



2024 - 2025

BENEFIT GUIDE



Welcome

The benefit elections you select 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 provides important benefit plan information and helps answer some of the basic questions you may have about the coverages offered. Please read it carefully, along with any supplemental materials you receive.



CHANGES FOR 2024-2025 **Telemedicine Enhancement**

Effective 10/1/2024 telemedicine will now offer
Virtual Primary Care
for you and everyone in your household.

Visits are a \$0.00 Copay!

OPEN ENROLLMENT

Common Questions



Who is Eligible?

- All Full-time employees.
- Legally married spouses of Full-time employees.
- Children who are:
 - Biological, Step-, or adopted children, or children of legal custody for who are 26 or younger.
 - Disabled children 26 years or older who meet criteria may be eligible for continued coverage.

When can I enroll?

- ***New Hire*** - You **MUST** enroll within 30 days of your hire date.
 - If you miss the enrollment window, you will not be able to enroll in coverage until the next open enrollment period.
- ***Open Enrollment***
 - Our plan year runs from October 1st through September 30th.

When does my coverage start?

- ***New Hires***
 - Coverage begin the 1st of the month following 60 days of Coverage.
- ***Open Enrollment Changes***
 - Coverage elections/changes made during open enrollment begin October 1st of each year.



Qualifying Events

Choose Carefully!

Due to IRS regulations, your elections selected during your enrollment period are locked unless you experience a qualifying event during the year.

Common Qualifying Events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- You lose or gain coverage through your spouse.
- You gain access to state coverage under Medicaid or CHIP

Time Limit to Enroll After a QE:

Changes must be made within 31 days of your qualifying event. If you miss your enrollment period, you will not be able to change coverages until the next open enrollment period.

Required QE Documentation:

Depending on the type of QE you may be required to provide:

- Birth Certificate or Adoption Documentation
- Marriage License
- Divorce Decree
- Benefit Enrollment/Termination Documentation

Other Required Information:

- Social Security Numbers will be required for all covered dependents.
 - This is required by the IRS under the Affordable Care Act (ACA) to verify that you have affordable coverage. This information is secure and confidential.

Definitions

Deductible

The amount of money you must pay each plan year to receive co-insurance benefits. Deductibles will have both an individual and family amount.

Out of Pocket Maximum

This is the most amount of money you'll pay out in a plan year. Depending on the plan you select, it may match your deductible, but is typically a higher amount.

Copayment

Also called a "Copay", this is a fixed dollar amount that is determined for and applied to specific services. Not all plans have copays.

Coinsurance

The percentage of service costs that insurance will cover after meeting your deductible. If the plan's coinsurance is 80/20, you are responsible for 20% of service costs until the out of pocket max is reached.



Medical Plan Road Map

- Provider: Blue Cross Blue Shield of Texas
- Preventative Care covered at 100% on all plans
- PPO and HMO plan options
- Large Physician network
- Resources and tools available to help maintain a healthy lifestyle!

Plan Highlights:

HDHP (HSA) BCP 014H

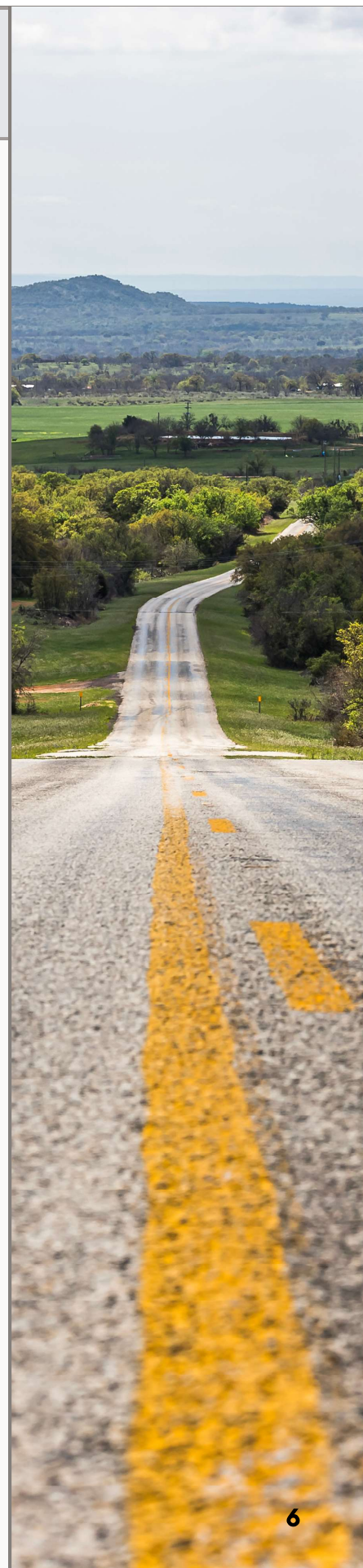
- All services under the Plan apply to the deductible.
- The deductible equals the Out-of-pocket limit.
- Employer contributions to an HSA Medical Spending card for eligible expenses. See page 7 for HSA benefits.

HMO BEE 023

- Fixed **Copays** for physician and specialist office visits, in-network urgent care, and prescription drugs.
- You **must** select an in-network Primary Care Physician.
 - You must visit your PCP and obtain a referral before you can see a specialists (if needed) and approve further medical treatment.
- No out-of-network benefits except in for emergencies.
- After the deductible is met, you are responsible for 20% of the balance up to your out of pocket limit (Coinsurance).

PPO BCP 023

- Fixed **Copays** for physician and specialist office visits, urgent care (at in-network urgent care centers), and pharmacy drugs.
- Diagnostic lab work (ie. bloodwork) is included in an office visit copay, if applicable.
- Services like hospital visits, hospital admission, MRIs or CT scans, and outpatient surgery apply to the deductible.
- After the deductible is met, you are responsible for 20% of the balance up to your out of pocket limit (Coinsurance).



Medical Benefit Comparison Chart

The chart below includes basic coverage details for each plan.
For complete coverage details please refer to the
Summary of Benefits and Coverage or the Medical Plan Booklet.

Benefit Cost Overview	HDHP HSA BCP 014H	HMO MTBEE023	PPO Buyup MTBCP 023
Deductible Individual Family	\$5,000 \$10,000	\$2,500 \$7,500	\$2,500 \$7,500
Out of Pocket Max Individual Family	\$5,000 \$10,000	\$5,500 \$14,700	\$5,500 \$14,700
Coinsurance In/Out Network	100%/70%	80%/NONE	80%/50%
Preventative Care	Covered at 100% In-Network Only	Covered at 100% In-Network Only	Covered at 100% In-Network Only
Primary Physician Specialist Copay	\$0 After Deductible	\$3 0	\$3 0
Urgent Care	\$0 After Deductible	\$75	\$75
Emergency Room	\$0 After Deductible	\$500 Copay +20% After Deductible	\$500 Copay +20% After Deductible
Lab and X-Ray	\$0 After Deductible	80%	No Copay
Prescription Drug Coverage*		Preferred Pharmacy Network include Walgreens, Walmart, Sam's Club, Albertsons, Tom Thumb, Market Street, HEB, Brookshires, Access Health	
Retail Pharmacy 30-day Supply	\$0 After Deductible	\$0/\$50/\$150	\$0/\$50/\$150
Retail Pharmacy 30-day Supply	\$0 After Deductible	\$0/\$50/\$150	\$0/\$50/\$150

Employee Deduction - Per Pay Period (24)			
Employee Only	\$0.00	\$0.00	\$61.25
Employee + Spouse	\$187.13	\$207.35	\$386.28
Employee + Children	\$100.99	\$111.90	\$341.91
Family	\$288.13	\$319.25	\$666.94

*The HDHP (HSA) BCP 014H Plan covers Preventative Maintenance Drugs without cost sharing (100% paid for by the Plan).
See the 2024 Preventive Drug Program List for full details.

Health Savings Account (HSA)

Administered by FFGA and UMB Bank

Health Savings Accounts are only available for employees who enroll on the HDHP HSA Plan.

Your HSA can be used for eligible out-of-pocket expenses for you and your family such as:

- Copays or office visit fees
- Service charges
- Prescriptions
- Braces
- Contacts
- Other related medical, dental, or vision expenses.

HSA Funds rollover each year and contributions made by the employee are pre-tax. If you retire or separate employment, the HSA funds in your account are yours to spend.

The City contributes an amount to your HSA based on individual or dependent coverage.

- \$1,000 Annually for Individual Coverage
- \$2,500 Annually for Spouse, Child or Family Coverage.

Medical Plan Election	2024 IRS Maximum	City of Burnet Employer Contribution	Employee Maximum Annual Contribution
Employee Only Coverage	\$4,150	\$1,000	\$3,150
Spouse, Child or Family Coverage	\$8,300	\$2,500	\$5,800

HSA ELIGIBILITY REQUIREMENTS:

1. You must be enrolled in the HDHP HSA Plan to be eligible for an HSA account.
2. You cannot be covered under another non-HDHP HSA eligible plan.
3. You cannot be enrolled in Medicare or Tricare.
4. You cannot be claimed as a dependent on someone else's tax return.
5. Your cannot exceed the annual maximum as set by the IRS.

HSA PROVIDER:

FFGA is the administrator for the 2024-2025 HSA. They utilize UMB Bank as their transaction processor. You will receive your card in a blank envelope, so be sure to check your mail after enrolling in the HSA!

You can go to [FFGA.com](https://ffga.com) and click the login drop down menu. Select HSA/FSA login access your online HSA account.



Flex Savings Account (FSA)

Administered by FFGA and UMB Bank

Flex Spending Accounts Rules:

- Contributed to with Pre-Tax dollars
- Require enrollment each year to participate.
- Must be used by the end of September each year or the balance is forfeited and not returned to the employee.
 - 2.5 month grace period at the end of each plan year to incur expenses.
 - 90-day period at the end of the plan year to file receipts for reimbursement.
- Medical FSAs can be used for qualified medical, dental, or vision expenses.
- Dependent care FSA can be used for or qualified dependent care expenses
- Active employees who waive coverage are eligible to receive a \$500.00 FSA account each year, IF they provide a copy of current active insurance.

Health Care FSA

2024 Max Limit: \$3,200 annually per individual

Qualified Expenses Include:

- Coinsurance and Copayments
- Prescriptions
- Eye exams/eyeglasses, Lasik Eye Surgery
- Dental treatment and Orthodontia

Dependent Care FSA

2024 Max Limit: \$5,000 per Household if filing taxes Jointly

Qualified expenses include:

- Tuition costs for a dependent child under the age of 13 (ie. Nursery schools, pre-school and daycare centers).
- Care for household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent.

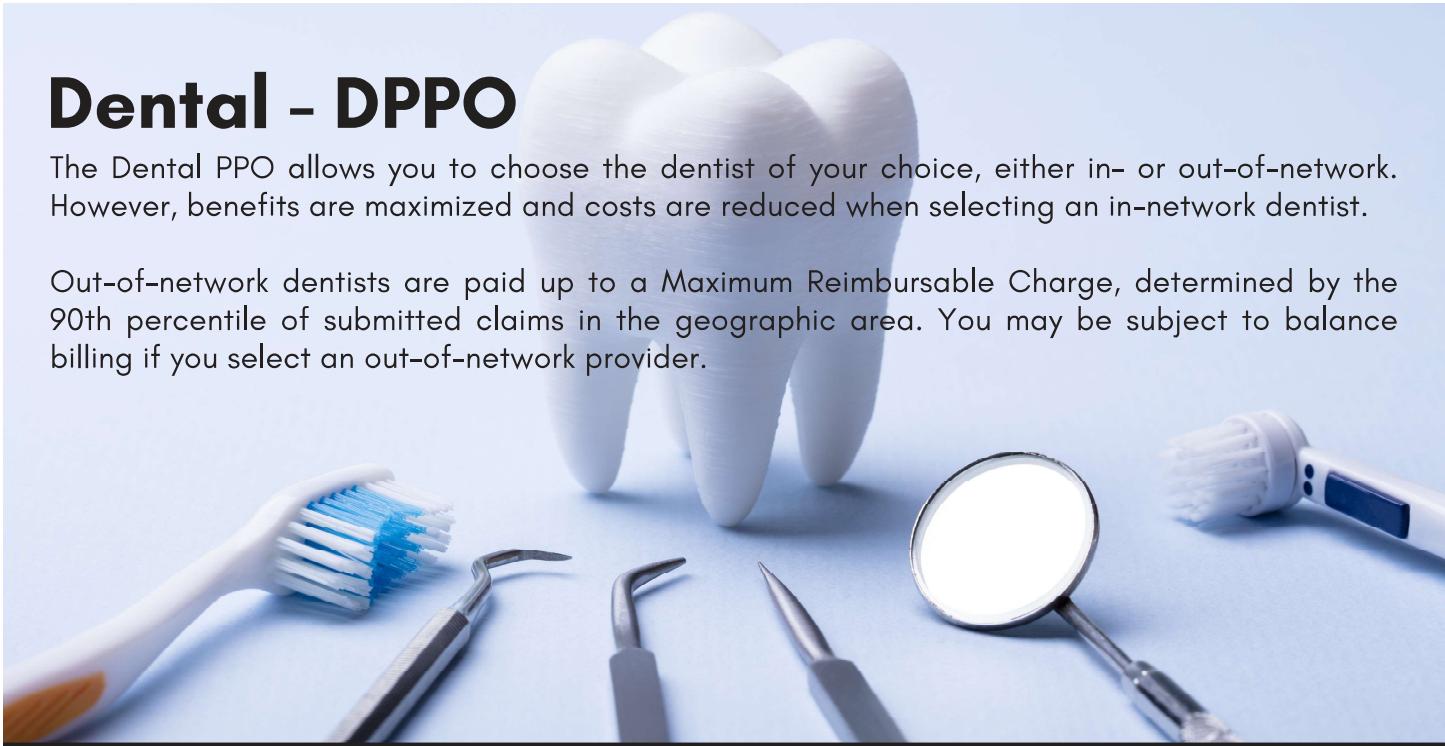
For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.



Dental - DPPO

The Dental PPO allows you to choose the dentist of your choice, either in- or out-of-network. However, benefits are maximized and costs are reduced when selecting an in-network dentist.

Out-of-network dentists are paid up to a Maximum Reimbursable Charge, determined by the 90th percentile of submitted claims in the geographic area. You may be subject to balance billing if you select an out-of-network provider.



Benefit Cost Overview	In Network	Out of network
Deductible		
Individual/ Family	\$50/\$150	\$50/\$150
Covered Services		
Preventative Includes Periodic Oral Evaluations	100%	100%
Basic Includes Endodontic and Periodontal Services	80%	80%
Major Includes Implant Services	50%	50%
Orthodontia (Adult/ Child up to Age 19)	50%	50%
Maximums Per calendar year; preventive, basic, and major services combined.		
Orthodontia Maximum	\$1,500	\$1,500
Annual Maximum	\$1,500	\$1,500
Employee Deduction - Per Pay Period (24)		
Employee Only	\$29.80	\$0.00
Employee +Spouse	\$59.59	\$14.90
Employee + Child(ren)	\$73.90	\$22.05
Employee + Family	\$113.49	\$41.85

Vision Insurance

BCBSTX – EyeMed Network

Benefit Service Overview	Coverage Amounts	
Benefit Frequency	12 / 12 / 12	
Exam Copay	\$10	
Materials Copay	\$0	
Glasses Allowance		
Frames	\$0 copay, \$150 allowance, 20% off balance over \$150	
Contact Allowance		
Conventional	\$0 copay, \$150 allowance, 15% off balance over \$150	
Disposable	\$0 copay, \$150 allowance, 15% off balance over \$150	
Medically necessary	\$0 copay, paid-in-full	
Other		
Laser vision correction	15% retail price or 5% off promotional price	
Rates Per Pay Period (24)	Monthly	Per Pay Period (24)
Employee Only	\$9.47	\$4.74
Employee & Spouse	\$17.99	\$9.00
Employee & Child(ren)	\$18.93	\$9.47
Employee & Family	\$27.83	\$13.92

OTHER COVERAGE AMOUNTS

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

Amplifon hearing discount:

- 40% off hearing exams and low price guarantee on discounted hearing aids.

Additional discounts:

- 20% off non-covered items with limitations



Life and AD&D Dearborn

BCBSTX – Dearborn

City Paid Life and AD&D

The City pays 100% of a \$50,000 Life and AD&D policy that will provide a payment to you or your designated beneficiary(ies) in the event you experience loss of limb or life.

How does AD&D benefit insurance protect me?

AD&D insurance provides specific 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. Review the Plan's Certificate of Coverage for a complete detail of benefits, limitations, and exclusions.

BENEFICIARY REMINDER!!

Please take the time to make sure you update your beneficiaries during open enrollment or when you have a life change.

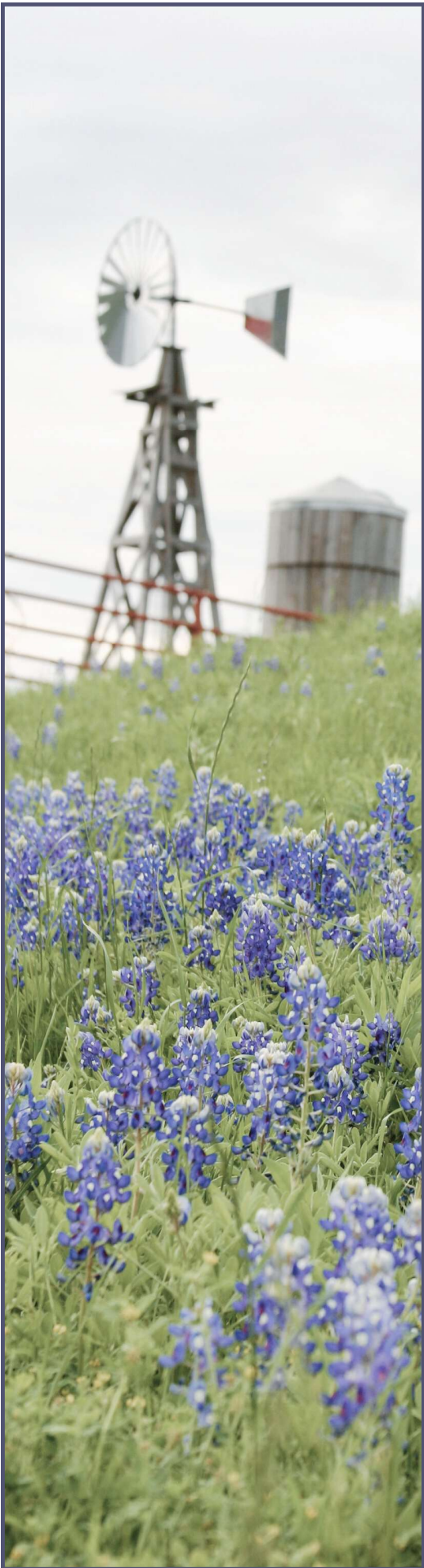
Voluntary Life and AD&D - Employee Paid

Additional Life and AD&D is available to you during open enrollment for coverage amounts beyond the City paid life insurance policy.

REMINDER:

- Coverage up to Guarantee Issue (no EOI required) is only available during the New Hire Enrollment Period
- During Open Enrollment you can increase coverage by:
 - The allowed increment without an EOI
 - An amount above the allowed increment but below the maximum allowed with the completion of an EOI. Your premium will not change until approved.

Life Benefit	Employee	Spouse	Children
Life Maximum Benefit	5x Base Salary Up to \$500,000	\$250,000	\$10,000
Guaranteed Issue	\$130,000	\$30,000	\$10,000
Benefit Reduction	35% reduction at age 65; 50% reduction at age 70		



Voluntary Life and AD&D Rates

Employee deductions are per pay period (24)

2024 Voluntary Life Rates - Monthly Per \$1,000 of Coverage

Child	1.600
Under 25	0.062
25-29	0.062
30-34	0.068
35-39	0.084
40-44	0.122
45-49	0.207
50-54	0.408
55-59	0.658
60-64	0.811
65-69	1.398
70-74	3.274
75-79	3.293
80+	3.290

Calculation Example:

Individual Age: 31

Coverage Amount Desired: 130,000

$$130,000/1000 = 130$$

$$130 \times .068 = 8.84 \text{ per month}$$

$$4.42 \text{ per pay period (24)}$$

Long and Short Term Disability

BCBSTX – Dearborn

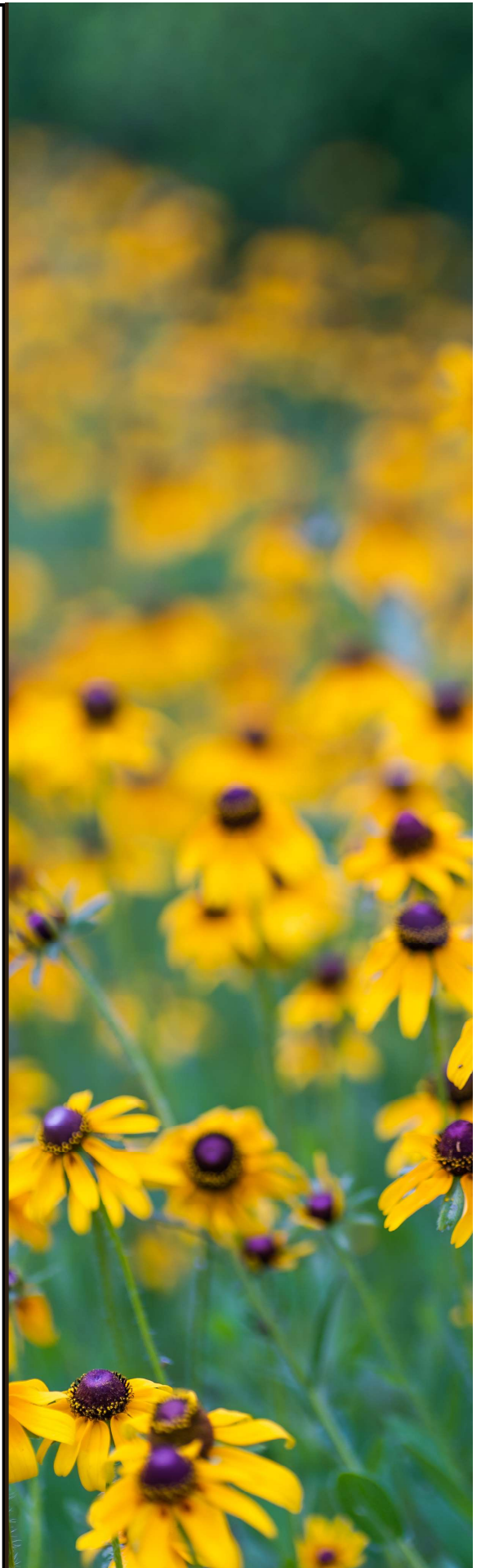
Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness. Review the Plan's Certificate of Coverage for a complete detail of benefits, limitations, and exclusions.

Long Term Disability	
100% Employer Paid Premium	
Monthly Benefit Percentage	50%
Monthly Benefit Maximum	\$6,000
When Benefits Began	After 120 days Disabled
Maximum Duration	SSNRA

Short Term Disability	
Voluntary Coverage – Employee Paid	
Weekly Benefit Percentage	60%
Weekly Benefit Maximum	\$2,000
When Benefits Begin	14 days
Maximum Benefit Duration	17 weeks or until LTD begins

Short Term Disability Premium Rates

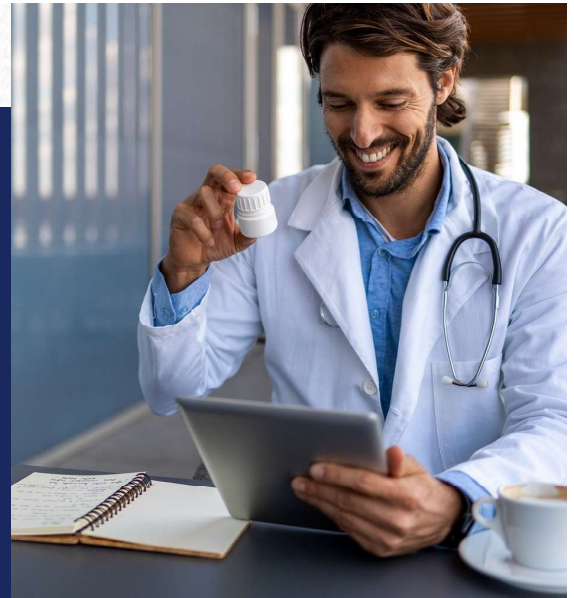
Monthly Premium Rate Per \$10 of Weekly Benefit	
Age	Employee
<20	\$0.404
20-24	\$0.405
25-29	\$0.421
30-34	\$0.395
35-39	\$0.378
40-44	\$0.405
45-49	\$0.436
50-54	\$0.542
55-59	\$0.723
60-64	\$0.912
65-69	\$0.932
70+	\$1.054



Telemedicine - New Benefits

* NEW FEATURE *

The Telemedicine benefit now offers
Virtual Primary Care
allowing you and your family to receive
treatment with an established physician,
just like you would if you're in your
family's doctor's office



Recuro Health Complete Care

Recuro Health Complete Care provides access to Virtual Primary Care, Behavioral Health, and Urgent Care from one platform. An integrated care team of **board-certified primary care** and behavioral health physicians enables whole-person care with a personal touch through phone-based and video interactions. Genetic testing and health risk assessments provide for a more personalized treatment plan for acute and chronic conditions. If medically necessary, prescriptions can be sent to your preferred pharmacy.

Health Advocate Solutions

Healthcare is becoming harder to understand. Personal Health Advocates help you navigate through insurance and healthcare systems. Advocates research treatments, resolve claims and locate doctors, specialists, hospitals, dentists and pharmacies. **Skilled negotiators** will attempt to negotiate discounts on your behalf, no matter your benefit status. Registered nurses are on-call 24/7 to answer questions and provide medical explanations.

Legal Services

Have legal questions? Get legal answers from **experienced lawyers at discounted rates**. Attorneys help with traffic tickets, bankruptcy, divorce, and spousal and child support. Additional services are also available at no cost to you!

ACCESS YOUR BENEFITS ON THE GO!

With the My Benefits Work
mobile app & portal

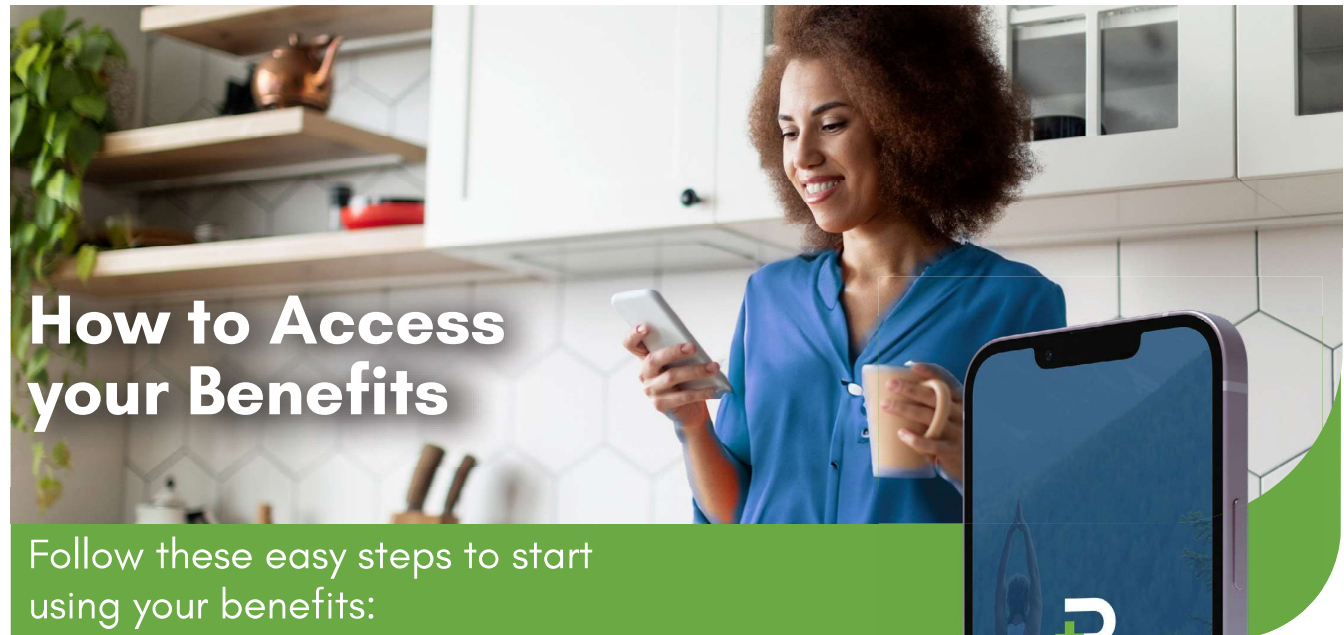
Scan here for the app!



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Telemedicine

New Benefits



How to Access your Benefits

Follow these easy steps to start
using your benefits:

1. Download - My Benefits Work App

Scan the QR Code or go to your app store.



2. Register

Register your account on the app or the web portal – you only need to register once and your login will work for both.

3. Enter ID

Use your Group ID and Member ID from the front of your membership card.

4. Enter Email

Enter your email address – this will be your username for the app and portal.

5. Enter Phone Number

Enter your mobile phone number and a password, then proceed.

6. Confirm

You will be prompted to confirm your account through text message or email. Enter the code and continue.

After You've Registered, Start Exploring!

- Easily access your benefits, all in one place
- Keep your benefit and insurance cards organized in My Wallet
- Add your spouse and dependents to your benefit program
- Get live support by chat or phone call

Employee Assistance Program

Dearborn (ComPsych)

Life is full of challenges, and sometimes balancing it is difficult. The City of Burnet provides 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.

The EAP can help provide support in the following areas:

- Mental health
- Family and relationships
- Child and eldercare
- Substance abuse and addiction
- Grief and loss
- Legal or financial services

Employee Benefits:

- The program includes up to three (3) in-person sessions with a counselor per issue, per year, per individual.
- Unlimited toll-free phone access and online resources.

EAP Contact Information

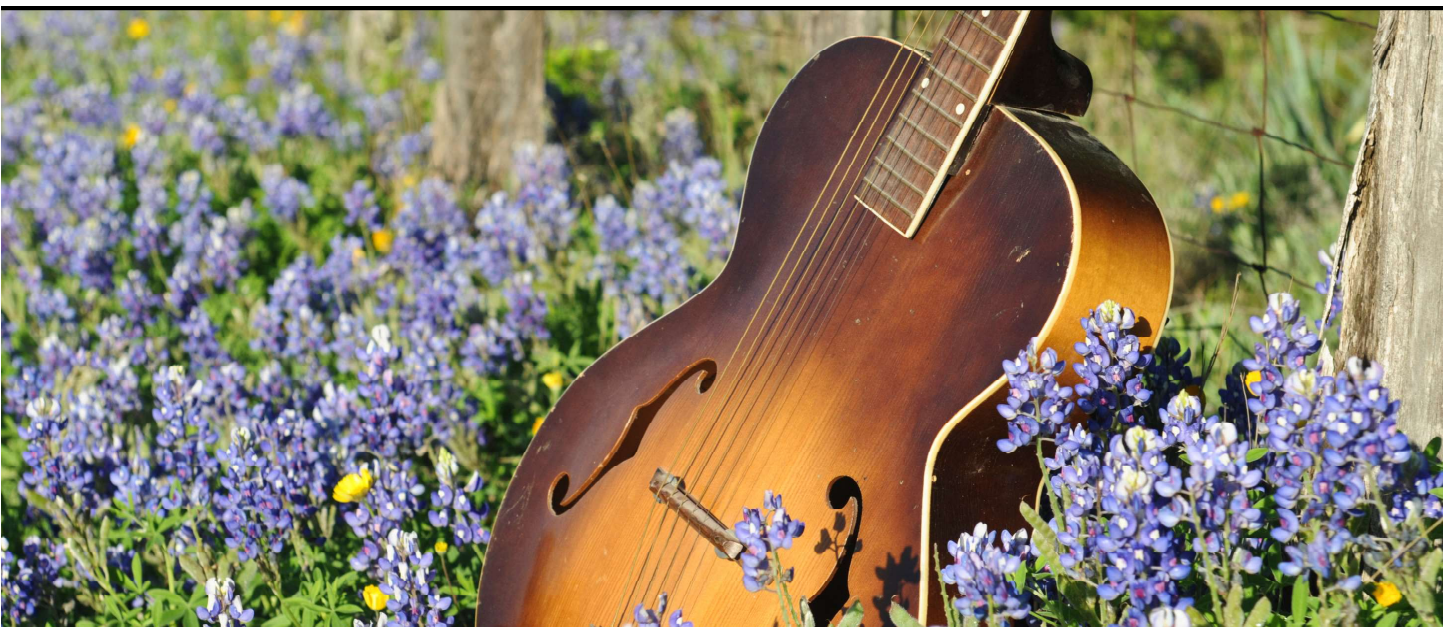
Website:

www.GuidanceResources.com

Phone Number:

866-899-1363

Enter Your Company ID: DISRES



Provider Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical Dental	BCBSTX	800-521-2227	www.bcbstx.com
Health Savings Account Healthcare FSA Dependent Care FSA	FFGA	855-523-8422	www.benefits.ffga.com/cityofburnet
Vision Basic Life and AD&D Voluntary Life and AD&D Short Term Disability Long Term Disability	Dearborn	800-721-7987	www.mydearborngroup.com
Permanent Life Insurance Accident Cancer Critical Illness	FFGA		www.benefits.ffga.com/cityofburnet

Access Your Benefits Anytime, Anywhere!

To help you access your benefits and HR information—even when you're away from work and need it most—we've launched Benefit Spot!



Search "Benefit Spot" in the Apple App Store or Google Play or scan the QR Code.



Download the app to your smartphone or other mobile device.



Whenever you launch the app, **enter the company code: BURNET** to access our plan information. Note: The company code is case sensitive.



What's in the App??

- Benefit Guide
- Plan Information and Summaries
- Educational videos
- Carrier contact information
- Glossary of benefit terms
- Eligibility and enrollment information
- Telehealth information
- And more!