



**CEDAR
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TEXAS

EMPLOYEE BENEFITS GUIDE



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If you and/or your family members are enrolled in Medicare or will become eligible for Medicare in the next 12 months, this notice contains important information about your current prescription drug coverage and your options under Medicare's prescription drug plans. Please see scan the QR code below for more details.

Individuals entitled to receive benefits under the City of Cedar Park Health & Welfare Plan are also entitled to be furnished with certain documents required by ERISA.

City of Cedar Park intends to provide ERISA-required and other mandatory documents to you by electronic delivery. The documents may include:

- The Summary Plan Description (SPD);
- Any required Summary of Material Modifications (SMMs);
- The Summary Annual Report (SAR);
- Any documents required to be furnished under ERISA § 104(b)(4) on request by a participant or beneficiary under the Plan or made available under ERISA § 104(b)(2);
- Summary of Benefits and Coverage (SBC); and
- Any required federal notices such as Notice of the Health Insurance Marketplace, Medicare Part D Creditable Coverage Disclosure, HIPAA Notice of Privacy Practices, Medicaid and the Children's Health Insurance Program (CHIP), and Women's Health and Cancer Rights Act, among others.

Your Right to a Paper Copy: You have a right to request and obtain a paper version of any electronically transmitted document. To request a paper copy, contact City of Cedar Park at hr@cedarparktexas.gov





Welcome

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

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

About The Benefits Guide

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

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

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



CEDAR PARK TEXAS

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Carrier Contact Information

Enrollment First Financial Administrators, Inc. 855.523.8422 ffga.benselect.com/enroll	Section 125 Plans First Financial Administrators, Inc. 866.853.3539 ffga.com	Medical & Rx Aetna Group # 475239 888.416.2277 aetna.com	Pharmacy/Rx Advocate ScriptSourcing 410.902.8811 scriptsourcing.com
Health Savings Account (HSA) HSA Bank 800.357.6246 hsabank.com	Telehealth Teladoc Group # 475239 855.835.2362 teladoc.com	Dental Delta Dental Group #23075 800.521.2651 deltadental.com	Vision EyeMed Group #TBD 866.723.0513 eyemed.com
Flexible Spending Accounts (FSA) First Financial Administrators, Inc. 866.853.3539 ffga.com	Basic Life and AD&D Securian Financial Group 800.392.7295 lifebenefits.com/ submitEOI	Disability Coverage Securian Financial Group 800.356.9601 ext. 2410 madisonlife.com	Employee Assistance Program Deer Oaks 888.993.7650 deeroakseap.com

Overview

Benefits Overview

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

Benefits become effective on the first of the month following 30 days of hire. To be eligible for benefits, employees must complete requisite benefit enrollment forms within 31 days from their date of hire.

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

Eligibility

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

Making Changes Throughout the Year

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

Qualifying Events are defined as:

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

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

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

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

Section 125 Plan

Who is Eligible?

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

How does it Work?

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

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

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

Section 125 Plan Sample Paycheck

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

Without Section 125		With Section 125	
Monthly Salary	\$3,000.00	Monthly Salary	\$3,000.00
Less TMRS	-\$210.00	Less TMRS	-\$210.00
Taxable Income	\$2,790.00	Less Insurance / Flex	-\$250.00
Less Taxes	-\$252.00	Taxable Income	\$2,540.00
Less Insurance / Flex	-\$250.00	Less Taxes	-\$180.00
Take Home Pay	\$2,288.00	Take Home Pay	\$2,360.00

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



How to Enroll

How do I enroll in my benefits?

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

Where do I go to enroll in my benefits?

Go to <https://ffga.benselect.com/enroll>

What is my login and PIN?

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

Once you login you will see a Welcome presentation. Once finished click “Next,” then:

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

You will then see a brief presentation on each benefit available. Notify First Financial Administrators, Inc. of any discrepancies.

Email: ffenroll@ffga.com | Phone: 855.523.8422

Useful Information to Know

Contact First Financial at 855.523.8422 with any technical questions.

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



Medical & Rx



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

Aetna Medical Plan

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

What do the Medical Plans Cover?

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

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

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

Medical & Rx, Continued



Aetna HDHP Plan - Base	In-Network	Out-of-Network
Annual Deductible	\$3,200 Individual / \$6,400 Family	\$4,600 Individual / \$9,200 Family
Annual Out-of-Pocket Maximum (deductibles and copays included)	\$6,550 Individual / \$13,100 Family	\$10,000 Individual / \$20,000 Family
Coinsurance (Plan Pays)	80%	50%
Primary Care Office Visit	20% after deductible	50% coinsurance after deductible
Specialist Office Visit	20% after deductible	50% coinsurance after deductible
Telehealth (through Teladoc)	\$49 copay after deductible	N/A
Diagnostic Test (x-ray, blood work)	0% after deductible	N/A
Advanced Imaging (CT/PET, MRI)	20% after deductible	50% coinsurance after deductible
Preventative Care / Screenings / Immunizations	100% covered	50% coinsurance after deductible
Urgent Care	20% after deductible	50% coinsurance after deductible
Emergency Room	20% after deductible	20% after deductible
Generic Drug (30-day supply)	20% after deductible	50% coinsurance after retail copay and deductible
Brand Drug (30-day supply)	20% after deductible	50% coinsurance after retail copay and deductible
Non-Preferred Brand Drug (30-day supply)	20% after deductible	50% coinsurance after retail copay and deductible
Specialty (30-day supply)	Applicable cost as noted above for generic or brand drugs*	Applicable cost as noted above for generic or brand drugs*
Mail Order (90-day supply)	20% after deductible	Not covered

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

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

ScriptSourcing

\$0 Copay on Mail Order Brand Name Medications

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

Some of the advantages of joining the ScriptSourcing program are:

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

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

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

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

Enrollment is easy!

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

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

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

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



Health Savings Account (HSA)

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

How an HSA works:

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

Who is not eligible for an HSA?

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

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

Annual HSA Contribution Limits	2024	2025
Individual	\$4,150	\$4,300
Family	\$8,300	\$8,550

Catch-up Contributions

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





Telehealth



Teladoc & CVS Health

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

Whether you're at home or traveling, access to a board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care center.

Members enrolled in the PPO plan through Teladoc can access virtual visits at no cost. For those on the HDHP plan, a \$49 copay applies after meeting the deductible.. With CVS Virtual Care, members on the PPO plan will have a \$0 copay. For members on the HDHP plan, members will pay 20% coinsurance after the deductible is met.

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

Teladoc or CVS Health specialists can help treat the following conditions and more:

General Health

- ▶ Allergies
- ▶ Asthma
- ▶ Nausea
- ▶ Sinus Infection
- ▶ PCP and Preventive visit (CVS Virtual Care Only)

Pediatric Care

- ▶ Cold/flu
- ▶ Ear problems
- ▶ Pinkeye

Behavioral Health

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

Connect

Teladoc

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

CVS Virtual Care

Access via telephone 24/7 or online at CVS.com/virtual-care

Get Started with CVS
Virtual Care



Get Started with Teladoc



Dental Benefits

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

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

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





Vision



Vision Benefits

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

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

Vision Benefits	In-Network	Out-of-Network
Vision Exam once every 12 months	\$20 copay	Up to \$20
Standard Contact Lens Fitting	Up to \$40	Not covered
Premium Contact Lens Fitting	Up to 90% off retail	Not covered
Prescription Lenses & Materials once every 12 months	\$20 copay	Single: Up to \$30 Bifocal: Up to \$50 Trifocal: Up to \$70
Frames once every 24 months	\$130 allowance, then 20% off remaining balance	Up to \$65
Contact Lenses (Elective) once every 12 months (in lieu of glasses)	Up to \$130 allowance, then 15% off remaining balance	Up to \$65
Contact Lenses (Medically Necessary)	Covered in full	Up to \$300

Flexible Spending Accounts (FSA)

What is a Flexible Spending Account (FSA)?

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

What does the plan consider an eligible expenses?

Premium Payments

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

Medical Expenses (paid by the employee)

An employee's out-of-pocket health care expenses can be paid with before-tax dollars when an employee elects to deposit some of those dollars into their Medical Expense Reimbursement Account. The amount the employee elects to set aside in this account will be held until he or she submits receipts for eligible expenses to be reimbursed. The maximum amount an employee can elect is \$3,200 (\$266.67/month) for the 2024-2025 plan year. Eligible expenses can include (not limited to*):

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

*For a complete list of eligible expenses please visit [irs.gov/publications/p502](https://www.irs.gov/publications/p502)

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

Your FSA Plan includes a Debit Card

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

Download the Flexible Spending Mobile App

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



Flexible Spending Accounts (FSA), Continued

Rollover Provision

The IRS has amended the “Use it or Lose it” rule. City of Cedar Park has elected to allow employees the option of rolling over up to \$640 for use in the following plan year. This means that any unused funds at the end of the current plan year may be rolled over, up to a max amount of \$640, for use in the following plan year. The rollover amount does not affect your maximum annual contribution amount of \$3,200 in the 2024-2025 plan year. You do not need to elect this feature; any unused funds up to \$640 in your Health Care FSA at the end of the plan year will automatically roll over into the following plan year for your use for qualified expenses. Current year funds are used first, then, once current year funds are expended, the rollover funds are used. Please note that this provision does NOT apply to Dependent Care FSA elections, which still fall under the “Use it or Lose it” rule.

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

The FSA Plan Year is November 1, 2024 - October 31, 2025.

Dependent Care (must be work related)

Another important part of the Flexible Spending Account is the ability to pay for child care or day care services with before-tax dollars. Your savings will amount to 22% to 35% of your actual child care expense, depending on your individual or family tax brackets. The maximum amount an employee can elect is \$5,000 or \$2,500 if married filing separately per plan year, per family. Eligible expenses can include:

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

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

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

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

Employees should be aware that if you elect the Dependent Care Reimbursement Account at any time, your election cannot exceed the IRS limitation of \$5,000 per Calendar year or \$2,500 if married filing separately.

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

IRS rules state that regardless of the number of pay periods left in the calendar year when you are hired, you may not contribute more than \$5,000 or \$2,500 if married and filing separately to the Dependent Care Reimbursement Account. Your employer will consider how many pay periods are left in the year to determine your per-pay period deductions.

Reimbursement Requests

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

Mail:

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

Fax:

800.298.7785



Life & AD&D

Life & Accidental Death & Dismemberment (AD&D)

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

Voluntary Life Insurance & AD&D

Employees who want to supplement their group life insurance benefits have the option to purchase additional coverage. Those opting to enroll in this benefit will pay the full cost through bi-monthly payroll deductions. You can purchase coverage for yourself, your spouse, and your dependent children. Coverage for yourself will be designated in \$10,000 increments with a maximum of \$750,000. Your child will be covered from \$10,000 or \$15,000. Coverage for your spouse will be designated in \$5,000 increments to a maximum of \$250,000 in coverage.

In an attempt to increase supplemental life participation, we are offering a special one-time guaranteed issue enrollment opportunity. Current insureds of employee supplemental life may increase coverage by \$100,000 without evidence of insurability, provided that the resulting amount of insurance does not exceed the guaranteed issue limit of \$250,000,

Voluntary Life Rates

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

*Spouse rates are based on employee's age.

Voluntary AD&D Rates

Employee Only	\$0.035
Spouse or Child	\$0.060





Disability Benefits

Employer Paid Long Term (LTD) Disability

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

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

Long-Term Disability Benefits

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

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



LifeSuite Services

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

Legal, Financial and Grief

Access one or all to meet your needs:

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

LifeWorks.com

(user name: lfg | password: resources)
877.849.6034

Travel Assistance

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

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

LifeBenefits.com/travel

U.S. / Canada **855.516.5433**

Legacy Planning

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

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

LegacyPlanningResources.com

 **TELUS® Health**
formerly LifeWorks



Employee Assistance Program (EAP)

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

Program Access:

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

Telephonic Assessments & Support:

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

Short-term Counseling:

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

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

Referrals & Community Resources:

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

Advantage Legal Assist:

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

Advantage Financial Assist:

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

Identity Theft Assistance:

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

Work-life Services:

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

Child & Elder Care Referrals:

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



deeroakseap.com | eap@deeroaks.com

Toll-Free: 888.993.7650

FFGA Voluntary Benefits

Employee Benefits Center

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

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

Voluntary Benefits Overview

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

Monthly Rates

Monthly Rates **Total Monthly Employer Premium** **Total Monthly Employee Premium** **Total Semi-Monthly Employee Premium**

Aetna PPO Plan - High

Employee Only	\$1,033.50	\$50.00	\$25.00
Employee & Spouse	\$1,253.61	\$480.00	\$240.00
Employee & Child(ren)	\$1,200.25	\$360.00	\$180.00
Employee & Family	\$1,420.35	\$790.00	\$395.00

Aetna HDHP - Base

Employee Only	\$971.04	\$30.00	\$15.00
Employee & Spouse	\$1,131.59	\$400.00	\$200.00
Employee & Child(ren)	\$1,085.44	\$296.00	\$148.00
Employee & Family	\$1,262.01	\$680.00	\$340.00

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

Delta Dental - Dental Plan

Employee Only	\$33.09	\$0.00	\$0.00
Employee & Spouse	\$33.09	\$38.56	\$19.28
Employee & Child(ren)	\$33.09	\$61.17	\$30.59
Employee & Family	\$33.09	\$91.64	\$48.82

EyeMed - Vision Plan

Employee Only	\$0.00	\$4.85	\$2.43
Employee & Spouse	\$0.00	\$9.21	\$4.61
Employee & Child(ren)	\$0.00	\$9.68	\$4.84
Employee & Family	\$0.00	\$14.25	\$7.13

Securian - Voluntary Life

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

Securian - Voluntary Child Life

\$10,000	\$0.43
\$15,000	\$0.86

Securian - Voluntary AD&D

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

*Spouse rates are based on employee's age.



Glossary

Coinsurance

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

Copay

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

Deductible

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

Employee Contribution

The amount you pay for your insurance coverage.

Explanation of Benefits (EOB)

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

Flexible Spending Accounts (FSAs)

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

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

Glossary

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

In-Network

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

Out-of-Network

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

Out-of-Pocket Maximum

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

Over-the-Counter (OTC) Medications

Medications typically made available without a prescription.

Premium

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

Prescription Medications

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

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

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