2024-25 BENEFITS AT A GLANCE



| | Full-Time Employees |
|---------------------|--|
| Eligibility | Regular full-time employees and employees working 30 hours per week or more are eligible to participate in the benefit plans. Your coverage is effective 1 st day of the month following 30 days of full-time employment. |
| Eligible Dependents | Your eligible dependents include: Your legal spouse or domestic partner Your children (up to age 26) including natural children, stepchildren, legally adopted children, children placed for adoption, children for whom you serve as legal guardian Disabled dependent child(ren) of any age |

Medical Plans - ***aetna**

| Key Features of Your Medical Plan Offerings | | |
|---|---|--|
| Networks Visit www.aetna.com to find in-network providers. • Both medical plans utilize the Aetna Choice® POS II - CPOSII Network | | |
| Preventive Care | Preventive Care is covered at 100% when you use an in-network provider. | |
| Specialist | You do not need a referral to visit a specialist. | |

| | HDHP Plan | PPO Plan | |
|---|-------------------|-----------------|--|
| DEDUCTIBLE | In-Network | In-Network | |
| Individual Family | \$3,200 \$6,000 | \$500 \$1,000 | |
| COINSURANCE (applies after deductible is met) | | | |
| Member Cost Share % | 20% | 10% | |

Member Cost Share %

MEMBER COPAYMENT(S)

| Office Visit - Primary Care Specialist | 20% After Ded. | \$20 Сорау \$30 Сорау | |
|---|----------------|---|--|
| Telehealth - CVS Health | 20% After Ded. | \$0 Copay \$20 Copay - Behavioral Health | |
| Acupuncture (20 visit max) | 20% After Ded. | \$30 Copay | |
| Preventive Care / Screenings / Immunizations | 100% Covered | 100% Covered | |
| Urgent Care | 20% After Ded. | \$40 Copay | |
| Emergency Room | 20% After Ded. | \$300 Copay + 10% Coins. | |
| Retail Rx Copays (30-Day Supply) Generic / Brand / Non-Preferred Brand / Specialty* | 20% After Ded. | \$0 / \$45 / \$75 / \$250* | |
| Mail Order (90-Day Supply) | 20% After Ded. | 2x Retail Copay | |

OUT-OF-POCKET (OOP) MAXIMUM

| Individual Family | \$6,550 \$13,100 | \$6,550 \$13,100 | |
|-----------------------|---|--------------------|--|
| | RATES PER SEMI-MONTHLY PAY PERIOD (24 per year) | | |
| Employee Only | \$15.00 | \$25.00 | |
| Employee + Spouse | \$200.00 | \$240.00 | |
| Employee + Child(ren) | \$148.00 | \$180.00 | |
| Employee + Family | \$340.00 | \$395.00 | |

*All Specialty prescriptions must be filled through the Aetna CVS Specialty Performance Pharmacy Network Note: Employees enrolled in the HDHP Plan will receive a \$20 HSA Monthly Contribution

Dental Plan - 🛆 DELTA DENTAL®

| | In-Network/Out-of-Network | | | | |
|------------------------------|--|--|--|--|--|
| NETWORK | | | | | |
| DEDUCTIBLE | | | | | |
| Individual Family | \$50 \$150 | | | | |
| | *max of 3 ded. per family* | | | | |
| Covered at 100% | | | | | |
| Preventive Services | *Deductible waived* | | | | |
| | | | | | |
| Basic Services | Covered at 80% After Ded. | | | | |
| Major Services | Covered at 50% After Ded. | | | | |
| Orthodontia Services | Covered at 50% | | | | |
| (Adult & Child) | *Deductible waived* | | | | |
| Orthodontia Lifetime Maximum | \$1,500 per person | | | | |
| Out-of-Network Reimbursement | Usual & Customary (U&C) 90 th | | | | |
| Out-of-Network Reimbursement | *Members are responsible for any amounts billed over the allowed amount* | | | | |
| ANNUAL MAXIMUM | | | | | |
| Maximum Benefit | \$1,500 per person | | | | |
| | RATES PER SEMI-MONTHLY PAY PERIOD (24 per year) | | | | |
| Employee Only \$ 0.00 | | | | | |
| Employee + Spouse | \$19.28 | | | | |
| Employee + Child(ren) | \$30.59 | | | | |
| Employee + Family | \$48.82 | | | | |

Vision Plan - **eye**Med

| | In-Network | Out-of-Network | |
|--------------------------------------|---|---|--|
| NETWORK | EyeMed Insight | | |
| Vision Exam | \$20 copay | Up to \$40 reimbursement | |
| COVERED SERVICES - LENSES / FRAMES | 5 | | |
| Single Lenses | \$20 copay | Up to \$30 reimbursement | |
| Bifocal Lenses | \$20 copay | Up to \$50 reimbursement | |
| Trifocal Lenses | \$20 copay | Up to \$70 reimbursement | |
| Frames | \$130 allowance + 20% off balance | Up to \$65 reimbursement | |
| Contact Lenses (Elective) | \$130 allowance + 15% off balance | Up to \$65 reimbursement | |
| Contact Lenses (Medically Necessary) | Covered in full | Up to \$300 reimbursement | |
| BENEFIT FREQUENCY | | | |
| Exams | Once every 12 months | Once every 12 months | |
| Lenses/Contacts | Once every 12 months (contacts in lieu of frames/lenses) | Once every 12 months (contacts in lieu of frames/lenses) | |
| Frames | Once every 24 months | Once every 24 months | |
| | RATES PER SEMI-MONTHLY PAY PERIOD (24 per year) | | |
| Employee Only | \$2.43 | | |
| Employee + Spouse | \$4.61 | | |
| Employee + Child(ren) | \$4.84 | | |
| Employee + Family | Employee + Family \$7.13 | | |

Life and AD&D Insurance -



| Basic Life & AD&D Insurance | Life insurance provides a financial benefit to beneficiaries upon death. Each eligible employee is automatically enrolled in Basic Life and AD&D Insurance at no cost. The plan pays 2x your salary up to \$300,000 . We have included the Line of Duty AD&D additional benefit as an enhancement to your current basic AD&D plan. Line of Duty provides an additional benefit of 100% of the basic AD&D principal sum up to \$100,000 for public safety officers (police and fire) that suffer a loss while he or she is performing his or her customary duties for the employer. This benefit amount reduces to 65% of the original amount at age 70, to 40% at age 75, and to 25% at age 80. |
|----------------------------------|--|
| Voluntary Life/AD&D Insurance | If you need additional protection beyond the company-paid Basic Life Insurance, you may purchase Voluntary Term Life and AD&D Insurance for yourself and your eligible dependents. You may elect up to \$750,000 with a guaranteed issue of \$250,000. Your Spouse may elect \$250,000 not to exceed 100% of your total life amounts and your child may have up to \$15,000 in life insurance. This is an employee paid benefit. |

Disability Benefits - 🎇 securian

Long-Term Disability

In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. Following 90 days of elimination period, this employer-paid benefit pays **60% of your monthly income up to \$5,000 per month**. This coverage will continue to pay you a benefit until the later of the specified length of time in you plan summary, or the Social Security Normal Retirement Age.

3/12 Pre-existing Condition Exclusion: If treatment is received 3 months prior to your effective date, then the condition will not be covered until you have been covered for 12 months.

Additional Benefits

| Virtual Visits -CVS Health | Get 24/7 non-emergency care from a board-certified doctor by phone, online video or mobile app from the privacy and comfort of your own home. You can speak with a Virtual Visits doctor within minutes and be seen for PCP visits for ongoing care, behavioral health counseling sessions and psychiatrist visits. Members enrolled in the PPO plan can access virtual visits for \$0 or \$20 for Behavioral Health, and members on the HDHP plan pay 20% after the deductible is met. | | |
|---|---|--|--|
| ScriptSourcing | ScriptSourcing gives you access to \$0 copay on mail order brand name maintenance medications (up to a 90-day supply) at no cost to you. Prescriptions are shipped directly to your home with no need to worry about shipping or handling costs or other out-of-pocket expenses. ScriptSourcing has a dedicated team of member advocates to help you every step of the way. | | |
| Health Savings Account (HSA) | A Health Savings Account (HSA) is a tax-advantaged personal savings account that can be used to pay for medical, dental, vision and other qualified expenses. To contribute to an HSA, you must be enrolled in a qualified high-deductible health plan (HDHP) and your contributions are limited annually. <i>City of Cedar Park contributes \$20 monthly to your HSA!</i> 2024 MAXIMUM CONTRIBUTION LIMIT: \$4,150 Individual \$8,300 Family | | |
| Flexible Spending Account (FSA) | Flexible Spending Accounts (FSA) allow you to reduce your taxable income by setting aside pre-tax dollars from each paycheck to pay for eligible out-of-pocket health care and dependent care expenses* for yourself, your spouse and your dependent children. You may only roll over up to \$610 of your FSA funds for use in the following plan year, any remaining funds will expire at the end of the plan year. 2024 MAXIMUM CONTRIBUTION LIMIT: \$3,200 | | |
| Dependent Care Account (DCA) | A Dependent Care FSA (DCA) allows you to set aside pre-tax funds to help pay for qualified dependent care expenses. DCA funds can be used on expenses such nursery, baby-sitting, private pre-K, extended day care before and after school. 2024 MAXIMUM CONTRIBUTION LIMIT: \$5,000 (\$2,500 if married and filling separately) | | |
| Employee Assistance Program (EAP) The Deer Oaks Employee Assistance Program (EAP) is a free service provided for you, your de and household members. This program offers a wide variety of counseling, referral, and consu services, which are all designed to assist you and your family in resolving work and life issues to healthier, more balanced lives. From stress, addiction, and change management, to locating of facilities, legal assistance, and financial challenges, our qualified professionals are here to help services are completely confidential and can be easily accessed 24/7. | | | |
| LifeSuite Services | Life happens. When it does - turn to your LifeSuite services through Telus Health. Services include legal, financial, grief, travel assistance, and legacy planning. These services are designed to help you in times of need and are only a click or call away. | | |
| Employee Benefits Center - Voluntary Benefits | The Employee Benefits Center (EBC) is a one-stop-shop for you to find all things benefits related! On the website, you'll find open enrollment and plan year dates, benefit descriptions, carrier contact information, product brochures, claim forms and enrollment details. Visit <u>ffbenefits.ffga.com/cityofcedarpark</u> today to see what additional benefits are available to you and your loved ones! | | |

IMPORTANT CONTACT INFORMATION

| | 2 | | |
|---|-----------------------------|--------------------------------------|--|
| PLAN | PROVIDER | POLICY # | CONTACT INFORMATION |
| MEDICAL | Mactoa | 475000 | (888) 416-2277 |
| PHARMACY | ♥aetna | 475239 | aetna.com |
| VIRTUAL VISITS | ♦CVSHealth. | 475239 | CVS.com/virtual-care |
| SCRIPTSOURCING | script sourcing | - | (410) 902-8811 scriptsourcing.com |
| DENTAL | | 23095 | (800) 521-2651 deltadentalins.com |
| VISION | eyemed | TBD | (866) 723-0513 Eyemed.com |
| LIFE AND AD&D | Securion | 34394 | (800) 392-7295 |
| DISABILITY | | | <u>lifebenefits.com</u> |
| HEALTH SAVINGS ACCOUNT (HSA) | hsabank own your health. | - | (800) 357-6246 <u>hsabank.com</u> |
| FLEXIBLE SPENDING ACCOUNT (FSA) | FFFGN | - | (866) 853-3539 <u>ffga.com</u> |
| EMPLOYEE ASSISTANCE PROGRAM (EAP) | DEER OAKS EAP Services | - | (888) 993-7650 <u>deeroakseap.com</u> |
| LEGAL, FINANCIAL & GRIEF | TELUS [®] Health | Username: lfg Password: resources | (877) 849-6034 <u>telus.com</u> |
| TRAVEL ASSISTANCE | | - | (855) 516-5433 <u>lifebenefits.com/travel</u> |
| LEGACY PLANNING | | | legacyplanningresources.com |
| EMPLOYEE BENEFITS CENTER - VOLUNTARY BENEFITS | CEDAR PARK | - 1 | ffbenefits.ffga.com/cityofcedarpark |
| | | Need mor | e details? |

Visit City of Cedar Park's Virtual Benefits Guide at: https://ffbenefits.ffga.com/cityofcedarpark/ or scan this QR Code

This benefit overview provides highlights of the City of Cedar Park benefits program in non-technical language. This overview is not a summary plan description or a plan document. If the description in this guide differs from the official plan documents, the official plan documents will govern. Although the company intends to maintain these plans indefinitely, the company reserves the right to amend or terminate the plans at any time.