and will forfeit what the City has paid on their behalf. There are several annuity options available to retiring employees, which are explained in detail in the TMRS Benefits Guide available online at www.tmr.com.

Eligibility for Retirement

While you are a member of TMRS, you are eligible to retire and receive an annuity payment monthly for the rest of your life if:

- You are at least 60 years of age and have at least five years of credited service with the system; or
- You are any age and have completed 20 years of service with the system.

Deferred Compensation

In addition to your retirement through the Texas Municipal Retirement System (TMRS), the City offers a 457 Deferred Compensation Plan for those employees who would like to participate. As a public sector employer, such a plan affords employees the privilege of saving money for their retirement, and at the same time, temporarily deferring the payment of federal income taxes on a portion of their taxable income. The City of Leander does not match any 457 contribution.

This means if your salary is \$30,000 per year and you voluntarily defer 6% of your annual salary (\$1,800) into the deferred compensation plan, your annual federal withholding tax will be calculated on the \$28,200 balance, not on the entire \$30,000. Be advised that you cannot borrow against or use your account as collateral of any kind, and there are specific IRS regulations pertaining to withdrawals.

All guidelines regarding this 457 Deferred Compensation Plan, including those pertaining to participation, withdrawals and rollovers of funds, are in accordance with strict IRS regulations and cannot be deviated from by any representative of the City or the Retirement Plan Administrators. Questions regarding this deferred compensation plan may be directed to your Mission Square Certified Retirement Counselor® Christopher O'Banner. You can schedule a one-on-one phone consultation with Christopher at 800-729-4457 (Office 202-636-6804) or register for a webinar at www.icmarc.org.

IMPORTANT INFORMATION

This book highlights some of the main features of your benefit programs, but does not include all plan rules, features, limitations or exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this book and the legal plan documents, the Summary Plan Documents are the final authority. City of Leander reserves the right to change or discontinue its benefit plans at any time.

HIPAA Privacy Notice

HIPAA requires City of Leander to notify you that a privacy notice is available upon request. Please contact Human Resources if you have any questions.

Special Enrollment Notice

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request and complete enrollment within 30 days after yours or your dependents' coverage ends (or after the employer stops contributing towards the other coverage).

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 dependents.

However, you must request and complete enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: The 60 day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 30 day period applies to most special enrollments.

To request special enrollment or obtain more information, contact Human Resources at City of Leander.

The Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 requires group health plans that provide coverage for a mastectomy to provide coverage for certain reconstructive services. This law also requires that written notice of the availability of the coverage be delivered to all plan participants upon enrollment and annually thereafter.

This language serves to fulfill that requirement for this year.

These services include:

- Reconstruction of the breast upon which the mastectomy has been performed;
- Surgery / reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment for physical complications during all stages of mastectomy, including lymphedemas.

In addition, the plan may **not**:

- Interfere with a participant's rights under the plan to avoid these requirements; or
- Offer inducements to the healthcare provider, or assess penalties against the provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles, coinsurance, and co-payments consistent with other coverage provided by the plan.

Newborn Acts Disclosure

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.

Summary of Material Modification/Reduction

This summary of material modification (SMM) describes changes to the City of Leander Plan and supplements the Summary Plan Description (SPD) for the plan. The effective date of each of these changes is October 1st, 2021. You should read this SMM very carefully and retain this document with your copy of the SPD for future reference.



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 2013 for coverage starting as early as January 1, 2014.

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 9.5% 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 _____

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.

3. Employer name City of Leander		4. Employer Identification Number (EIN) 74-2007646	
5. Employer address 105 N. Brushy Street		6. Employer phone number 512-528-2727	
7. City Leander	8. State Texas	9. ZIP code 78641	
10. Who can we contact about employee health coverage at this job? Belinda Medellin, HR Benefits Manager			
11. Phone number (if different from above) 512-528-2706		12. Email address bmedellin@leandertx.gov	

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

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

Eligible full-time and part-time employees regularly scheduled to work at least 1,560 hours during the initial enrollment period.

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Spouses and eligible dependent children up to age 26 regardless of marital or student status.

We do not offer coverage.

If checked, 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.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ 0.00 for wellness

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

* 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 (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

CHIPRA Notice

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 www.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 www.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 www.askebsa.dol.gov or call **1-866-444-EBSA (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 **January 31, 2022**. Contact your State for more information on eligibility.

Alabama - Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447	Georgia - Medicaid Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
Alaska - Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Iowa - Medicaid and CHIP (HAWKI) Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562
Arkansas - Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Indiana - Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
California - Medicaid Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hinnlilidhcs.ca.gov	Kansas - Medicaid Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884
Colorado - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+J) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442	Kentucky - Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/in dex.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov
Florida - Medicaid Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hippindex.html	Louisiana - Medicaid Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

Phone: 1-877-357-3268 Maine - Medicaid Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Oregon - Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
Minnesota - Medicaid Website: https://mn.gov/dhs/people-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Pennsylvania - Medicaid Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462
Massachusetts - Medicaid and CHIP Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4940	Rhode Island - Medicaid Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
Missouri - Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	South Carolina - Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820
Nevada - Medicaid Medicaid Website: http://dhcpl.nv.gov Medicaid Phone: 1-800-992-0900	South Dakota - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
Nebraska - Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	West Virginia- Medicaid Website: http://mywvhipp.com/ Toll-free phone: 1-855-My\NHIPP (1-855-699-8447)
New Hampshire - Medicaid Website: https://www.dhhs.nh.gov/oi/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218	Utah - Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
New Jersey - Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Virginia- Medicaid and CHIP Website: http://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
Montana - Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Vermont - Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
New York - Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Washington - Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
North Carolina- Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Texas - Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493
North Dakota - Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Wisconsin - Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
Oklahoma-Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Wyoming - Medicaid Website: https://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 **January 31, 2022** or for more information on special enrollment rights contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu option 4, Ext. 61565

Medicare D Notice

Important Notice from City of Leander 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 Leander 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:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or 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.
2. City of Leander has determined that the prescription drug coverage offered by the City of Leander Medical Plan is, on average for all plan participants, 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 and each year from October 15th to December 7th.

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.

Medicare D Notice

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 Leander coverage will not be affected.

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

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 Leander 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 that 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 October to join.

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

Contact the person listed on the next page 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 Leander changes. You also may request a copy of this notice at any time.

Medicare D Notice

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 www.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-MEDICARE (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 www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage 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).

Date:	January 1, 2024 — December 31, 2024
Name of Entity/Sender:	City of Leander
Contact--Position/Office:	Human Resources
Address:	105 N. Brushy St. Leander, Texas
Phone Number:	78641 (512) 528-2706

GLOSSARY OF HEALTH COVERAGE & MEDICAL TERMS

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

Allowed Amount

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

Appeal

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

Balance Billing

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

Co-Insurance

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

Complications of Pregnancy

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

Co-Payment

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

Deductible

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

Durable Medical Equipment (DME)

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

Emergency Medical Condition

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

Emergency Medical Transportation

Ambulance services for an emergency medical condition.

Emergency Room Care

Emergency services you get in an emergency room.

Emergency Services

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

Excluded Services

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

Grievance

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

Habilitation Services

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

Health Insurance

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

Home Health Care

Health care services a person receives at home.

Hospice Services

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

Hospital Outpatient Care

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

Hospitalization

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

In-Network Co-Insurance

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

In-Network Co-Payment

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

Medically Necessary

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

Network

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

Non-Preferred Provider

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

Out-of-Network Co-Insurance

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

Out-of-Network Co-Payment

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

Out-of-Pocket Limit

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

Physician Services

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

Plan

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

Preauthorization

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

Preferred Provider

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

Premium

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

Prescription Drug Coverage

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

Prescription Drugs

Drugs and medications that by law require a prescription.

Primary Care Physician

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

Primary Care Provider

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

Provider

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

Reconstructive Surgery

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

Rehabilitation Services

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

Skilled Nursing Care

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

Specialist

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

UCR (Usual, Customary and Reasonable)

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

Urgent Care

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

