



2024-2025



BENEFIT GUIDE

October 1, 2024—September 30, 2025



Welcome

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

Eligibility

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

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

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 31 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire. If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective October 1, 2024—September 30, 2025.

Choose Carefully

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

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

Making Changes

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

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

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Enrollment

All employees must complete the City's Employee Benefits Enrollment Form in order to confirm enrollment elections.

Medical

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

Key Medical Benefits	UHC Medical PPO	
	In-Network	Out-of-Network ¹
Deductible (per plan year 10/1—9/30)		
Individual / Family	\$1,000 / \$2,000	\$5,000 / \$10,000
Out-of-Pocket Maximum (per plan year 10/1—9/30)		
Individual / Family	\$4,000 / \$8,000	\$10,000 / \$20,000
Covered Services		
Office Visits (physician/specialist)	\$25 / \$50 copay	50% *
Office Visits (physician, children under 19)	\$0 copay	50% *
Virtual Visits	\$0 copay	50% *
Routine Preventive Care	No charge	50% *
Outpatient Diagnostic (lab/X-ray)	No charge	50% *
Complex Imaging	Ded + 20%	50% *
Chiropractic	\$25 copay	50% *
Ambulance	Ded + 20%*	20%*
Emergency Room	\$500 copay + 20% *	\$500 copay + 20% *
Urgent Care Facility	\$50 copay	50% *
Inpatient Hospital Stay	Ded + 20%*	50% *
Outpatient Surgery	Ded + 20%*	50% *
Prescription Drugs (Tiers)		
Retail Pharmacy (30-day supply)	\$10 / \$40 / \$80	\$10 / \$40 / \$80
Mail Order (90-day supply)	\$25 / \$100 / \$200	N/A

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
3. The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.

Dental

UHC Dental PPO: This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the network.

The following is a high-level overview of the coverage available.

Key Dental Benefits	UHC Dental PPO	
	In-Network Only	Out-of-Network ¹
Deductible (per plan year 10/1—9/30)		
Individual / Family	\$50 / \$150	\$50 / \$150
Benefit Maximum (per plan year 10/1—9/30; Preventive, Basic, and Major Services combined)		
Per Individual	\$2,000	\$2,000
Covered Services		
Preventive Services	100%*	100%
Basic Services	80%*	80%
Major Services	50%*	50%
Orthodontia (Child only)	50%; \$3,000 Max. Benefit	N/A

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.



Vision

UHC Vision Plan

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

The following is a high-level overview of the coverage available.

Key Vision Benefits	UHC Vision Plan	
	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$0	Up to \$40
Materials Copay	\$0	N/A
Lenses (once every 12 months)		
Single Vision	No charge after materials copay	Up to \$40
Bifocal		Up to \$60
Trifocal		Up to \$80
Frames (once every 12 months)	Covered up to \$200	Up to \$175
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$200	Up to \$175

Flexible Spending Accounts

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

Health Care FSA

For 2024, you may contribute up to \$3,200 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions and Over-the-Counter Drugs
- ▶ Menstrual Care
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye Exams, Materials, LASIK

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

Dependent Care FSA

For 2024, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some qualified expenses include:

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

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

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE

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

Health Care FSA: Unused funds up to \$640 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$640 will NOT be returned to you or carried over to the following year.

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

Life and AD&D

Life insurance provides your named beneficiary(ies) with a benefit after your death.

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

Basic Life/AD&D (Company-paid)

This benefit is provided at NO COST to you through Securian Life.

Benefit Amount	
Employee	\$50,000

Supplemental Life/AD&D (Employee-paid)

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

Benefit Option		Guaranteed Issue ¹
Employee	\$10,000 increments; minimum of \$10,000 up to \$500,000	\$200,000
Spouse/RDP	\$5,000 increments; minimum of \$5,000 up to \$150,000 (not to exceed 50% of your additional life coverage)	\$25,000
Child(ren)	Under age 26 - Up to \$15,000	\$15,000

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

Disability

Short Term Disability Insurance is available at affordable rates through Aflac which provides benefits that replace part of your lost income when you become unable to work due to a covered injury

Voluntary Short-Term Disability

Provided to you at an affordable group rate through Aflac

Benefit Percentage	60%
Monthly Benefit Maximum	\$1,500
When Benefits Begin	After 7th day of disability
Maximum Benefit Duration	13 weeks

Long-Term Disability

Provided at NO COST to you through Madison National

Benefit Percentage	60%
Monthly Benefit Maximum	\$10,000
When Benefits Begin	After 90th day of disability
Maximum Benefit Duration	Social Security Retirement Age

Lifestyle Benefits

- Legal issues
- Financial issues
- Grief support
- Funeral planning
- Well-being
- Travel Assistance

Life is full of challenges, and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health, financial health and well-being of our employees and their families. These services are provided at NO COST to you through TELUS Health.

- Legal:** Includes resources such as will prep templates - and a free, 30-minute consultation per issue, by phone or in an attorney's office (additional services available at 25 percent discount)
- Financial:** Includes telephone consults or 45-minute counseling session per issue on many topics — from budget analysis to tax planning. Includes online access to a financial fitness assessment
- Well-being:** Includes a total well-being index with personalized recommendations for lifestyle changes, access to online self-guided programs to help with anxiety, depression and stress, as well as personalized fitness journeys based on personal goals

Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Aflac are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents. You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500¹. And it's not only broken limbs—an average non-fatal injury could cost you \$6,620 in medical bills². When your medical bill arrives, you'll be relieved you have accident insurance on your side.

Critical Illness

Most of us don't have an extra \$7,000 ready to spend—and even if we do, we don't want to spend it on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: \$7,000³. But with critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use this benefit however you like, including to help pay for: treatments, prescriptions, travel, increased living expenses and more.

Hospital Indemnity Insurance

When you or a dependent need to be hospitalized, your family deserves to focus on their well-being, not the stress of the average three-day hospital stay, which can cost you \$30,000¹. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered hospitalization.

Cancer Indemnity

Cancer may not feel like a priority you need to worry about right now, but with almost 2 million new cases of cancer occurring in 2021⁴, it can (literally) pay to be prepared. The cancer indemnity plan pays a flat dollar amount to you when a covered person is diagnosed with internal cancer. Other benefits include payments made directly to you for hospital confinement, medical imaging, radiation, chemotherapy, immunotherapy, transportation and lodging. The plan also includes a cancer screening wellness benefit.

1. Why health insurance is important: Protection from high medical costs. HealthCare.gov
2. Average medical cost of fatal and non-fatal injuries by type in the USA, December 2019. National Library of Medicine.
3. MetLife Accident and Critical Illness Impact Study.
4. Cancer Facts & Figures, 2021. American Cancer Society.

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Medical Contributions — UHC				
Tiers	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Rates (Monthly/Per Pay Period)	\$32.24 / \$14.88	\$164.90 / \$76.11	\$105.52 / \$48.70	\$283.38 / \$130.79

Dental Contributions — UHC				
Tiers	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Rates (Monthly/Per Pay Period)	\$0.00	\$10.00 / \$4.62	\$10.00 / \$4.62	\$10.00 / \$4.62

Vision Contributions — UHC				
Tiers	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Rates (Monthly/Per Pay Period)	\$0.00	\$10.00 / \$4.62	\$10.00 / \$4.62	\$10.00 / \$4.62

Voluntary Life AD&D — Securian Life	
Financials Per \$1,000 of coverage	Rate includes AD&D
Employee Age (Spouse coverage based on EE age)	Rates
29 and Under	\$0.100
30-34	\$0.120
35-39	\$0.120
40-44	\$0.180
45-49	\$0.280
50-54	\$0.480
55-59	\$0.780
60-64	\$0.860
65-69	\$1.660
70-74	\$3.000
75	\$3.000
Children	\$1.95/\$15k

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	UHC	(866) 231-7201	www.myuhc.com
Dental	UHC	(866) 231-7201	www.myuhc.com
Vision	UHC	(800) 638-3120	www.myuhcvision.com
Flexible Spending Accounts (FSAs)	Surency	(866) 818-8805	www.surency.com
Life/AD&D	Ochs/Securian	(800) 392-7295	www.ochsinc.com
Long Term Disability	Ochs/Madison National	(800) 392-7295	www.ochsinc.com
Lifestyle Benefit Services	TELUS Health	(877) 849-6034	www.LifeBenefits.com/Lfg
Voluntary Benefits + Short Term Disability	Aflac	Kelly Warkentin (713) 553-6937	www.aflac.com

Questions?

If you have additional questions,
you may also contact:

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

