



# Benefit Booklet

**Plan Year**

January 1, 2026 - December 31, 2026

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Coverage Type	Carrier	Contact Information
Medical	Aetna	888.416.2277 www.MyAetnaWebsite.com
Pharmacy Benefits	Aetna	888.792.3862
Dental	Aetna	877.238.6200 www.AetnaDental.com
Vision	Aetna	877.973.3238 www.AetnaVision.com
Life and AD&D	BlueCross BlueShield of Texas	877.442.4207 www.bcbstx.com/ancillary/employees
Short and Long Term Disability	BlueCross BlueShield of Texas	877.442.4207 www.bcbstx.com/ancillary/employees
Health Boost Package (Telemedicine / Discounts / Alight)	New Benefits	800.800.7616 www.mymemberportal.com
H.S.A. and F.S.A. Administration	Flores	800.532.3327 Flores247.com
Employee Assistance Program	Telus Health (formerly LifeWorks)	888.851.7032 one.telushealth.com
Voluntary Worksite Programs	Aflac <b>Agent:</b> Marci Schnitker	940.683.4408 marci_schnitker@us.aflac.com
Broker	Stephens, Bastian, & Cartwright, LP <b>Customer Service Rep:</b> Chloe' Ballou	940.627.8888 cballou@sbcinsurance.net

## Medical Plan Comparison

	Base Plan (HSA) H.S.A. Plan Aetna Open Access - Aetna Select	Buy Up 1 Plan CPQ Flex 6000 Aetna Choice POS II	Buy Up 2 Plan CPQ Flex 7000 Aetna Choice POS II
<b>Network</b>			
<b>Type of Plan</b>	H.S.A.	PPO	PPO
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited
<b>Deductible per Calendar Year</b>	\$6650/\$13300	\$6000/\$12000	\$7000/\$14000
<b>Coinsurance</b>	100%	70% / 50%	100% / 50%
<b>Copays</b>			
Office Visit - Primary Care		\$35	\$40
Office Visit - Specialist		\$70	\$80
Urgent Care	100% after deductible	\$100	\$75
Lab/X-ray		Deductible + 30%	Included in OV Copay
Hospital Admission		Deductible + 30%	100% after deductible
Outpatient Surgery		Deductible + 30%	100% after deductible
Emergency Room Facility (Waived if Admitted)	100% after deductible	\$500 Copay + Deductible + 30%	\$500 Copay + Deductible
Emergency Room Physician (Waived if Admitted)	100% after deductible	Deductible + 30%	Deductible Only
<b>Prescription Drugs</b>			
Generic Copay		\$10	\$10
Name Brand Copay	100% after deductible	\$50	\$50
Non-Formulary Copay		\$95	\$95
Specialty		\$150	\$150
<b>Out of Pocket Maximum</b>			
Individual	\$6,650	\$8,150	\$7,900
Family	\$13,300	\$16,300	\$15,800
<b>Per Paycheck Employee Cost</b>			
Employee Only	\$ 16.08	\$ 68.14	\$ 114.84
Employee + Spouse	\$ 111.10	\$ 313.57	\$ 426.84
Employee + Child(ren)	\$ 31.31	\$ 171.59	\$ 262.50
Employee + Family	\$ 275.64	\$ 594.33	\$ 751.82

The plan highlights above are a summary of benefits and coverage.

If there are any differences in the actual plan summaries and the highlights above, the actual plan summaries will govern.



# Your benefits, your way

Manage your health care  
at home or on the go



## Stay on top of your benefits

- Review your benefits and what's covered.
- Track your spending.
- View claims on your member website.
- See your ID card online.
- Get cost info before you get care.\*

## Connect to care



- Find in-network providers, including virtual care.
- Locate walk-in clinics and urgent care centers near you.
- See reviews of providers.

## Get started today



Visit [MyAetnaWebsite.com](https://MyAetnaWebsite.com) to register for your member website.



Get the **Aetna Health<sup>SM</sup> app** by texting **"AETNA"** to **90156** to receive a download link. Message and data rates may apply.\*\*

— OR —



Scan the **QR code** to download the **Aetna Health<sup>SM</sup> app**.

\*Estimated costs are not available in all markets or for all services. We provide an estimate for the amount you would owe for a particular service based on your plan at that very point in time. It is not a guarantee. Actual costs may differ from an estimate for various reasons including claims processing times for other services, providers joining or leaving our network or changes to your plan. Health maintenance organization (HMO) members can only get estimated costs for doctor and outpatient facility services.

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## Dental Benefits Summary

	<u>Passive PDN</u> <u>With PDNII and Extend<sup>SM</sup> Networks</u>	
	<u>Participating</u>	<u>Non-participating</u>
<b>Annual Deductible*</b>		
Individual	\$50	\$50
Family	\$150	\$150
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Annual Benefit Maximum	\$2000	\$2000
Office Visit Copay	N/A	N/A
Orthodontic Services**	50%	50%
Orthodontic Deductible	None	None
Orthodontic Lifetime Maximum	\$2000	\$2000
*The deductible applies to: Basic & Major services only		
**Orthodontia is covered only for children (appliance must be placed prior to age 20).		
<b>Partial List of Services</b>		
	<u>Passive PDN</u> <u>With PDNII and Extend<sup>SM</sup> Networks</u>	
	<u>Participating</u>	<u>Non-participating</u>
<b>Preventive</b>		
Oral examinations (a)	100%	100%
Cleanings (a) Adult/Child	100%	100%
Fluoride (a)	100%	100%
Sealants (permanent molars only) (a)	100%	100%
Bitewing Images (a)	100%	100%
Full mouth series Images (a)	100%	100%
Space Maintainers	100%	100%
<b>Basic</b>		
Root canal therapy, anterior teeth and bicuspid teeth	80%	80%
Root canal therapy, molar teeth	80%	80%
Scaling and root planing (a)	80%	80%

## Dental Benefits Summary

<b>Gingivectomy (a)*</b>	<b>80%</b>	<b>80%</b>
<b>Amalgam (silver) fillings</b>	<b>80%</b>	<b>80%</b>
<b>Composite fillings (anterior teeth only)</b>	<b>80%</b>	<b>80%</b>
<b>Stainless steel crowns</b>	<b>80%</b>	<b>80%</b>
<b>Incision and drainage of abscess*</b>	<b>80%</b>	<b>80%</b>
<b>Uncomplicated extractions</b>	<b>80%</b>	<b>80%</b>
<b>Surgical removal of erupted tooth*</b>	<b>80%</b>	<b>80%</b>
<b>Surgical removal of impacted tooth (soft tissue)*</b>	<b>80%</b>	<b>80%</b>
<b>Osseous surgery (a)*</b>	<b>80%</b>	<b>80%</b>
<b>Surgical removal of impacted tooth (partial bony/ full bony)*</b>	<b>80%</b>	<b>80%</b>
<b>General anesthesia/intravenous sedation*</b>	<b>80%</b>	<b>80%</b>
<b>Crown Lengthening</b>	<b>80%</b>	<b>80%</b>
<b>Major</b>		
<b>Inlays</b>	<b>50%</b>	<b>50%</b>
<b>Onlays</b>	<b>50%</b>	<b>50%</b>
<b>Crowns</b>	<b>50%</b>	<b>50%</b>
<b>Full &amp; partial dentures</b>	<b>50%</b>	<b>50%</b>
<b>Pontics</b>	<b>50%</b>	<b>50%</b>
<b>Denture repairs</b>	<b>50%</b>	<b>50%</b>
<b>Crown Build-Ups</b>	<b>50%</b>	<b>50%</b>
<b>Implants</b>	<b>50%</b>	<b>50%</b>
<b>*Certain services may be covered under the Medical Plan. Contact Member Services for more details.</b>		
<b><i>(a) Frequency and/or age limitations may apply. Limits are described in the booklet/certificate.</i></b>		

### Other Important Information

This Aetna Dental® Participating Dental Network (PDN) benefits summary is provided by Aetna Life Insurance Company for some of the more frequently performed dental procedures.

Under the Dental Participating Dental Network (PDN) plan, you may choose at the time of service a PDN participating dentist. With the PDN plan, savings are possible because the participating dentists have agreed to provide care for covered services at negotiated rates.

**Summary of Benefits for City Of Decatur**  
Aetna Vision<sup>SM</sup> Preferred

<b>Effective Date: 01/01/2026</b> <b>External Plan ID: 1032267105</b> <b>Line Value: 541</b> <b>Frequency (Exam/Frame/Lens): 12/24/12</b>  <b>Enhanced Plan - 201(a)E V-24</b> <b>Vision</b> <b>947851 - Package A</b>	<b>In Network Member Cost</b> <b>Aetna Vision Network</b>	<b>Out of Network Member</b> <b>Reimbursement*</b>
<b>Exam</b>		
Eye Exam with Dilation as Necessary	\$10 Copay	\$32 Reimbursement
Retinal Imaging	Member pays discounted fee of \$39	Not Covered
Standard Contact Lens Fit /Follow Up <sup>1</sup>	Member pays discounted fee of \$40	Not Covered
Premium Contact Lens Fit /Follow Up <sup>1</sup>	10% off retail price	Not Covered
<b>Frames</b>		
Any Frame available, including frames for prescription sunglasses	\$0 Copay; \$130 Allowance**, 20% off balance over allowance	\$90 Reimbursement
<b>Standard Plastic Lenses</b>		
Single Vision	\$25 Copay	\$10 Reimbursement
Bifocal	\$25 Copay	\$25 Reimbursement
Trifocal	\$25 Copay	\$55 Reimbursement
Lenticular	\$25 Copay	\$55 Reimbursement
Standard Progressive Lens (copay includes bifocal cost)	\$90 Copay	\$25 Reimbursement
Premium Progressive Lens Tier 1 (copay includes bifocal cost) <sup>2</sup>	\$110 Copay	\$25 Reimbursement
Premium Progressive Lens Tier 2 (copay includes bifocal cost) <sup>2</sup>	\$120 Copay	\$25 Reimbursement
Premium Progressive Lens Tier 3 (copay includes bifocal cost) <sup>2</sup>	\$135 Copay	\$25 Reimbursement
Premium Progressive Lens Tier 4 (copay includes bifocal cost) <sup>2</sup>	\$90 Copay; 80% of Charge less \$120 allowance	\$25 Reimbursement
<b>Lens Options</b>		
UV Treatment	Member pays discounted fee of \$15	Not Covered
Tint (Solid And Gradient)	Member pays discounted fee of \$15	Not Covered
Standard Plastic Scratch Coating	\$0 Copay	\$15 Reimbursement
Polycarbonate Lenses - Adult	Member pays discounted fee of \$40	Not Covered
Polycarbonate Lenses - Children to age 19	\$0 Copay	\$35 Reimbursement
Standard Anti-Reflective Coating	Member pays discounted fee of \$45	Not Covered
Premium Anti-Reflective Coating Tier 1 <sup>2</sup>	Member pays discounted fee of \$57	Not Covered
Premium Anti-Reflective Coating Tier 2 <sup>2</sup>	Member pays discounted fee of \$68	Not Covered
Premium Anti-Reflective Coating Tier 3 <sup>2</sup>	20% off retail price	Not Covered
Photochromic/Transitions Plastic - Adult	Member pays discounted fee of \$75	Not Covered
Photochromic/Transitions Plastic - Children to age 19	Member pays discounted fee of \$75	Not Covered
Other Add-Ons	20% off retail price	Not Covered
<b>Contact Lenses</b>		
Conventional	\$0 Copay; \$130 Allowance**, 15% off balance over allowance	\$90 Reimbursement
Disposable	\$0 Copay; \$130 Allowance	\$104 Reimbursement
Medically Necessary	Covered in Full	\$200 Reimbursement

Frequency	Children to age 19	Adults age 19 and over	8
Exam	once every rolling 12 months	once every rolling 12 months	
Frame	once every rolling 24 months	once every rolling 24 months	
Lenses	once every rolling 12 months	once every rolling 12 months	
Contact Lenses	once every rolling 12 months	once every rolling 12 months	

**Lens Coverage can be used for eyeglass lenses OR 1 order of contact lenses**

### In Network Discounts

**Discounts cannot be combined with any other discounts or promotional offers and may not be available on all brands**

Additional pairs of eyeglasses or prescription sunglasses <sup>3</sup>	<b>Up to 40% off prescription eyeglasses/sunglasses and 15% off conventional contact lenses once the funded benefit has been used</b>
Non-covered Items <sup>4</sup>	<b>20% off retail price</b>
Lasik Laser vision correction or PRK from <b>U.S. Laser Network</b> <sup>5</sup> . Call 1-800-422-6600	<b>15% discount off retail price or 5% discount off promotional price</b>
<b>Hearing Discounts</b> <sup>6</sup> - two ways to save:  <b>Hearing Care Solutions</b> 1-866-344-7756 <b>Amplifon Hearing Health Care</b> 1-877-301-0840	<b>Save on hearing aids, exams, batteries, repairs and more</b>

### Partial list of exclusions and limitations

Enrolled members can access our secure member website once their plan becomes effective. Enrolled subscribers will receive a welcome packet with ID card mailed to their home within 15 business days after enrollment is processed.

\*Out of network coverage is available. To receive reimbursement up to the amounts listed above, a claim form with itemized receipt is required. Reimbursement will not exceed the providers actual charge. Claims forms can be found at aetnavision.com or by calling customer service Monday through Sunday at 1-877-973-3238. Completed claim forms can be submitted electronically or mailed to Aetna, PO Box 8504 Mason, OH 45040-7111. You also have access to Allied Providers, such as Costco Vision, who will apply your out-of-network benefits at the point of service and handle the claim submission process for you.

\*\*Allowances are one-time use benefits. No remaining balances may be used. The plan does not provide a declining balance benefit.

<sup>1</sup>Contact lens fit and two follow-up visits are allowed once an eye exam has been completed.

<sup>2</sup>Premium progressives and premium anti-reflective Brand designations are subject to annual review and change based on market conditions. Ask your eye care provider for more information. Premium Progressive Lens cost includes bifocal cost.

<sup>3</sup>Additional pair discount applies to purchases made after the plan allowances have been exhausted. Discounts are not insurance.

<sup>4</sup>Non covered discounts may not be available in all states.

<sup>5</sup>Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

<sup>6</sup>Aetna does not endorse any vendor, product or service associated with these discount offers. Vendors are independent of Aetna, not agents or employees. Programs, products and services may not be available at all times. Certain offers may not be available in some states. Products and services are provided by Hearing Care Solutions and Amplifon Hearing Health Care (formerly HearPO).

# Healthy eyes healthy savings

Special discounts for  
Aetna® members

It's easy to save on your perfect pair of eyewear with discounts from Aetna. From budget savvy to luxury brands, your member savings can help reduce your out-of-pocket costs. And it can help you **save up to 40%** off your eyeglass purchase. Plus, there's no limit on how often you can use them.



## AETNA MEMBER OUT-OF-POCKET COST

Eye exam	\$49
Retinal imaging	Up to \$39
Standard plastic lenses	<ul style="list-style-type: none"> <li>• Single vision \$40</li> <li>• Bifocal \$60</li> <li>• Trifocal \$80</li> <li>• Standard progressive \$125</li> </ul>
Frames	35% savings off the retail price
Lens enhancements	<ul style="list-style-type: none"> <li>• Standard polycarbonate \$40</li> <li>• Scratch-resistant \$15</li> <li>• Ultraviolet (UV) coating \$15</li> <li>• Tint (solid or gradient) \$15</li> <li>• Standard anti-reflective coating \$45</li> </ul>
Contact lenses	15% savings off the retail price on the purchase of conventional contact lenses
Sunglasses	20% savings off the retail price
Laser vision correction	Average 15% off the regular price or 5% off the promotional price; available through the U.S. Laser Network



## How to start saving



**1.** Find a participating provider by visiting

[go.aetna.com/visiondiscounts](https://go.aetna.com/visiondiscounts), calling **1-800-793-8616** or scanning the QR code.

**2.** Ask your in-network provider to verify eligibility.

**3.** Use your vision discount as many times as you'd like.



## Group Benefit Program Summary for City of Decatur - VF026990

### Group Term Life

The death of a family member can mean not only dealing with the loss of a loved one, but the loss of financial security as well. With Blue Cross and Blue Shield of Texas' Group Term Life plan, an employee can achieve peace of mind by giving their family the financial security they can depend on.

Eligibility	All Active Full-Time Employees
Group Term Life Benefit: Employee	\$25,000
Guarantee Issue Amount - Employee	\$25,000
Group Term Life Age Reduction Schedule	Benefits reduce by 35% of the original amount at age 65; and further reduce by: 50% of the original amount at age 70.
Waiver of Premium	Elimination Period: 9 Months; Duration: To age 65
Accelerated Death Benefit (ADB)	Benefit: Up to 75% of the employee's life insurance; Life expectancy: 24 months or less
Portability Feature (Life Coverage)	Not Included
Conversion	Included
Beneficiary Resource Service	Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.
Travel Resource Services	Helps travelers with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance and access to other critical services and resources available via the Internet.

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

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## BlueCross BlueShield of Texas

### Group Accidental Death & Dismemberment (AD&D)

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is a 24-hour coverage.

Group AD&D Benefit: Employee	Same as Basic Life
AD&D Age Reduction Schedule	Same as Basic Life

AD&D Schedule of Loss*	Principal Sum
Loss of Life	100%
Loss of both hands or both feet	100%
Loss of one hand and one foot	100%
Loss of speech and hearing	100%
Loss of sight of both eyes	100%
Loss of one hand and sight of one eye	100%
Loss of one foot and sight of one eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of sight of one eye	50%
Loss of one hand or one foot	50%
Loss of speech or hearing	50%
Loss of thumb and index finger of the same hand	25%
Uniplegia	25%

#### AD&D PRODUCT FEATURES INCLUDED:

- ▲ Seatbelt Benefit
- ▲ Airbag Benefit
- ▲ Repatriation Benefit
- ▲ Education Benefit
- ▲ Felonious Assault Benefit
- ▲ In the Line of Duty Benefit

\*Loss must occur within 365 days of accident.

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## BlueCross BlueShield of Texas

### Group Benefit Program Summary for City of Decatur – VF026990

#### Supplemental Term Life

The death of a family member can mean not only dealing with the loss of a loved one, but the loss of financial security as well. With Blue Cross and Blue Shield of Texas' Group Term Life plan, an employee can achieve peace of mind by giving their family the financial security they can depend on.

Eligibility	All Active Full-Time Employees
Group Term Life Benefit: Employee	\$10,000 - \$500,000 in increments of \$10,000
Guarantee Issue Amount* - Employee	\$100,000 *new hires
Group Term Life Benefit: Spouse (Includes Domestic Partners)	\$5,000 - \$250,000 in increments of \$5,000, not to exceed 50% of the employee benefit amount
Guarantee Issue Amount - Spouse	\$30,000
Group Term Life Benefit: Child(ren)	Birth to 15 days: \$250 Age 15 days to 26 years: \$10,000
Group Term Life Age Reduction Schedule	Same as Basic Life
Premium Waiver Type	Same as Basic Life
Accelerated Death Benefit (ADB)	Same as Basic Life
Portability Feature (Life Coverage)	Included (employee, spouse & child)
Conversion	Included

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

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**CITY OF DECATUR- VF026990**

**Eligibility**

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

**Supplemental Life**

Employee Benefit: **\$10,000 to \$500,000 in \$10,000 increments.**

Spouse Benefit: **\$5,000 to \$250,000 in \$5,000 increments.**  
**(not to exceed 50% of the employee benefit)**

Note: Spouse may not have coverage unless the employee has coverage.

*The Spouse amount may not exceed the amount for which the employee is eligible.*

**Guarantee Issue\***

Employee	<b>\$100,000</b>
Spouse	<b>\$30,000</b>

**\*NEW HIRES ONLY**

**Child Coverage**

Birth to 15 days:	<b>\$250</b>
15 days to 6 months:	<b>\$10,000</b>
6 months to age 26:	<b>\$10,000</b>

Life benefits reduce by 35% of the original amount at age 65 and further reduce by 50% of the original amount at age 70.

**Supplemental Life**

**Premium Cost (Based on 26 payroll deductions per year)**

Benefit Amount	ATTAINED AGE											
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$10,000	\$0.36	\$0.36	\$0.36	\$0.45	\$0.54	\$0.86	\$1.41	\$2.68	\$4.26	\$5.04	\$9.03	\$17.56
\$20,000	\$0.73	\$0.73	\$0.73	\$0.90	\$1.09	\$1.73	\$2.82	\$5.35	\$8.53	\$10.07	\$18.06	\$35.11
\$30,000	\$1.09	\$1.09	\$1.09	\$1.36	\$1.63	\$2.59	\$4.22	\$8.03	\$12.79	\$15.11	\$27.08	\$52.67
\$40,000	\$1.46	\$1.46	\$1.46	\$1.81	\$2.18	\$3.45	\$5.63	\$10.71	\$17.06	\$20.14	\$36.11	\$70.23
\$50,000	\$1.82	\$1.82	\$1.82	\$2.26	\$2.72	\$4.32	\$7.04	\$13.38	\$21.32	\$25.18	\$45.14	\$87.78
\$60,000	\$2.19	\$2.19	\$2.19	\$2.71	\$3.27	\$5.18	\$8.45	\$16.06	\$25.59	\$30.21	\$54.17	\$105.34
\$70,000	\$2.55	\$2.55	\$2.55	\$3.17	\$3.81	\$6.04	\$9.85	\$18.74	\$29.85	\$35.25	\$63.19	\$122.90
\$80,000	\$2.92	\$2.92	\$2.92	\$3.62	\$4.36	\$6.90	\$11.26	\$21.42	\$34.12	\$40.28	\$72.22	\$140.46
\$90,000	\$3.28	\$3.28	\$3.28	\$4.07	\$4.90	\$7.77	\$12.67	\$24.09	\$38.38	\$45.32	\$81.25	\$158.01
\$100,000	\$3.65	\$3.65	\$3.65	\$4.52	\$5.45	\$8.63	\$14.08	\$26.77	\$42.65	\$50.35	\$90.28	\$175.57
\$150,000	\$5.47	\$5.47	\$5.47	\$6.78	\$8.17	\$12.95	\$21.12	\$40.15	\$63.97	\$75.53	\$135.42	\$263.35
\$200,000	\$7.29	\$7.29	\$7.29	\$9.05	\$10.89	\$17.26	\$28.15	\$53.54	\$85.29	\$100.71	\$180.55	\$351.14
\$250,000	\$9.12	\$9.12	\$9.12	\$11.31	\$13.62	\$21.58	\$35.19	\$66.92	\$106.62	\$125.88	\$225.69	\$438.92
\$300,000	\$10.94	\$10.94	\$10.94	\$13.57	\$16.34	\$25.89	\$42.23	\$80.31	\$127.94	\$151.06	\$270.83	\$526.71
\$350,000	\$12.76	\$12.76	\$12.76	\$15.83	\$19.06	\$30.21	\$49.27	\$93.69	\$149.26	\$176.24	\$315.97	\$614.49
\$400,000	\$14.58	\$14.58	\$14.58	\$18.09	\$21.78	\$34.52	\$56.31	\$107.08	\$170.58	\$201.42	\$361.11	\$702.28
\$450,000	\$16.41	\$16.41	\$16.41	\$20.35	\$24.51	\$38.84	\$63.35	\$120.46	\$191.91	\$226.59	\$406.25	\$790.06
\$500,000	\$18.23	\$18.23	\$18.23	\$22.62	\$27.23	\$43.15	\$70.38	\$133.85	\$213.23	\$251.77	\$451.38	\$877.85

Employee Supplemental Life	
Monthly rates per \$1,000	
Age	Rates
Under 20	\$0.079
20-24	\$0.079
25-29	\$0.079
30-34	\$0.098
35-39	\$0.118
40-44	\$0.187
45-49	\$0.305
50-54	\$0.580
55-59	\$0.924
60-64	\$1.091
65-69	\$1.956
70 -74	\$3.804
75+	*

\*Please contact your HR Department

Dependent Life (Children)	
Monthly Premium per Family	
Life	
\$10,000	\$1.970

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**CITY OF DECATUR- VF026990**

**Eligibility**

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

**Supplemental Life**

Employee Benefit: **\$10,000 to \$500,000 in \$10,000 increments.**

Spouse Benefit: **\$5,000 to \$250,000 in \$5,000 increments.**  
**(not to exceed 50% of the employee benefit)**

Note: Spouse may not have coverage unless the employee has coverage.

*The Spouse amount may not exceed the amount for which the employee is eligible.*

**Guarantee Issue\***

Employee	<b>\$100,000</b>
Spouse	<b>\$30,000</b>

**\*NEW HIRES ONLY**

**Child Coverage**

Birth to 15 days:	<b>\$250</b>
15 days to 6 months:	<b>\$10,000</b>
6 months to age 26:	<b>\$10,000</b>

Life benefits reduce by 35% of the original amount at age 65 and further reduce by 50% of the original amount at age 70.

**Supplemental Life**

**Premium Cost (Based on 26 payroll deductions per year)**

Benefit Amount	ATTAINED AGE											
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$5,000	\$0.18	\$0.18	\$0.18	\$0.23	\$0.27	\$0.43	\$0.70	\$1.34	\$2.13	\$2.52	\$4.51	\$8.78
\$10,000	\$0.36	\$0.36	\$0.36	\$0.45	\$0.54	\$0.86	\$1.41	\$2.68	\$4.26	\$5.04	\$9.03	\$17.56
\$15,000	\$0.55	\$0.55	\$0.55	\$0.68	\$0.82	\$1.29	\$2.11	\$4.02	\$6.40	\$7.55	\$13.54	\$26.34
\$20,000	\$0.73	\$0.73	\$0.73	\$0.90	\$1.09	\$1.73	\$2.82	\$5.35	\$8.53	\$10.07	\$18.06	\$35.11
\$25,000	\$0.91	\$0.91	\$0.91	\$1.13	\$1.36	\$2.16	\$3.52	\$6.69	\$10.66	\$12.59	\$22.57	\$43.89
\$30,000	\$1.09	\$1.09	\$1.09	\$1.36	\$1.63	\$2.59	\$4.22	\$8.03	\$12.79	\$15.11	\$27.08	\$52.67
\$55,000	\$2.01	\$2.01	\$2.01	\$2.49	\$3.00	\$4.75	\$7.74	\$14.72	\$23.46	\$27.69	\$49.65	\$96.56
\$80,000	\$2.92	\$2.92	\$2.92	\$3.62	\$4.36	\$6.90	\$11.26	\$21.42	\$34.12	\$40.28	\$72.22	\$140.46
\$105,000	\$3.83	\$3.83	\$3.83	\$4.75	\$5.72	\$9.06	\$14.78	\$28.11	\$44.78	\$52.87	\$94.79	\$184.35
\$130,000	\$4.74	\$4.74	\$4.74	\$5.88	\$7.08	\$11.22	\$18.30	\$34.80	\$55.44	\$65.46	\$117.36	\$228.24
\$155,000	\$5.65	\$5.65	\$5.65	\$7.01	\$8.44	\$13.38	\$21.82	\$41.49	\$66.10	\$78.05	\$139.93	\$272.13
\$180,000	\$6.56	\$6.56	\$6.56	\$8.14	\$9.80	\$15.54	\$25.34	\$48.18	\$76.76	\$90.64	\$162.50	\$316.02
\$205,000	\$7.47	\$7.47	\$7.47	\$9.27	\$11.16	\$17.69	\$28.86	\$54.88	\$87.42	\$103.23	\$185.07	\$359.92
\$230,000	\$8.39	\$8.39	\$8.39	\$10.40	\$12.53	\$19.85	\$32.38	\$61.57	\$98.09	\$115.81	\$207.64	\$403.81
\$250,000	\$9.12	\$9.12	\$9.12	\$11.31	\$13.62	\$21.58	\$35.19	\$66.92	\$106.62	\$125.88	\$225.69	\$438.92

Spouse Supplemental Life	
Monthly rates per \$1,000	
Age	Rates
Under 20	\$0.079
20-24	\$0.079
25-29	\$0.079
30-34	\$0.098
35-39	\$0.118
40-44	\$0.187
45-49	\$0.305
50-54	\$0.580
55-59	\$0.924
60-64	\$1.091
65-69	\$1.956
70-74	\$3.804
75+	*

\*Please contact your HR Department

Dependent Life (Children)	
Monthly Premium per Family	
Life	
\$10,000	\$1.970

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## Voluntary Group AD&D Insurance Plan Design Summary for City of Decatur - VF026990

	Employee Only Plan	Family Plan
<b>Eligibility:</b>	All active full-time Employees	All active full-time Employees; Spouse of Covered Employee; Children of Covered Employee to age 26
<b>Voluntary Employee AD&amp;D Benefit:</b>	\$10,000 - \$500,000 in increments of \$10,000	\$10,000 - \$500,000 in increments of \$10,000
<b>Voluntary Family AD&amp;D Benefit:</b>		Spouse Only: 50% Spouse w/Children: 40% Child Only: 15% Child w/Spouse: 10%
<b>Age Reduction Schedule</b> <i>Benefits are reduced by the percentage indicated and are calculated from the original amount at the attainment of the age shown</i>	35% at age 65 50% at age 70 Benefits terminate at Retirement	35% at age 65 50% at age 70 Benefits terminate at Retirement
<b>Additional AD&amp;D Features</b>		
<b>Seat Belt Benefit</b>	10% - \$25,000	10% - \$25,000
<b>Air Bag Benefit</b>	5% - \$10,000	5% - \$10,000
<b>Repatriation Benefit</b>	20% - \$20,000	20% - \$20,000

### Exclusions and Limitations\*

- Disease of the mind or body, and any medical or surgical treatment thereof
- Infection
- Suicide or attempted suicide
- Intentionally self-inflicted injury
- War
- Travel or flight in any aircraft while a member of the crew
- Under the influence of any narcotic
- Intoxication
- Participation in a riot
- Any heart, coronary or circulatory malfunction
- Commission of a felony

\*Refer to the policy and certificate for other exclusions and limitations that may apply

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

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The Accidental Death and Dismemberment (AD&D) plan pays an additional benefit when a covered insured loses their life, or a limb due to an accident. The loss must occur within 365 days of the accident. Benefits are paid based on the following schedule.

AD&D SCHEDULE OF LOSSES	BENEFIT AMOUNT
Loss of Life	100%
Loss of Both Hands or Both Feet	100%
Loss of One Hand and One Foot	100%
Loss of Sight of Both Eyes	100%
Loss of One Hand and the Sight of One Eye	100%
Loss of One Foot and the Sight of One Eye	100%
Loss of Speech and Hearing	100%
Quadriplegia	100%
Paraplegia	75%
Loss of Sight of One Eye	50%
Loss of One Hand or One Foot	50%
Loss of Speech or Hearing in Both Ears	50%
Hemiplegia	50%
Loss of Thumb and Index Finger of Same Hand	25%
Uniplegia	25%

The following additional benefits are included with our Accidental Death & Dismemberment plan. For amount and availability of benefits, please refer to the Plan Design Summary.

**Seat Belt Benefit**

Pays an additional benefit, up to the percentage and maximum amounts indicated in the Plan Design Summary, if the covered insured dies in an automobile accident while wearing a properly worn seat belt.

**Air Bag Benefit**

Pays an additional benefit, up to the percentage and maximum amounts indicated in the Plan Design Summary, if the covered insured dies in an automobile accident while seated in a seat containing a factory installed air bag.

**Repatriation**

If a covered insured dies as a result of an accident more than 75 miles from their principal place of residence, the benefit pays the actual costs, up to the maximum amount indicated in the Plan Design Summary, for the preparation and transportation of the insured employee's body back to their home.

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**City of Decatur - VF026990**

**Eligibility**

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

**Voluntary AD&D Insurance**

Employee Only Plan: **\$10,000 - \$500,000, in increments of \$10,000.**

Family Plan: **\$10,000 - \$500,000, in increments of \$10,000.**

Spouse Only: 50%

Spouse w/Children: 40%

Child Only: 15%

Child w/Spouse: 10%

<b>Voluntary AD&amp;D</b>	
<u>Monthly rates per \$1,000</u>	
	<b><u>Rates</u></b>
Individual Plan	\$0.030
Family Plan	\$0.030

**Age Reduction Schedule:**

Benefits reduce to 35% of the original amount at age 65, and further reduce to 50% of the original amount at age 70.

**Additional AD&D Features**

- Seat Belt Benefit
- Air Bag Benefit
- Repatriation Benefit

**Voluntary AD&D Insurance**

**Weekly Premium Cost (Based on 26 payroll deductions per year)**

<b>Benefit Amount</b>	<b>Employee Only Plan</b>	<b>Family Plan</b>
\$10,000	\$0.14	\$0.14
\$20,000	\$0.28	\$0.28
\$30,000	\$0.42	\$0.42
\$40,000	\$0.60	\$0.55
\$50,000	\$0.69	\$0.69
\$60,000	\$0.83	\$0.83
\$70,000	\$0.97	\$0.97
\$80,000	\$1.11	\$1.11
\$90,000	\$1.25	\$1.25
\$100,000	\$1.38	\$1.38
\$150,000	\$2.25	\$2.08
\$200,000	\$2.77	\$2.77
\$250,000	\$3.46	\$3.46
\$300,000	\$4.15	\$4.15
\$350,000	\$4.85	\$4.85
\$400,000	\$5.54	\$5.54
\$450,000	\$6.23	\$6.23
\$500,000	\$6.92	\$6.92

This Premium Cost Chart is for illustrative purposes only; your premium cost may be slightly higher or lower due to rounding. This piece is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy has 'Vlife/sep-w/add/52 conditions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. Refer to your certificate for complete details and limitations of coverage. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period.

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**BlueCross BlueShield  
of Texas**

**Group Benefit Program Summary for  
City of Decatur - VF026990**  
Group Short-term Disability Insurance (STD)

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

Eligibility	All Active Full-Time Employees
Group STD Benefit	60% of basic weekly earnings
Weekly Maximum Benefit	\$2,000
Benefits Are Payable On	8th day for Injury 8th day for Sickness
Maximum Benefit Period	12 Weeks or until LTD begins, whichever is earlier
Total Disability	Total Disability means that due to Injury or Sickness the employee is unable to perform all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any, are less than the percentage (20%) of the employee's pre-disability weekly earnings.
Partial Disability	Partial Disability means that during the elimination period the employee is able to perform some, but not all, of the material and substantial duties of the employee's regular occupation. After the elimination period, partial disability means that due to Injury or Sickness the employee is able to perform some but not all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any are at least the minimum percentage (20%), but less than the maximum percentage of the employee's pre-disability weekly earnings (80%).
Pre-Existing Condition Limitation	None
Additional Features	Survivor Benefit, Work Incentive Benefit, Worksite Modification Benefit, FMLA Coverage Extension, Recurrent Disability

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

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**BlueCross BlueShield  
of Texas**

**Group Benefit Program Summary for  
City of Decatur - VF026990**  
Group Long-term Disability Insurance (LTD)

Without a steady income, most people would not be able to make payments on their homes or keep their family financially stable. LTD reduces the burden during these unstable times. It is a convenient, economical way of securing an income while out of work from an unexpected injury or illness. Your employer has made LTD coverage available for you to enroll in. Below are some of the major features of this program.

Eligibility	All Active Full-Time Employees
Group LTD Benefit Percentage	60%
Maximum Monthly Benefit	\$6,000
Minimum Monthly Benefit	\$100
Elimination Period	90 days
Maximum Period Payable	Social Security Normal Retirement Age (SSNRA)
Social Security Offset Method	Primary and Family Integration
Mental Disorder Limitation	24 Months
Substance Abuse Limitation	24 Months
Special Conditions Limitation	24 Months
Pre-Existing Condition Limitation	3/12 - A Pre-Existing Condition is a Sickness or Injury for which you have received treatment within 3 months prior to your effective date. Any disability contributed to or caused by a Pre-Existing Condition within the first 12 months of your effective date will not be covered.
Rehabilitation Incentive Income (RII)	RII is offered to employees who agree to take part in a rehabilitation plan, structured to return them to gainful employment in another occupation because they can not return to their regular occupation. During the first 12 months, RII is equal to the monthly benefit. If disability earnings during this period exceed 100% of indexed predisability earnings, the monthly benefit is reduced by the excess. After 12 months, RII is equal to the monthly benefit reduced by multiplying the monthly benefit by the adjusted loss of salary ratio. Includes Day Care Expense Benefit.
Disability Resource Service	In addition to the resource services available on-line at <a href="http://GuidanceResources.com">GuidanceResources.com</a> , Disability Resource Services provides a 24-hour telephonic support for all LTD insureds for behavioral health issues. A staff of master degree clinicians are available to provide each caller with assessment, counseling and referral advice for face-to-face counseling. Face-to-face counseling - Up to three face-to-face counseling sessions per year to address appropriate behavioral health issues.
Additional Features	Work Incentive Benefit, Survivor Benefit
Total Disability	Total Disability means that during the first 24 consecutive months of benefits due to Injury or Sickness the employee is unable to perform all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any, are less than the percentage (20%) of the employee's pre-disability weekly earnings.
Partial Disability	Partial Disability means that during the elimination period the employee is able to perform some, but not all, of the material and substantial duties of the employee's regular occupation. After the elimination period, partial disability means that due to Injury or Sickness the employee is able to perform some but not all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any are at least the minimum percentage (20%), but less than the maximum percentage of the employee's pre-disability weekly earnings (60%).

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# Health Boost



## Teladoc (\$0 visit fee)

Feel better now! 24/7 access to a doctor is only a call or click away—anytime, anywhere with a \$0 visit fee for general medical issues. With Teladoc, you can talk to a doctor by phone or online video to get a diagnosis, treatment options, and prescription, if medically necessary. Save time and money by avoiding crowded waiting rooms in the doctor's office, urgent care clinic, or ER. Just use your phone, computer, smartphone, or tablet to get a quick diagnosis by a U.S.-licensed physician.

## Lab Testing

You have direct access to major clinical laboratories nationwide where you can save 10% to 80% on typical costs for lab work. Find a location near you and order online or by phone. Confidential results are available online in as little as 24 hours for most tests.

Lab benefit not available in NJ, NY, and RI.

## Durable Medical Equipment

Need an easy way to order medical equipment? Not only will supplies be shipped to you, but you'll save 20% to 50%!

## ACCESS YOUR BENEFITS ON THE GO!

With the **My Benefits Work™** mobile app or portal



## Alight Navigator

Alight simplifies the healthcare experience. A dedicated team of highly trained Health Pros helps you make sense of healthcare benefits, find great doctors, lower healthcare costs, and solve billing issues. The Alight price transparency tool allows you to compare costs for providers, procedures, and prescriptions to find high-quality, cost-effective healthcare.

Ellen, Health Pro Consultant

1.800.513.1667 x 1606

ellen.wang@alight.com

## NB Rx

Make sure you're always getting the best deal on your prescriptions with deep discounts through NB Rx. Save 10% to 85% on most prescriptions at 60,000 retail pharmacies nationwide.

## Doctors Online

The fast, easy way to get health information from an online resource you can trust. You have 24/7 access to doctors, pharmacists, psychologists, dentists, dieticians, and more by email or smartphone app. You'll get treatment options and advice you understand. With Doctors Online, the doctor's always in!

## Diagnostic Imaging

Save money and time with access to pre-negotiated discounted rates on MRI, CT scans, ultrasounds, X-rays, and mammograms at thousands of credentialed radiology centers nationwide.

Certain services may not be available in all geographical locations.

## Hearing Discounts

Find an affordable hearing solution, whether at a retail store or through home delivery.

# HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) is a tax-deductible savings account you can contribute to while covered by an HSA-qualified high deductible health plan. It allows you to save, invest, and use funds on a tax-free basis to realize triple tax savings!

## ELIGIBLE EXPENSES

- Deductible expenses
- Prescriptions
- Vision expenses (including eye exams, eyeglasses, and contact lenses)
- LASIK surgery
- Dental expenses (excluding cosmetic procedures)
- Orthodontia payments
- Over-the-counter medications and supplies
- Menstrual Care Items
- Certain insurance premiums

## YOUR STEPS TO TRIPLE TAX SAVINGS!

### 1 DECIDE IF AN HSA IS RIGHT FOR YOU

A Health Savings Account (HSA) is a tax-advantaged account that you may elect to establish when you enroll in a high deductible health plan (HDHP). If you're considering an HSA, you can access savings calculators and other resources to determine if it's the right plan option for you at [www.flores247.com](http://www.flores247.com).

### 2 REALIZE THE TRIPLE TAX ADVANTAGE

For 2026, you can contribute up to **\$4,400** if you are enrolled in single HDHP coverage, and up to **\$8,750** if you are enrolled in family HDHP coverage. Individuals over the age of 55 may make an additional catch up contribution of **\$1,000**. Contributions can be made through pre-tax payroll deductions. You can also invest your contributions and receive tax-free earnings. Distributions for qualified expenses are tax-free as well!

### 3 ENROLL AND MANAGE YOUR ACCOUNT

Contact your Human Resources Department to find out how to enroll for this benefit. Flores will send a custom Participant ID number via mail or email to help you manage your account. Contact information can be found on the back of this brochure.

# HSA FAQs

## FREQUENTLY ASKED QUESTIONS

**IS AN HSA THE SAME AS AN FSA?** No. An HSA is a tax-deductible savings account that lets you save every year toward healthcare expenses. There's no use-it-or-lose-it rule, and you can grow your account through interest and investments. And it's portable, so you take it with you if you leave the company. To maintain HSA contribution eligibility, you must be enrolled in a high deductible health plan (HDHP) and cannot have any other disqualifying coverage (see IRS Publication 969).

**WILL I LOSE MONEY IN MY HSA IF I DON'T SPEND IT?** No. There's no use-it-or-lose-it rule with an HSA, so every dollar that goes into it becomes available for your use for eligible expenses.

**WILL I HAVE A DEBIT CARD?** Yes. You will receive a Flores Benefit Card that will be linked to your HSA. You can use it to pay providers when you incur eligible services.

**HOW DOES AN HSA SAVE ME MONEY ON TAXES?** Three ways:

- 1) Money goes in tax-free. You pay no tax on the money you or your employer put into your HSA, up to the IRS limits.
- 2) Money earns tax-free. You pay no tax on interest and investment returns earned in your HSA.
- 3) You pay no tax on HSA money when you use it to pay eligible healthcare expenses.

**HOW WILL I ACCESS INFORMATION ON MY ACCOUNT?**

You will access account information and manage your account on our website, flores247.com.

**WHEN IS MY HSA FUNDED?** You or your employer can add money to your HSA at any time during the year. There's no enrollment period. Most employees fund their HSAs through payroll deductions.

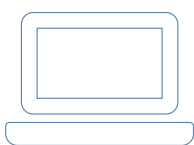
**WHO OWNS MY HSA?** You own it outright. If you leave the company for any reason, you own the account, including any interest earned.

**CAN I CHANGE MY CONTRIBUTION AMOUNT DURING THE PLAN YEAR?** Yes. You will not be subject to the change-in-status rules applicable to other benefit accounts. You will be able to make changes in your contributions by providing the applicable notice of change provided by your employer.

**IS TAX REPORTING REQUIRED FOR AN HSA?** Yes. IRS form 8889 must be completed with your tax return each year to report total deposits and withdrawals from your account. You do not have to itemize this form. We recommend you maintain records of itemized receipts for your purchases in case you are audited by the IRS.

**HOW DO I ACCESS THE FUNDS IN MY HSA?** Your HSA is similar to a checking account. You are responsible for ensuring money is spent on qualified purchases only and maintaining records. Payments can be made via check, online bill-pay, your Flores Benefit Card, or you can reimburse yourself if you pay out-of-pocket for an expense.

## HOW DO I OBTAIN MY ACCOUNT DETAILS?



### WEBSITE

Visit [www.flores247.com](http://www.flores247.com) and log in using Participant ID or User Name and password



### MOBILE APP

Download the Flores Mobile smartphone app, available for Apple or Android devices



### PID & PASSWORD ASSISTANCE

Dial 800.840.7684

## LEARN MORE:

For more information on how to use your funds, manage your expenditures, using Bill Pay, reordering a Flores Benefit Debit Card or help in determining if an expense is qualified, please visit [www.flores247.com](http://www.flores247.com) or call us at 800.532.3327.

CUSTOMER SERVICE 1.800.532.3327



# HEALTH CARE

## FLEXIBLE SPENDING ACCOUNT

THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA) CAN REIMBURSE YOU FOR ELIGIBLE EXPENSES YOU OR YOUR ELIGIBLE DEPENDENTS INCUR THAT ARE NOT PAID BY YOUR EXISTING HEALTH CARE PLAN.

### YOUR STEPS TO SAVINGS!

**1 REALIZE THE TAX SAVINGS**  
You can set aside pre-tax money into an account to be reimbursed for eligible medical expenses. Savings will depend on your tax bracket. For example, if you are taxed at 25% and you enroll for \$3,400 you would save \$800 in taxes.

**2 ESTIMATE YOUR EXPENSES**  
Plan for your upcoming expenses and include your spouse and dependents, if eligible. A brief list of expenses can be found to the right. A comprehensive list of allowable expenses and an expense worksheet can be found at [www.flores247.com](http://www.flores247.com).

**3 ENROLL AND MANAGE YOUR ACCOUNT**  
Contact your Human Resources Department to find out how to enroll for this benefit. Flores will send a custom Participant ID number via mail or email to help you manage your account. Contact information can be found on the back of this brochure.

### ELIGIBLE EXPENSES

- Medical co-payments, co-insurance and deductibles
- Routine wellness visits
- Prescription expenses
- Vision expenses (including eye exams, eyeglasses and contact lenses)
- LASIK surgery
- Dental expenses (excluding cosmetic procedures)
- Orthodontia payments
- Hearing expenses
- Over-the-counter Medications
- Menstrual Care Items
- COVID-19 Related PPE

# HEALTH CARE FSA FAQs

## FREQUENTLY ASKED QUESTIONS

**HOW CAN I SUBMIT A CLAIM?** Claims may be uploaded to your account on our participant Flores247 Web Portal, [www.flores247.com](http://www.flores247.com), or using our Flores Mobile app. You may also submit your request for reimbursement via fax or mail, if you prefer. Please note that all claims must be received by the filing deadline for the applicable plan year in which your expenses were incurred.

**WHAT MUST BE INCLUDED ON RECEIPTS?** All receipts for reimbursement must include the following information: Date of service, Description of Service, Out-of-Pocket Cost, Provider Name, and Patient Name.

**WILL I HAVE A DEBIT CARD?** Possibly. If your plan offers the debit card, you can use your Flores Benefits Card at the point of purchase. Remember to keep all of your receipts in case they are requested for review.

**DO I NEED TO RE-ENROLL IN THE HEALTH CARE FSA EACH YEAR?** Yes, you must re-enroll with each new plan year. Elections do not rollover from year to year.

**WHEN WILL I HAVE ACCESS TO THE FUNDS IN MY HEALTH CARE FSA?** After your first Health Care FSA contribution to the plan, you will have access to the total amount you have elected for the plan year, regardless of the current balance in your flexible spending account.

**CAN I SUBMIT MY SPOUSE'S / DEPENDENT'S MEDICAL EXPENSES TO MY HEALTH CARE FSA?** Regardless of who is covered on your medical insurance, the Health Care FSA may reimburse expenses for your spouse or any qualifying tax or adult dependent.

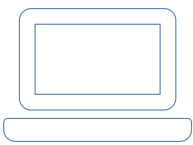
**HOW WILL REIMBURSEMENTS BE ISSUED?** Reimbursements will be mailed as a check to your home address. If you would like to have your reimbursement issued as a direct deposit, you may add your direct deposit information on the participant website ([www.flores247.com](http://www.flores247.com)) or submit a completed Direct Deposit Information Form. If your plan offers the debit card, you may use this card at the point of purchase to access your FSA dollars.

**CAN I CHANGE MY ELECTION DURING THE PLAN YEAR?** You may only change your annual election during the plan year if you experience a qualifying status change event. You must notify your employer within 30 days of any status change event in order to change your election. See the Allowable Status Changes Guide on our website ([www.flores247.com](http://www.flores247.com)) for further information.

**WHAT HAPPENS TO MY HEALTH CARE FSA IF I TERMINATE FROM THE COMPANY?** Any expenses submitted for reimbursement must be incurred prior to your termination date or the benefit end date specified by your company. Claims must be submitted prior to the claims filing deadline for the plan year during which you terminated. In certain situations you may be eligible to continue your participation in the Health Care FSA through the election of COBRA. Please contact your Human Resource Department for further information.

**WILL UNUSED FUNDS ROLLOVER TO THE NEXT YEAR?** Possibly. If your employer has adopted the FSA carryover, any unused balance up to \$640 that remains in your account as of the last day of the plan year will roll into the new plan year for you to be able to use towards eligible expenses you incur during the new plan year.

### HOW DO I OBTAIN MY ACCOUNT DETAILS?



#### WEBSITE

Visit [www.flores247.com](http://www.flores247.com) and log in using Participant ID or User Name and password



#### MOBILE APP

Download our mobile app from your app store



#### PID & PASSWORD ASSISTANCE

Dial 800.840.7684

### HOW DO I SUBMIT DOCUMENTS TO FLORES?

#### ONLINE

Visit [www.flores247.com](http://www.flores247.com) and upload documents securely

#### MOBILE

Download Flores Mobile app Available for Apple or Android devices

#### MAIL

Flores & Associates, LLC  
PO Box 31397  
Charlotte, NC 28231

#### FAX

800.726.9982 or 704.335.0818

**CUSTOMER SERVICE 1.800.532.3327**



# DEPENDENT CARE

## FLEXIBLE SPENDING ACCOUNT

### YOUR STEPS TO SAVINGS!

**1 REALIZE THE TAX SAVINGS**  
 You can set aside pre-tax money into an account to be reimbursed for eligible dependent childcare expenses. Savings will depend on your tax bracket. For example, if you are taxed at 25% and you enroll for \$5,000 you would save \$1,250 in taxes.

**2 ESTIMATE YOUR EXPENSES**  
 Plan for your upcoming expenses. A brief list of expenses can be found to the right. A comprehensive list of allowable expenses and an expense worksheet can be found at [www.flores247.com](http://www.flores247.com).

**3 ENROLL AND MANAGE YOUR ACCOUNT**  
 Contact your Human Resource Department to find out how to enroll for this benefit. Flores will mail a custom Participant ID number to your home address to help you manage your account. Contact information can be found on the back of this flyer.

THE DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA) CAN REIMBURSE YOU FOR DAY CARE EXPENSES PROVIDED FOR YOUR DEPENDENTS SO THAT YOU (AND YOUR SPOUSE, IF YOU ARE MARRIED) CAN WORK. CARE MUST BE FOR A DEPENDENT CHILD UNDER AGE 13 OR A DEPENDENT OF ANY AGE THAT LIVES IN YOUR HOUSEHOLD THAT IS INCAPABLE OF SELF-CARE.

### ELIGIBLE EXPENSES

- Preschools
- Before and after school care
- Day camps

### INELIGIBLE EXPENSES

- Overnight camps
- Tuition / kindergarten & educational expenses
- Regular fees not applied to care of child

# DEPENDENT CARE FAQs

## FREQUENTLY ASKED QUESTIONS

### HOW CAN I SUBMIT A CLAIM?

Claims may be uploaded to your account on our participant website, [www.flores247.com](http://www.flores247.com), or using our Flores Mobile app. You may also submit your request for reimbursement via fax or mail, if you prefer. Please note that all claims must be received by the filing deadline for the applicable plan year in which your expenses were incurred.

### HOW WILL REIMBURSEMENTS BE ISSUED?

Reimbursements will be mailed as a check to your home address. If you would like to have your reimbursement issued as a direct deposit, you may add your direct deposit information on the participant website ([www.flores247.com](http://www.flores247.com)) or submit a completed Direct Deposit Information Form.

### WILL I HAVE A DEBIT CARD?

No, there is no debit card associated with the Dependent Care FSA. This is considered a "No-Wait" account and, therefore, as long as you have a pending claim on file with us, we will automatically reimburse you each time you make a contribution to your account.

### DO I NEED TO RE-ENROLL IN THE DEPENDENT CARE FSA?

Yes, you must re-enroll with each new plan year. Elections do not rollover from year to year.

### WHAT EXPENSES ARE ELIGIBLE TO BE REIMBURSED FROM THE DEPENDENT CARE FSA?

Your Dependent Care FSA can reimburse you for day care expenses provided for your dependent that allow you (and your spouse, if applicable) to work. Care must be for a dependent child under the age of 13, or a dependent of any age that lives in your household and is incapable of self-care. See the Allowable Dependent Care Expenses Guide on our website ([www.flores247.com](http://www.flores247.com)) for further information.

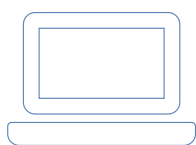
### CAN I CHANGE MY ELECTION DURING THE PLAN YEAR?

You may only change your annual election during the plan year if you have a qualifying status change event. You must notify your employer within 30 days of any status change event in order to change your election. See the Allowable Status Changes Guide on our website ([www.flores247.com](http://www.flores247.com)) for further information.

### WHAT HAPPENS TO MY DEPENDENT CARE FSA IF I TERMINATE FROM THE COMPANY?

Any expenses submitted for reimbursement must be incurred prior to your termination date or the benefit end date specified by your company. Claims must be submitted prior to the claims filing deadline for the plan year during which you terminated. Please contact your Human Resource Department for further information.

## HOW DO I OBTAIN MY ACCOUNT DETAILS?



### WEBSITE

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### MOBILE APP

Download our mobile app from your app store



### PID & PASSWORD ASSISTANCE

Dial 800.840.7684

## HOW DO I SUBMIT DOCUMENTS TO FLORES?

### ONLINE

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Available for Apple or Android devices

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Flores & Associates, LLC  
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### FAX

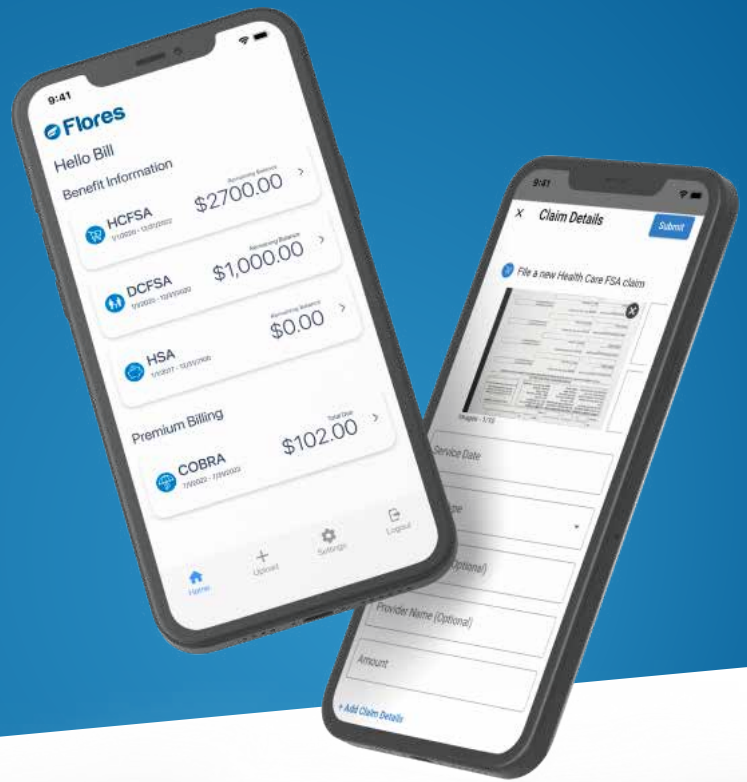
704.335.0818 or 800.726.9982

CUSTOMER SERVICE 1.800.532.3327



# Flores *mobile*

## Access Benefits Wherever. Whenever.



### FEATURES

- ✔ View your account balances right on the home screen
- ✔ Submit Supporting Documentation
- ✔ Request for Reimbursement
- ✔ Upload documents from your camera roll

Download Flores Mobile today



### HOW TO USE

#### Capture for Debit Card Documentation or Claim Submissions

To submit a claim, select "Upload" from the main screen then select the type of claim to upload. You can then photograph your documentation, upload up to 10 images from your camera roll, and add claim details.

Once your claim is submitted you will receive the standard e-Status messages as the document is processed by Flores.

#### Viewing Account Information

You are also able to access your Flores Account Information using this mobile app. By selecting one of your accounts, you will be taken to the responsive Flores247.com website without a need for an additional login. Through this portal you can view account history, plan documents, add Authorized Users, add/edit Direct Deposit information, and access helpful guides.

# Employee Assistance Program (EAP)

Reach out. Get help. Feel better.

You can trust the employee & family assistance program (EAP) to help you and your family find solutions for a wide range of life's challenges.

Our streamlined EAP gives you immediate\* access to care when you need it most. You and your family can connect directly to qualified clinicians skipping the traditional intake processes that often delay critical support when time matters most.

## Solutions for a wide range of life's challenges.

Let us help you:



### Overall wellbeing

- Stress
- Depression
- Anxiety
- Anger
- Crisis situations
- Life transitions
- Mindfulness coaching



### Financial support

- Credit and debt management
- Budgeting
- Bankruptcy
- Financial emergencies
- Changing circumstances



### Legal support services

- Separation and divorce
- Civil litigation
- Custody and child support
- Wills and estate planning
- In-person legal consultation



### Focus on your health

- Identify conditions
- Prevent illness
- Manage symptoms
- Discover natural healing strategies
- Create an action plan for better health



### Manage relationships and family

- Separation and divorce
- Elder care
- Relationship conflict
- Parenting
- Blended Family issues



### Deal with workplace challenges

- Work-life balance
- Conflict
- Bullying and harassment
- Manager Assist



### Find child and elder care resources

- Maternity and parental leave
- Adoption
- Child care services
- Schooling
- Adult day programs
- Nursing and retirement homes



### Tackle addictions

- Alcohol
- Tobacco
- Drugs
- Gambling
- Other addictions
- Post-recovery support

Please note the phone number has changed. Kindly update your records with the new number.

Check your email inbox for an invitation to join the platform.

\*Users are connected with a clinician within 30 seconds of calling in 90% of cases.



## Summary of Plans Offered

City of Decatur  
Open Enrollment 2026

### Common Features of Benefit Plans:

- ◆ Claims are paid directly to the insured, unless assigned otherwise
- ◆ Guaranteed-renewable for life
- ◆ Portable, with no change in coverage after one month's premium payment on a payroll deduction
- ◆ Benefits paid regardless of any other insurance, unless Medicaid is in effect

**Bi Weekly**

<b>\$7.12 PER WEEK TO COVER YOURSELF FOR ACCIDENTS 24/7, ON OR OFF THE JOB!</b>			
<b>Accident Option 3</b>	* Emergency Treatment \$250	* Hospital Admission \$1500 + \$300/day	<b>Employee</b> \$ 14.23
	* Wellness Benefit \$60 per year	* ICU Admission \$3000 + \$600/day	<b>Emp w/Children</b> \$ 24.16
	* Accidental Death Benefit \$80,000	* Specific Injury Benefit \$40 to \$50,000	<b>Emp w/Spouse</b> \$ 20.15
	Plus Diagnostic exam, Appliances, Prosthesis, Ambulance benefit, Dismemberment Transportation and lodging and more...		<b>Family</b> \$ 30.51

<b>Guarantee Issue - No Medical Questions!</b>		Ages 18-49		Ages 50-59		Ages 60-75	
<b>Hospital Choice Option 1</b>	* Emergency Room \$100	<b>Employee</b>	\$ 12.48	\$ 12.72	\$ 13.08		
	* Rehab Facility \$100 per day	<b>Emp w/Children</b>	\$ 15.84	\$ 16.08	\$ 16.32		
	* Initial Hospital Confinement \$1000	<b>Emp w/Spouse</b>	\$ 17.70	\$ 18.72	\$ 20.04		
	* Hospital Short Stay \$100	<b>Family</b>	\$ 18.78	\$ 18.96	\$ 20.28		
<i>*Riders can be added to provide surgical benefits and daily hospitalization benefits</i>							

<b>CANCER COVERAGE BEGINS AT \$5.41 PER WEEK!</b>		Level 1		Level 2		Level 3	
<b>Cancer Option 3 benefits shown (other levels available)</b>	* Initial Diagnosis Benefit \$6000	<b>Employee</b>	\$ 10.82	\$ 18.63	\$ 25.03		
	* Building Benefit \$500 per year	<b>Emp w/Children</b>	\$ 11.24	\$ 19.05	\$ 25.45		
	* Wellness Benefit \$100 per year	<b>Emp w/Spouse</b>	\$ 19.07	\$ 33.51	\$ 44.22		
	* Chemotherapy Benefit \$1500/monthly	<b>Family</b>	\$ 19.49	\$ 33.93	\$ 44.64		
* Radiation Benefit \$1500/monthly							
* Bone Marrow/Stem Cell \$10,000							
Plus Experimental Treatments, Oral Medicines, Blood & Plasma, Surgery, Hospital, Skin Cancer, Home Health, and more....							

<b>Critical Care Protection Option 3</b>		<b>Increased benefits with no premium increase!</b>		Age	Employee	Emp /Spouse
* First Occurrence Benefit \$25,000	* Hospital Benefit \$300 per day	18-35	\$9.30		\$17.94	
* Building Benefit \$500 per year	* Continuing Care Benefit \$125 per day	36-45	\$13.62		\$24.84	
* Reoccurrence Benefit \$3,500	* Ambulance \$250 ground/ \$2000 air	46-55	\$19.50		\$36.84	
* ICU days 1-7 \$800/day, days 8-15 \$1300/day		56-70	\$26.34		\$51.00	
Plus Transportation & Lodging and much more!						



Scan QR code to see full brochures on plans available.



Age	Emp/Child	Family
18-35	\$15.12	\$20.10
36-45	\$18.60	\$26.82
46-55	\$23.64	\$38.82
56-70	\$32.64	\$54.36

[www.aflac.com](http://www.aflac.com) for claim forms or 800.992.3588

*This is only a brief summary of coverage. Refer to the policy, rider and outline of coverage for complete details, limitations and exclusions.*

## Notice of Special Enrollment Rights

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

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you or your dependent(s) lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the loss of CHIP or Medicaid coverage.

If you or your dependent(s) become eligible to receive premium assistance under a state CHIP or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days of the determination of eligibility for premium assistance from state CHIP or Medicaid.

To request special enrollment or obtain more information, contact your HR Representative or Plan Administrator.

## General Notice of COBRA Rights

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*(For use by single-employer group health plans)*

### Continuation Coverage Rights Under COBRA

#### Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

#### What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice.

After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or

## 31 • You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

### When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 Days days after the qualifying event occurs. You must provide this notice to:

Your HR Representative or Plan Administrator

### How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

### Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

### Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event.

This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

### If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's

## Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

## General FMLA Notice

### EMPLOYEE RIGHTS: UNDER THE FAMILY AND MEDICAL LEAVE ACT

#### The United States Department of Labor Wage and Hour Division

#### Leave Entitlements

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

#### Benefits & Protections

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

#### Eligibility Requirements

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

\*Special "hours of service" requirements apply to airline flight crew employees.

#### Requesting Leave

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary.

Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

#### Employer Responsibilities

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the

33 employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

## Enforcement

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

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For additional information or to file a complaint:

**1-866-4-USWAGE**

(1-866-487-9243) TTY: 1-877-889-5627

[www.dol.gov/whd](http://www.dol.gov/whd)

U.S. Department of Labor | Wage and Hour Division

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## Employer's Children's Health Insurance Program (CHIP) Notice

### Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

TEXAS – Medicaid
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a>
Phone: 1-800-440-0493

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To see if any states that have added a premium assistance program or for more information on special enrollment rights, contact either:

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

**U.S. Department of Health and Human Services**  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## Genetic Information Nondiscrimination Act (GINA) Disclosures

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### Genetic Information Nondiscrimination Act of 2008

The Genetic Information Nondiscrimination Act of 2008 (“GINA”) protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic information,” as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

## Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure

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The Mental Health Parity and Addiction Equity Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For information regarding the criteria for medical necessity determinations made under the 2018-2019 Plan Year with respect to mental health or substance use disorder benefits, please contact your plan administrator.

## Newborns' and Mothers' Health Protection Act Notice

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Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Women's Health and Cancer Rights Act (WHCRA) Notices

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### Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:  
 \$5000 deductible (in-network) and 70% coinsurance (in-network) and \$10000 deductible (out-of-network) and 50% coinsurance (out-of-network). If you would like more information on WHCRA benefits, call your plan administrator.

### Annual Notice

Do you know that your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator for more information.

### **Your Rights Under USERRA**

#### **A. The Uniformed Services Employment and Reemployment Rights Act**

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

#### **B. Reemployment Rights**

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- You ensure that your employer receives advance written or verbal notice of your service;
- You have five years or less of cumulative service in the uniformed services while with that particular employer;
- You return to work or apply for reemployment in a timely manner after conclusion of service; and
- You have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

#### **C. Right to Be Free from Discrimination and Retaliation**

If you:

- Are a past or present member of the uniformed service;
- Have applied for membership in the uniformed service; or
- Are obligated to serve in the uniformed service; then an employer may not deny you
  - Initial employment;
  - Reemployment;
  - Retention in employment;
  - Promotion; or
  - Any benefit of employment because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

#### **D. Health Insurance Protection**

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

#### **E. Enforcement**

- The U.S. Department of Labor, Veterans' Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.

For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its Web site at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.

- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the Internet at this address: <http://www.dol.gov/vets/programs/userra/poster.htm>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees. U.S. Department of Labor, Veterans' Employment and Training Service, 1-866-487-2365.

## Health Insurance Market Place Notice

### PART A: General Information

Since key parts of the health care law took effect in 2014, there is another way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace's annual Open Enrollment period or if you experience a qualifying life event.

#### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

#### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.1

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

#### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

### PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

1. Company Name: City of Decatur Employee Benefit Trust		2. Employer Identification Number (EIN) 75-6000510	
3. Employer address 201 E Walnut St		4. Employer phone number 940-393-0210	
5. City Decatur	6. State TX	7. ZIP code 76234	
8. Who can we contact about employee health coverage at this job? Judi Conger			
9. Phone number (if different from above)		10. E-mail address jconger@decaturtx.org	

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

- As your employer, we offer a health plan to: All employees. Eligible employees are full time employees working at least 30 hours per week.
- With respect to dependents: We do offer coverage. Eligible dependents are: Your legal spouse, a child under the limiting age shown in your schedule of coverage, a child of your child who is your dependent for federal income tax purposes at the time application for coverage of the child is made, and any other child included as an eligible dependent under the plan.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount. If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.

## Medicare Prescription Drug Notice

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### Important Notice from Your Employer About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with your employer and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Your employer has determined that the prescription drug coverage offered by your employer's plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will so be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current employer's coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current employer's coverage, be aware that you and your dependents may not be able to get this coverage back.

### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with your employer and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

Contact the person listed below for further information.

**NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through your employer changes. You also may request a copy of this notice at any time.

## Medical, Dental, & Vision Insurance

Per Paycheck Deductions

<b>Medical Insurance</b>	<b>Base Plan (HSA)</b>	<b>Buy Up 1 Plan</b>	<b>Buy Up 2 Plan</b>
<i>Aetna</i>	H.S.A. Plan	CPQ Flex 6000	CPQ Flex 7000
Employee Only	\$ 16.08	\$ 68.14	\$ 114.84
Employee + Spouse	\$ 111.10	\$ 313.57	\$ 426.84
Employee + Child(ren)	\$ 31.31	\$ 171.59	\$ 262.50
Employee + Family	\$ 275.64	\$ 594.33	\$ 751.82
<b>Dental Insurance</b>			
<i>Aetna</i>			
Employee Only			\$ 16.18
Employee + Spouse			\$ 32.34
Employee + Child(ren)			\$ 39.32
Employee + Family			\$ 60.81
<b>Vision Insurance</b>			
<i>Aetna</i>			
Employee Only			\$ 2.66
Employee + Spouse			\$ 5.05
Employee + Child(ren)			\$ 5.31
Employee + Family			\$ 7.81

### Section 125 - What does it mean to me?

The Internal Revenue Service (IRS) regulations; Contributions under the plan shown as "Pre-tax" will remain in effect and cannot be revoked or changed during the plan year unless the change of status is allowed under IRS regulations.

When you sign and submit an enrollment form, you are making a binding election for the plan year as stated unless such revocation or new election is on account of and consistent with a change in status (e.g. marriage, divorce, death, loss of other coverage, etc.) In the event you should experience such a qualifying event, you have 30 days to notify the HR department to make any qualified benefit changes.

<p>STEPHENS BASTIAN CARTWRIGHT, L.P.</p>  <p><b>Business, Personal &amp; Professional Insurance Solutions</b></p>	<p><i>“The Agency That is Focused On Your Insurance Needs”</i></p> <p>Employee Benefits, General &amp; Professional Liability, Property, Workers Comp/Occupational Accident, Individual Life and Health, Home, Auto, RV, Boat, Motorcycle, Farm and Ranch</p> <p><b>940-627-8888</b></p>
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## **Please Note**

This Benefit booklet summarizes the provisions of City of Decatur Employee Benefit Trust employee benefits plan, effective January 1, 2026. Complete details of each certificate of coverage within this benefit plan can be found in the official plan documents and contracts. If there are any differences between this booklet and the actual plan documents and contracts, the plan documents will govern. Benefits summarized in this booklet are subject to change at any time and do not represent a contractual obligation on the part of City of Decatur Employee Benefit Trust, its subsidiaries, heirs or assigns.