



YOUR 2023

GUIDE

benefits

JANUARY 1, 2023—DECEMBER 31, 2023



Welcome

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

Eligibility

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

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

When Coverage Begins

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

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

- **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2023.

Choose Carefully

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

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

Making Changes

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

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

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Enrollment

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

Qualifying Events

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

Medical

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

United HealthCare EPO

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

United HealthCare HSA EPO

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

Here's how the plan works:

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

The HSA

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

Here's how the HSA works:

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

Employer Monthly Contribution	2023
Employee Only	\$131.00
Employee + Child (ren)	\$170.00
Employee + Spouse	\$178.00
Employee + Family	\$205.00



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

HSA Contribution Limit	2023
Employee Only	\$3,850
Family (employee + 1 or more)	\$7,750
Catch-up (age 55+)	\$1,000

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

Important Notes:

- You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) must not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS Publication 969.
- For a complete list of qualified health care expenses, refer to IRS Publication 502.
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.
- **In order to receive the employer contribution, regardless of if you are contributing into the account, you will need to setup your own individual Health Savings Account with HSA Bank. You can set up an account with HSA Bank by clicking on the following link. https://secure.hsabank.com/group_enrollment/1Cloud/Pages/Landing.aspx?fedId=756003089.**

Medical (Cont'd)

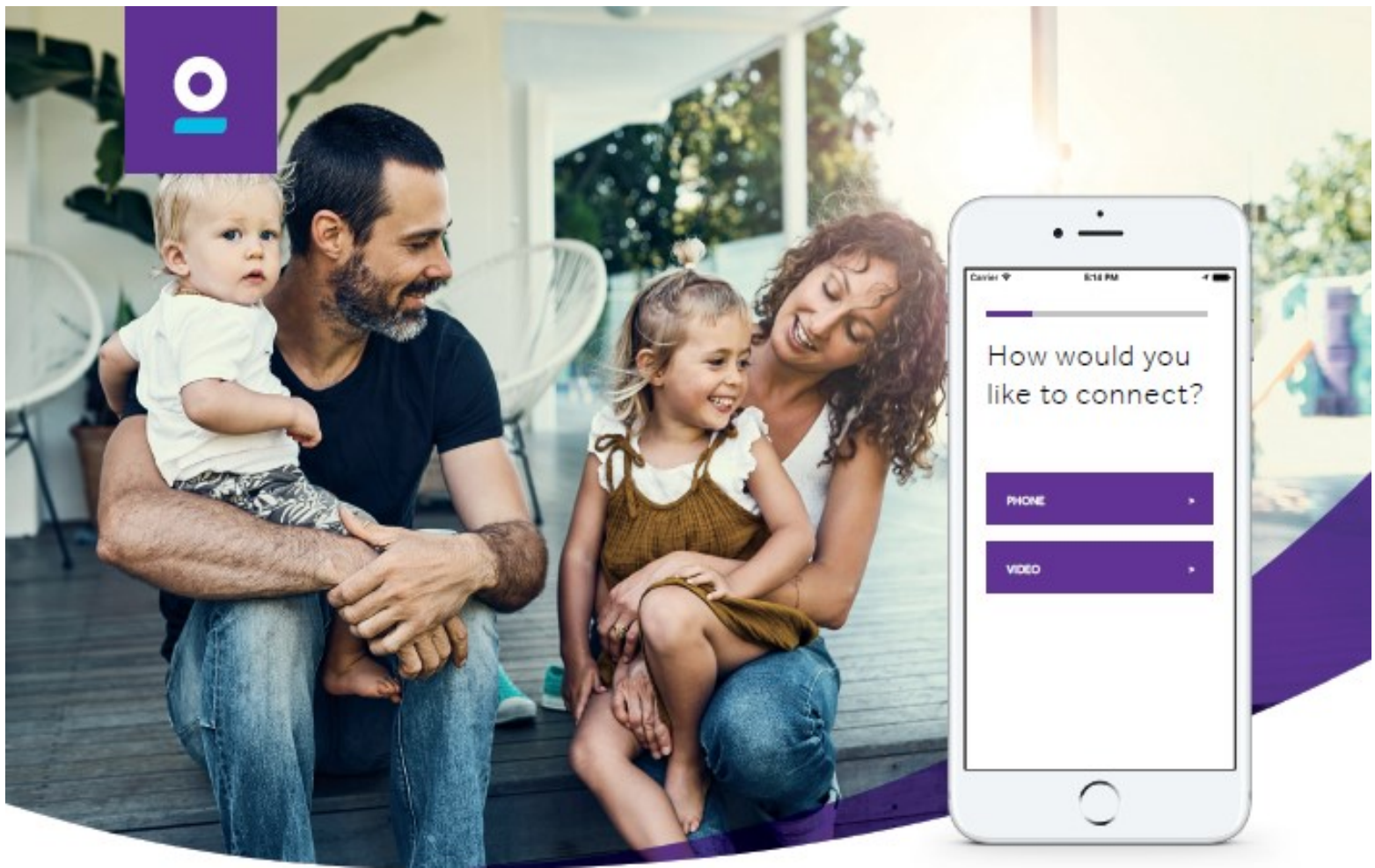
Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	UHC EPO	UHC EPO HSA
	In-Network Only (Choice)	In-Network Only (Choice)
Deductible (per calendar year)		
Individual / Family	\$2,500 / \$7,500	\$6,000 / \$12,000
Out-of-Pocket Maximum (per calendar year)		
Individual / Family	\$5,500 / \$14,700	\$6,000 / \$12,000
Health Reimbursement Arrangement (HRA) (100% City Funded)		
HRA Contribution	N/A	Reimbursement up to \$3,000 Individual and \$6,000 Family. (Must be out of pocket the first \$3,000 of deductible to be eligible for reimbursement.)
HSA Contribution (Funded every 6 months)	N/A	EE: \$1,572, Employee + Spouse: \$2,136, Employee + Child(ren): \$2,040, Employee + Family: \$2,460
Covered Services		
Office Visits (physician/specialist)	\$35 Copay (\$0 Copay for children) / \$70 Copay	Ded. / 0%
Routine Preventive Care	Covered 100%	Covered 100%
Outpatient Diagnostic (lab/X-ray)	Ded. / 30%	Ded. / 0%
Complex Imaging	Ded. / 30%	Ded. / 0%
Emergency Room	\$500 Copay + 30%	Ded. / 0%
Urgent Care Facility	\$75 Copay	Ded. / 0%
Inpatient Hospital Stay	Ded. / 30%	Ded. / 0%
Outpatient Surgery	Ded. / 30%	Ded. / 0%
Prescription Drugs (Tiers)		
Retail Pharmacy (30-day supply)	\$10 / \$35 / \$60	Ded. / 0%
Mail Order (90-day supply)	\$25 / \$87.50 / \$150	

Medical Contributions (Per Pay Period)

EPO Plan				
Annual Salary	Employee Only	Employee + Child(ren)	Employee + Spouse	Family
Up to \$50,000	\$0.00	\$144.66	\$173.36	\$271.88
\$50,000—\$75,000	\$0.00	\$173.60	\$208.03	\$326.25
\$75,001—\$100,000	\$0.00	\$202.53	\$242.70	\$380.63
Over \$100,000	\$0.00	\$217.00	\$260.04	\$407.81

HSA Plan				
Annual Salary	Employee Only	Employee + Child(ren)	Employee + Spouse	Family
Up to \$50,000	\$0.00	\$108.14	\$129.59	\$203.24
\$50,000—\$75,000	\$0.00	\$129.77	\$155.51	\$243.88
\$75,001—\$100,000	\$0.00	\$151.40	\$181.43	\$284.53
Over \$100,000	\$0.00	\$162.21	\$194.39	\$304.85



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- Sore throat
- Rash
- Allergy
- Upset stomach
- Nausea and more

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Made available by
Teladoc Health, Inc.

Dental

We are proud to offer you a dental plan.

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

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

Key Dental Benefits	UHC DPPO
	In-Network
Deductible (per calendar year)	
Individual / Family	\$50 / \$150
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)	
Per Individual	\$1,500
Covered Services	
Preventive Services	100%
Basic Services	80%
Major Services	50%
Implants	50%
Orthodontia (Child only)	50%; \$1,500 Max. Benefit
Out of Network UCR	90th percentile

Coverage	Employee Only	Employee + Child(ren)	Employee + Spouse	Family
Dental	\$0.00	\$19.75	\$15.00	\$36.12

Basic Life/ AD&D

Life/AD&D Insurance

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

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

Basic Life/AD&D (Company-paid)

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

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



Disability

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

Short-Term Disability

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

Long-Term Disability

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

Employee Assistance Program (EAP)

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

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

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

EAP Benefits

- Assistance for you and your household members
- Up to three in-person sessions with a counselor.
 - **UHC EAP:** 888-887-4114
 - **New York Life EAP:**
 - 800-538-3543
 - www.signalap.com
- Unlimited toll-free phone access and online resources



Vision

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

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

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

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

Supplemental Life/AD&D

Supplemental Life/AD&D (Employee-paid)

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

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

	Benefit Option	Guaranteed Issue ¹
Employee	\$10,000 increments to the lesser of 5 times salary or \$500,000	\$150,000
Spouse/RDP	\$5,000 increments; minimum of \$5,000 up to \$150,000 (not to exceed 100% of your additional life coverage)	\$50,000
Child(ren)	Under age 26 - \$10,000	\$10,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Flexible Spending Accounts

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

Health Care FSA

For 2023, you may contribute up to \$3,050 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

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

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Limited-Purpose Health Care FSA (for HSA participants)

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

Dependent Care FSA

For 2023, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some qualified expenses include:

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

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE

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

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

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

Flores Benefits Card

ENROLL IN ELIGIBLE BENEFIT PLAN

The City of Forney offers the Flores Benefits Card to employees who enroll in the FSA and HSA benefit plan. The card will allow you to pay for eligible expenses at participating providers at the time services are rendered, thus eliminating or reducing your out-of-pocket cost at the time of the purchase or service.

RECEIVE YOUR FLORES BENEFITS CARD

Your Flores Benefits Card will be mailed upon your enrollment in the FSA or HSA plan. No activation is required, but you should review the Cardholder Agreement included in this mailing, and then sign the back of your card.

PROPER USE & ACCOUNT MANAGEMENT

You will be able to view and manage your account on the Flores Web Portal, www.flores247.com. You should keep your receipts and invoices for payments made with your Flores Benefits Card, as you may be required to provide documentation to Flores to verify the eligibility of certain transactions. If requested, you may submit your documentation to Flores by uploading it to your online account, uploading using the Flores Mobile App, or sending it by fax or mail.

How to Submit a Claim for FSA and Dependent Care

How to Submit a Claim



1 FLORES WEB PORTAL:
You may scan your claim and upload it to our secure website or complete your claim detail online at www.flores247.com.

2 FLORES MOBILE SMARTPHONE APP:
Use your phone's camera to take a picture of your documentation and upload. Download Flores Mobile through Apple Store or Google Play.



3 MAIL CLAIMS:
Claims Processing
PO Box 31397
Charlotte, NC 28231
*Please keep in mind, certified mail will need to be sent to our physical address at 2001 West Morehead Street, Charlotte, NC 28208.

4 FAX CLAIMS:
704.335.0818 or 800.726.9982

How to upload a claim on www.flores247.com

Step One: Log in to www.flores247.com using your Participant ID or Username and password. Tip: Your Participant ID will be on any correspondence you have received from Flores.

Step Two: Click "File a new Health Care or Dependent Care Flexible Spending Account Claim". Hit Next.

Step Three: If you have completed a hard copy claim form and scanned it into your computer, click "Already Completed" to upload your document. If you have not already completed a claim form, fill in your claim detail and hit "Next".

Step Four: Click "Choose File" and choose the file on your computer that contains your scanned documentation that is required to process your claim. Repeat until all documents are attached. Click "Submit" to finalize your claim.

Tip: Update your email or subscribe to SMS notifications in the Settings tab to receive email or text updates on your claim!

All receipts for reimbursement must include the following:

- ✓ Date of Service
- ✓ Description of Service
- ✓ Out-of-Pocket Cost
- ✓ Provider Name
- ✓ Patient Name

Reimbursement for Orthodontia Expenses

Only proof of payment will be required for future claim submissions. Orthodontia will be reimbursable as you pay it, meaning that the payment can only be reimbursed from the plan year in which the payment was made. If you have any questions about reimbursement for Orthodontia you can call an account manager at 800.532.3327.

457(b) Savings Plan



457(b) Savings Plan

EMPLOYEE RETIREMENT BENEFIT

Your employer offers the RAMS 457(b) voluntary retirement plan as a way to help you save for life beyond your prime working years. A 457(b) plan allows you to save money by making salary contributions on pre-tax or after-tax (Roth) basis. You have the ability to start, stop, increase or decrease contributions any time. TCG is the plan administrator and advisor.

Enrolling in a 457(b) savings plan can help bring financial stability and security for life upon retirement. By participating, you can lower your current taxes or earn tax-free income, bridge your retirement income gap, and achieve financial independence. You need a low-fee, high quality savings plan to help you meet a comfortable lifestyle upon retirement.

Plan Highlights

- Investments overseen by school superintendents & chief financial officers, together with TCG Advisors
- No 10% early distribution penalty tax
- Transparent, low fees
- No product commissions
- No surrender charges
- Flexible investment options
- Access to FinPath financial wellness program
- Access to exclusive estate planning and tax preparation services

Approach your money with confidence

Your RAMS 457(b) plan includes access to FinPath, a program designed to help you understand complex topics like retirement, banking, student loan forgiveness, budgeting, insurance, debt management and more.

Highlights include:

- 1:1 financial coaching
- Monthly financial courses
- Budgeting, planning, and debt management tools
- Monthly contests and chances to win gift cards



Opt-in registration for FinPath is required.

2022 Annual Contribution Limits

In 2022, you can contribute 100 percent of your compensation up to \$20,500, whichever is less. If you are age 50 or older, you can contribute up to an additional \$6,500 for a total of \$27,000. You may simultaneously contribute to both 403(b) and 457(b) plans.

Get started at www.region10rams.org

Enrollment assistance is available at www.region10rams.org/telewealth or by calling the Enrollment Hotline at 512-600-5204.



457(b) Savings Plan



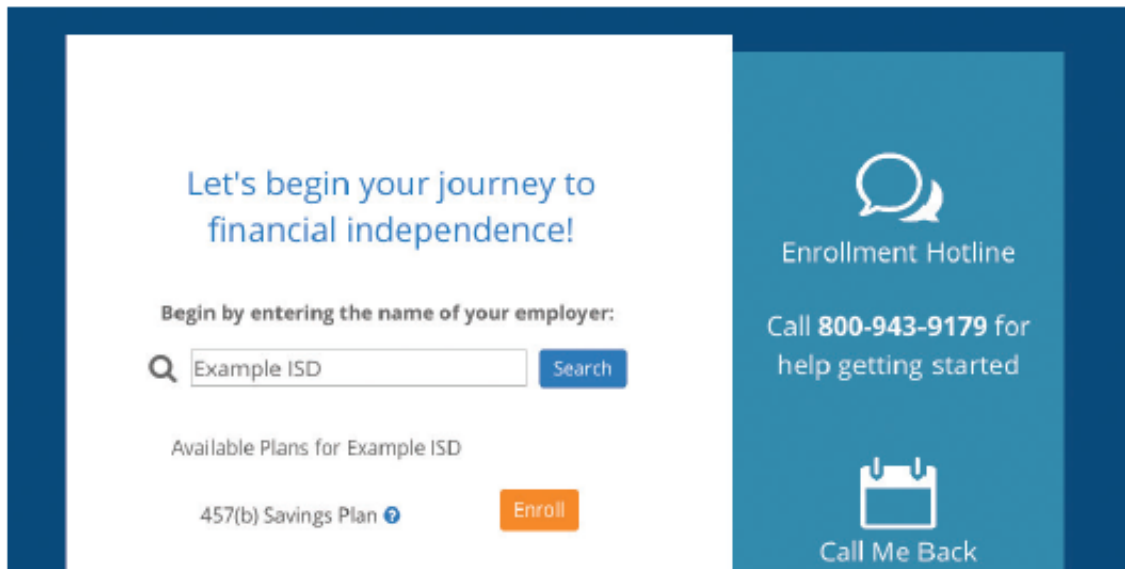
How to Register

Create your account in minutes!

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

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

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



Get started at www.region10rams.org

Enrollment assistance is available at www.region10rams.org/telewealth or by calling the Enrollment Hotline at 512-600-5204.



Contact Information

Coverage	Carrier	Phone #	Website
Medical	UHC	(866) 414-1959	www.myuhc.com
Dental	UHC	(866) 414-1959	www.myuhc.com
Vision	Guardian	(888) 482-7342	www.guardianlife.com
Flexible Spending Accounts (FSAs)	Flores & Associates	(800) 532-3327	www.flores247.com
Life/AD&D	New York Life	(800) 362-4462	www.newyorklife.com
Disability	New York Life	(800) 362-4462	www.newyorklife.com
Employee Assistance Program (EAP)	New York Life	(800) 538-3543	www.cingalap.com
Employee Assistance Program (EAP)	UHC	(888) 887-4114	www.myuhc.com
457(b) Plan	Region 10 Rams	(512) 600-5204	www.region10rams.org/enroll
Benefits Enrollment Platform	First Financial Group	(800) 883-0007	https://benefits.ffga.com/cityofforney

Benefits Website

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

Questions?

If you have additional questions, you may also contact:

Michelle Jenkin
(972) 552-6481
mjenkin@forneytx.gov



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



