



2024 – 2025



PET-TACULAR BENEFITS

This Benefits Guide is dedicated to our employees and their beloved furry, scaly, and feathered companions.



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Beth Hines, Dispatch - Dixie & Gary

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Kaleena Stevens, CD - Julio & Wesley



Marcia Reyna, HR - Deuce



Ann Flournoy, Lib - Bingley

WELCOME

Each year, the City of Keller strives to offer comprehensive and competitive benefit plans to our employees. In the following pages, you will find a summary of your benefit plans for the **October 1, 2024 to September 30, 2025 Plan Year**. Please read this guidebook carefully as you prepare to make your elections for the upcoming Plan Year.

The **Benefits Plan Year** follows the City of Keller's **Fiscal Year** — October 1 through September 30 of each year. **Out-of-Pocket and Deductibles** follow the **Calendar Year** — January 1 through December 31 of each year. Therefore, even though a new Plan Year has begun, your Out-of-Pocket and Deductible balance(s) remain in effect until January 1 of the new year.



About This Benefits Guidebook

This Benefits Guidebook describes the highlights of City of Keller's benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents and not the information in this guidebook. If there is any discrepancy between the description of the program elements as contained in this benefits guidebook and the official plan documents, the language in the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Any and all elements of City of Keller's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules or otherwise as decided by City of Keller.

What's New?

One of the City of Keller's goals is to offer employees affordable health insurance. Through wellness programs, we can improve our claims experience which will help us maintain insurance rates, build our medical insurance fund and offer more benefits to employees in the future. The City introduced the K-Well Wellness Program in 2023. Employees can save \$20.00 per month on their insurance premiums by participating in the program. Details are on pages 20-23 of this Benefits Guide.

Annual Physicals Required

On October 1, 2023, the City implemented a new policy: all employees who are enrolled in the City's health insurance plan are required to get an annual medical physical. Physicals are covered by your City health insurance. New employees will have 90 days after employment to get a physical if they haven't had one in the past 12 months. Proof must be submitted to Human Resources. Employees who do not get a physical are subject to a semi-monthly (per paycheck) \$50.00 surcharge.

Tobacco Cessation Required

Effective on October 1, 2024, all employees who are enrolled in the City's health plan and are regular tobacco users are subject to a \$50.00 surcharge unless they participate in a tobacco cessation program. A regular tobacco user uses tobacco products four times or more per month. Tobacco products include, but are not limited to: Cigarettes, e-cigarettes (vaping), pipes, cigars, chewing tobacco, snuff, or any other type of smoking or smokeless tobacco.

Please contact Human Resources for details.



Aleena Davis, PARD - Smiley

ELIGIBILITY



Vicki Chavez, CD - Reyna, Ricki, Lucy

The City of Keller encourages the health and financial well-being of our employees. We want to provide our eligible full-time employees with access to quality and affordable health care through the City of Keller's comprehensive Benefits Program.

Please review this Benefits Guide thoroughly to learn more about your options.

Employee Eligibility

Full-time employees who work a minimum of 30 hours per week and are at least age 18 are eligible to participate in the benefits program, with an effective date of the first of the month following date of hire. If an employee is hired on the first day of the month the employee's insurance begins on that day. At the time your child turns 26, they will be automatically removed from coverage.

Please note: Employees can not cover another employee on their plan. Example: Employed husband cannot cover employed wife; employed mother cannot cover employed child.

Once your open enrollment closes, you cannot make any changes to your elections unless you have a Qualifying Life Event or your hours worked per week drop below the minimum of full-time employment.

The City of Keller may request supporting documentation on all eligible dependents at any time during the Plan Year.



Catherine Williamson, HR - Draco

Qualifying Life Events

If you experience a Qualifying Life Event (QLE), such as getting married, having a baby, getting a divorce, etc., please contact the Human Resources (HR) department. Proof of the QLE must be submitted to your HR department within 30 days in order to change your current benefit election.

You must provide supporting documentation to add or remove a spouse or child from your insurance. Example: Marriage license, birth certificate, guardianship, adoption paperwork, divorce paperwork, or current tax return.

QLE Examples

- A change in the number of dependents (birth, adoption, death, legal guardianship)
- A change in marital status (marriage, divorce, death, legal separation)
- A dependent's loss of eligibility (attainment of limiting age or change in student status)
- A change in employee's, spouse's, or dependents' work hours (termination or commencement of employment with coverage)
- If you become eligible for Medicare or Medicaid (you must also contact HR)
- Other events as the administrator determines to be permitted or any other applicable guidelines issued by the Internal Revenue Service



Marcia Reyna, HR - Kobe



MEDICAL



Karina Martinez PW - Ruby

Blue Cross Blue Shield of TX | www.bcbstx.com | (800) 521-2227

City of Keller Group # 320447

10/1/2024 - 9/30/2025 Plan Year

The medical program, administered by BlueCross BlueShield of Texas (BCBSTX), provides the framework for your health and well-being. To better meet the varying needs of our employees, City of Keller offers the Medical plan described below.

ALL OF THE PROVIDERS IN THE BCBSTX NETWORK CHANGE FREQUENTLY.

TO FIND OUT IF YOUR DOCTOR PARTICIPATES IN THE NETWORK, GO TO WWW.BCBSTX.COM AND CLICK ON "FIND A DOCTOR OR HOSPITAL".

MEDICAL PLAN SUMMARY	HIGH DEDUCTIBLE HEALTH PLAN	
	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible	Aggregate Deductible \$1,700 Individual \$3,400 Family	Aggregate Deductible \$2,250 Individual \$4,500 Family
Calendar Year Out-of-Pocket Maximum	\$3,250 Individual \$6,500 Family	\$8,500 Individual \$17,000 Family
COPAYS ARE 20% IN-NETWORK OR 40% OUT-OF-NETWORK AFTER DEDUCTIBLE AMOUNT IS MET		
Prescription Copays Retail (31-day)/Mail (90-day)	Copays begin after deductible has been met	
Generic	\$10/\$25	N/A
Brand	\$35/\$87.50	
Non-Formulary	\$60/\$150	



The **Benefits Plan Year** begins on October 1, 2024 and ends on September 30, 2025.

The **Deductible Year** begins on January 1, 2025 and ends on December 31, 2025.

All deductibles and out-of-pocket expenses start over on January 1.



Amber Washington, FD - Dwight Snoot

MEDICAL RATES



Tristan Payne, MSC – Diesel's BDay



BCBSTX | www.bcbstx.com | (800) 521-2227

MEDICAL PREMIUMS	MONTHLY RATES			EMPLOYEE PER PAY PERIOD CONTRIBUTION
	MEDICAL RATE	KELLER CONTRIBUTION	EMPLOYEE MONTHLY CONTRIBUTION	
BAND 1: ANNUAL SALARY BELOW \$50,000, BASED ON BASE SALARY DURING OPEN ENROLLMENT				
Employee	\$854.28	\$828.65	\$25.63	\$12.82
Employee + Spouse	\$1,782.36	\$1,523.92	\$258.44	\$129.22
Employee + Child(ren)	\$1,620.59	\$1,442.33	\$178.26	\$89.13
Family	\$2,131.46	\$1,809.61	\$321.85	\$160.93
BAND 2: ANNUAL SALARY \$50,000 TO \$69,999.99, BASED ON BASE SALARY DURING OPEN ENROLLMENT				
Employee	\$854.28	\$825.23	\$29.05	\$14.53
Employee + Spouse	\$1,782.36	\$1,466.88	\$315.48	\$157.74
Employee + Child(ren)	\$1,620.59	\$1,393.71	\$226.88	\$113.44
Family	\$2,131.46	\$1,747.80	\$383.66	\$191.83
BAND 3: ANNUAL SALARY \$70,000 TO \$99,999.99, BASED ON BASE SALARY DURING OPEN ENROLLMENT				
Employee	\$854.28	\$819.25	\$35.03	\$17.52
Employee + Spouse	\$1,782.36	\$1,383.11	\$399.25	\$199.63
Employee + Child(ren)	\$1,620.59	\$1,320.78	\$299.81	\$149.91
Family	\$2,131.46	\$1,656.14	\$475.32	\$237.66
BAND 4: ANNUAL SALARY \$100,000, BASED ON BASE SALARY DURING OPEN ENROLLMENT				
Employee	\$854.28	\$809.00	\$45.28	\$22.64
Employee + Spouse	\$1,782.36	\$1,272.61	\$509.75	\$254.88
Employee + Child(ren)	\$1,620.59	\$1,217.06	\$403.53	\$201.76
Family	\$2,131.46	\$1,528.26	\$603.20	\$301.60



Note: Premiums are based upon the City of Keller's contribution and the individual employee's annual salary at the time of enrollment. Base Salary is calculated as:

- Non-Exempt employees – Hourly Rate X 2080 (hours in calendar year)
- Non-Exempt **MSC (Public Works and Parks)** employees on a 36-hour work week – Hourly Rate X 1872 (hours in calendar year)
- Exempt employees – Biweekly Rate X 26 (pay periods in calendar year)
- Fire Personnel on shift – Hourly Rate X 2912 (shift hours in calendar year)

All benefits are calculated for 24 pay periods.

MEDICAL CONTINUED



Amber Washington, FD - Derek & Kati

Prescription Drug Coverage

If you enroll in The City's Medical plan, you will automatically receive prescription drug coverage. For the HDHP plan, prescriptions are provided through BCBSTX. When you need prescriptions, you can purchase them through a local retail pharmacy or, for medications you take on an ongoing basis, through the mail order program.

Retail Prescription Program

The retail prescription program uses a network of participating pharmacies. To receive the highest level of benefits, you must use a participating pharmacy. Prescriptions you fill at non-participating pharmacies are generally not covered.

Mail Order Program

The mail order program offers a convenient and cost-effective way to fill prescriptions for medications you take on a regular basis (maintenance medications). When you use the mail order program, you receive a three-month supply of medication for the cost of a two-month supply. Your medications are mailed directly to your home. To order prescriptions through the mail order program, you must fill out a mail order form and return it with a 90-day prescription from your doctor and your payment. Mail order forms are available from your HR Department or on the BCBSTX website at www.bcbstx.com.

Specialty Prescription Program

If you have a chronic condition and take specialty medications, you must purchase these through a designated specialty pharmacy that provides the best available pricing and additional support. If you have a prescription that meets this requirement, BCBSTX will contact you and provide you with the necessary information to fill your prescription.



Amie Spengler, PW - Tyrion

Telehealth

BCBSTX provides access to a telehealth service as part of your Medical plan – MDLive. Televisits with MDLive can be a cost-effective alternative to visiting an urgent care clinic and will cost less than going to the emergency room. Remember, your telehealth services are available 24/7 for non-emergency conditions. The MDLive phone number is (888) 680-8646. In the event of an emergency, dial 911 or go to the nearest hospital.

BCBSTX Telehealth connection lets you get the care you need for a wide range of minor conditions. Now you can connect with a board-certified doctor via phone, without leaving your home or office.

- **Choose When:** Day or night, weekdays, weekends and holidays.
- **Choose Where:** Home, work, or on the go.
- **Choose Who:** MDLive for you and your dependents that reside in Texas.
- **Registration:** Online at mdlive.com/bcbstx to register.

If you are pre-registered on MDLive, you can speak with your doctor for help on a variety of issues including sore throat, headache, stomach ache, fever, allergies and more.

24/7 Nurseline (No Cost)

The Right Care at the Right Time

Staffed by registered nurses, the 24/7 Nurseline provides answers to general health questions and guides members to their primary care physician, urgent care center, the ER or other care as necessary. Guiding members to the right level of care to address their health concerns is making health care work better, not just for our members but for everyone. The savings are significant.

24/7 Nurseline: (800) 581-0393



ALIGHT



Wendy Dunn, Lib - Dexter and Ollie

alight

Alight Solutions | member.alight.com | (800) 513-1667 x1111

Health Care Starts With Alight

Let us handle the health care stuff.

Health benefits can be confusing, medical costs are rising and finding the right care for you and your family can be frustrating and time consuming. We are here to simplify your health care experience and help you take control of health care costs. Your personal Health Pro[®] consultant will take care of you, so you can spend more time on what matters most. We can help you ...



Understand your benefits.

Clear up any confusion about your health plan.



Pay less for prescriptions.

Get recommendations for lower-cost medications.



Find great doctors.

Locate highly-rated doctors, dentists and eye care professionals.



Resolve billing errors.

Over 30% of medical bills are wrong. Don't get overcharged.



Save money on health care.

Compare prices and choose more cost-effective options.



Schedule appointments.

Have your appointments scheduled at times most convenient for you.



Get Started

Member Portal: member.alight.com

Health Pro: Shelby McClintock Shelby.McClintock@alight.com
(800) 513-1667 x 2977



Beth Hines, Dispatch - Gary



HEALTH SAVINGS ACCOUNT (HSA)

Amie Spengler, PW - Devo



Optum Bank | www.optumbank.com | (866) 234-8913

What's a Health Savings Account?

A Health Savings Account (HSA) is a tax-free account that earns interest. When you enroll in the HDHP, the HR department will set up an HSA for all contributions (yours and the City's). The bank account is set up through Optum Bank, and you can make contributions to your account from your paychecks throughout the year. Then, you can use the HSA to pay for eligible health care expenses, such as deductibles, coinsurance and other out-of-pocket dental, vision and prescription drug expenses not covered by a health plan. Your account balance will carry over from year to year, and you take it with you if you leave the City.

City of Keller's Contributions

The City's contribution is deposited bi-weekly. New employees will receive a prorated amount.

Here's a look at what you and the City together can contribute to your HSA each year:

COVERAGE LEVEL*	CITY OF KELLER ANNUAL CONTRIBUTION	TOTAL HSA CONTRIBUTION ALLOWED PER YEAR	
		2024	2025
Employee	\$500	\$4,150	\$4,300
Employee + Family	\$1,000	\$8,300	\$8,550

*Once you turn 55, you can contribute an additional \$1,000 each year to your HSA, called a catch-up contribution. If you and your spouse are both over the age of 55, you can each contribute an additional \$1,000. Your spouse will just need to open their own HSA for their additional portion.

YOU ARE NOT ELIGIBLE TO CONTRIBUTE IF:

- You are enrolled in Medicare.
- You are enrolled in TRICARE program.
- You are covered by another Medical plan (such as your spouse's plan) that does not qualify as a High Deductible Health plan.
- You or your spouse participates in a Health Care Flexible Spending Account (FSA at your spouse's employer).
- If you are over the age of 65.

How to Activate Your HSA

You will receive a separate enrollment packet from Optum Bank, our preferred HSA partner. You will need to read and follow the directions to their website. Set up a username and password to view your account information.

How to Use the HSA to Pay for Care

You will receive a debit card specifically for your account. Then, when you have an eligible expense, you have several choices for how to pay:

- 1 Pay with your HSA debit card** if you have funds available in your account.
- 2 Write a check from your HSA.** You must order checks when you enroll in the HSA to have this option. And, as with any other type of check, you must have funds available or the check will be returned — and you will be charged an insufficient funds fee.
- 3 Pay for expenses out of your own pocket,** and then reimburse yourself from your HSA. Please visit www.openenrollment123.com for additional details regarding your HSA.



Camie Orth, Fin - Lulu

DENTAL



Rachel Feltenberger, Lib - Remy



BCBSTX | www.bcbstx.com | (877) 442-4207
Group # 320448 City of Keller

BlueCross BlueShield of Texas (BCBSTX) gives you the freedom to choose whether you would like to visit a participating dentist or an out-of-network dentist. There are considerable cost savings when using a dentist who is in the BCBSTX Network. The following is a summary of the major plan provisions.

*For a list of BCBSTX preferred dentists, go to www.bcbstx.com.
Note: Almost all Dentists will accept BCBSTX dental insurance, but they are not all in network.
Please make sure your Dentist is in the BCBSTX network.*

DENTAL PLAN SUMMARY		DENTAL PLAN
		IN-NETWORK
Calendar Year Deductible		
	Individual	\$50
	Family	\$150
Calendar Year Maximum Benefit*		\$1,500
Orthodontia Lifetime Maximum		\$1,500
Diagnostic and Preventive		
	Exams, Routine Cleanings, Fluoride Treatments, Space Maintainers	100% covered
Basic		
	X-rays, Fillings, Sealants, Denture Repairs, Root Canal	80%
Major		
	Crowns, Inlays , Onlays, Bridges, Dentures, Implants	50%

DENTAL PREMIUMS	MONTHLY RATES			PER PAY PERIOD
	DENTAL RATE	KELLER CONTRIBUTION	EMPLOYEE CONTRIBUTION	
Employee	\$36.23	\$36.23	\$0.00	\$0.00
Family	\$100.70	\$70.29	\$30.41	\$15.20

* Exams & Routine Cleanings are included in the Calendar Year Maximum Benefit.



Ryan Coe, PD - Fenway



VISION

Shannon Sullivan, HR - Gertie & Claudia Sullivan



UnitedHealthcare | www.myuhc.com | (800) 638-3120

Group # 915136 City of Keller

Your vision health is an important part of complete wellness. UnitedHealthcare is pleased to present Vision benefits designed to give you and your covered family members the care, value, and service to help maintain good vision and overall health. This plan encourages yearly exams along with the frames and lenses you want.

The Vision plan is designed to cover eye care needs that are visually necessary. You have to pay extra if you choose certain cosmetic or elective eyewear, so be sure to ask your eye doctor what items are covered by the plan before you purchase materials.



When you make your appointment with an in-network provider, tell the office staff that you have **Spectera Preferred through UHC**. You may be asked for your name, DOB and Social Security Number. For a list of UHC providers, go to www.myUHC.com.

VISION PLAN SUMMARY	VISION PLAN	
	IN-NETWORK (YOU PAY)	OUT-OF-NETWORK (REIMBURSEMENT)
Exam	\$10 copay	Up to \$40
LENSES		
Single	\$25 copay	Up to \$40
Bifocal	\$25 copay	Up to \$60
Trifocal	\$25 copay	Up to \$80
CONTACT LENSES		
Medically Necessary	\$0 copay	Up to \$210
Elective*	\$130 allowance	Up to \$105
Frames	30% off after \$130 allowance	Up to \$45
SERVICE FREQUENCIES		
Exam	12 months	
Lenses	12 months	
Frames	24 months	

*Contact lenses are in lieu of eyeglasses and frames

VISION PREMIUMS	MONTHLY RATES			PER PAY PERIOD
	VISION RATE	KELLER CONTRIBUTION	EMPLOYEE CONTRIBUTION	
Employee	\$5.48	\$0.00	\$5.48	\$2.74
Employee + Spouse	\$10.43	\$0.00	\$10.43	\$5.22
Employee + Child(ren)	\$10.98	\$0.00	\$10.98	\$5.49
Family	\$16.13	\$0.00	\$16.13	\$8.07

LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT (FSA)



Aleena Davis, PARD - Sterling, Kai, Perry & Rocker



Dental and Vision Only

Optum Financial | www.optumhealthfinancial.com | (800) 243-5543

The City of Keller permits you to contribute to a Limited Purpose FSA, which allows you to save taxes on certain out-of-pocket Dental and Vision expenses. The FSAs are administered by Optum Financial.

Limited Purpose FSA — For Dental & Vision Only

If you have elected to contribute to an HSA, you may also enroll in a Limited Purpose FSA. To comply with IRS rules for HSA, your Limited Purpose FSA may only be used to reimburse out-of-pocket dental and vision expenses for you, your spouse and your dependents. The maximum annual Limited Purpose FSA election is \$3,200.

You cannot submit prescription drug, or over-the-counter medication expenses to your Limited Purpose health care FSA for reimbursement. Those expenses are eligible only for reimbursement from your HSA.

How The Debit Card Works

If you enroll in the Limited Purpose FSA, you will receive one debit card in the mail. To request additional debit cards for your family members, please contact Optum.

You can use your debit card at certain places to pay for eligible expenses up-front and office visit copays, without having to pay with cash and wait for a reimbursement. **However, for most debit card transactions, you will need to submit your receipts or Explanation of Benefits for Dental and Vision office visit copays as substantiation of your expense, so it's important to keep your receipts.**

If you choose not to use your debit card, you can always pay for your eligible expense and file a claim for reimbursement.



Beth Hines, Dispatch- Lenny & Dixie



It's important to keep copies of all your receipts — even if you are not required to submit them as proof of your expense. That way, if the IRS asks for substantiation of your expenses, you will have the receipts.



Tristan Payne, MSC - Nacho

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA)



Optum Financial | www.optumbank.com | (800) 243-5543

Dependent Care FSA

The Dependent Care FSA helps you afford day care for your children under age 13 or for a disabled dependent. There are some special rules for participating in this account:

- The day care expenses must be necessary so you can work.
- You can only be reimbursed for expenses incurred during the Plan Year.
- If you are married, your spouse must be employed, a full-time student at least five months during the Plan Year, or mentally or physically disabled and unable to provide care for himself or herself.

Eligible Dependent Expenses

Generally, you may use the money in your Dependent Care FSA for care for:

- Your children under age 13 whom you claim as a dependent for tax purposes.
- Other dependents of any age who are mentally or physically disabled and whom you claim as a dependent for tax purposes (spouses and dependents age 13 and older must spend at least eight hours a day in your home if you are reimbursing yourself for services provided outside the home).

Some typical expenses that are eligible for reimbursement under the plan are:

- Licensed nursery school and day care centers for children
- Licensed day care centers for disabled dependents
- Services from a care provider over the age of 19 (inside or outside the home)
- Day camps
- After-school care
- Adult day care for elderly dependents

For a complete list of eligible expenses, visit www.OptumBank.com.

Annual Contribution Amount

You can contribute up to \$5,000 per year to the Dependent Care FSA. If you are married and you and your spouse file separate tax returns, the maximum you can contribute is \$2,500.

- For the Dependent Care FSA, you may only be reimbursed up to the amount in your account at the time you file a claim. If your eligible expenses are greater than the amount in your account, the unreimbursed amount will carry over and be reimbursed after your next deposit.
- If you use the Dependent Care FSA, you must provide your caregiver's Social Security number or tax ID when you file a claim for reimbursement.



In some cases, a federal child-tax credit may save you more money than the Dependent Care FSA. You may want to consult a tax advisor to find which option is better for you.



Amie Spengler, PW - Moya

CITY PAID STD AND LTD



Shelby Epps, HR - Frankie



Mutual of Omaha | www.mutualofomaha.com | (800) 775-8805

City of Keller offers you two Disability plans that work together to keep all or part of your paycheck coming if you cannot work because of illness, injury, or pregnancy. Disability benefits are administered through Mutual of Omaha.

Short-Term Disability

Short-Term Disability (STD) benefits are provided by City of Keller to all eligible employees at no cost. Your STD benefits will replace 60% of your base pay for up to 22 weeks.

Long-Term Disability

If you remain totally disabled and unable to work for more than 26 weeks, you may be eligible for Long-Term Disability (LTD) benefits. The City automatically provides you LTD benefits that replace up to 60% of your base pay, up to a maximum of \$5,000 per month. Your monthly LTD benefit will be reduced by Social Security and any other disability income you are eligible to receive (such as Workers' Compensation).

When Are You Disabled?

To be considered totally disabled and eligible for LTD benefits, you must be approved by the insurance carrier and seeing a doctor regularly for treatment. In addition:

- Your doctor must certify that you are not able to do your job at City of Keller; and
- You must have lost 20% or more of your pre-disability income due to your illness or injury.

STD	
Weekly Percentage	60%
Weekly Maximum	\$1,200
Benefit Duration	Up to 22 weeks
Elimination Period	30 days

LTD	
Weekly Percentage	60%
Monthly Maximum	\$5,000
Benefit Duration	Social Security Normal Retirement Age
Elimination Period	180 days
Definition of Earnings	Based Annual Earnings
Pre-Existing Limitation	3 months / 12 months
Mental Nervous Limitations	24 months per lifetime
Drug and Alcohol Limitations	24 months per lifetime



HR Dept - Sam



Note for both STD and LTD: "Base pay" means your annual base salary in effect at the time you become disabled, excluding bonuses, commissions, or any other incentive payments.

Base Pay does not include overtime.

CITY PAID LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)



Mutual of Omaha | www.mutualofomaha.com | (800) 775-8805

Basic Life Insurance

City of Keller offers Life insurance coverage at no cost to you, as a regular full-time employee, to provide financial protection in the event you or your dependents die while you are still working. This coverage is administered through Mutual of Omaha.

Note: This benefit is paid to your beneficiaries in the event of your death.

AD&D Insurance

City of Keller also provides Accidental Death and Dismemberment (AD&D) insurance for you and your family to help with expenses in the event you or a covered dependent die or become injured as a result of an accident. This coverage is administered through Mutual of Omaha.

BASIC LIFE AND AD&D BENEFITS	
Basic Life Schedule	
Individual	\$10,000 Life \$10,000 AD&D
Spouse	\$5,000
Child	14 days – 6 months: \$1,000 6 months – 25 years: \$2,500
Employee Age Reduction Schedule	35% at age 70 then an additional 20% at age 75 and an additional 15% at age 80
Accelerated Death Benefit	80% of Life benefit

BENEFICIARY DESIGNATION

You must designate a beneficiary for Basic and Voluntary Life Insurance benefits when you enroll.

Your “beneficiary” is the person(s) who will receive the benefits from your Life and AD&D coverage in the event of your death. You are always the beneficiary of any Dependent Life and AD&D insurance you elect. You can change your beneficiaries at any time during the year. If you do not name a beneficiary, or if your beneficiary dies before you, your Life and AD&D benefits will be paid to your estate.



Alan Jacobs, FD – Fiona and Gemma

EMPLOYEE VOLUNTARY LIFE AND AD&D



Mutual of Omaha | www.mutualofomaha.com | (800) 775-8805

Voluntary Life and AD&D Insurance

In addition to Basic Life insurance and Basic AD&D insurance, you may purchase additional Voluntary Life insurance and a Voluntary AD&D insurance for yourself, your spouse, and your dependent children. However, you may only elect Voluntary Life coverage for your dependents as long as you enroll for Voluntary Life coverage for yourself. You pay for the cost of Voluntary Life insurance on an after-tax basis through payroll deductions.

VOLUNTARY LIFE AND AD&D BENEFITS	
Life Amount	
Individual	Increments of \$10,000
Spouse	100% of Employee Amount to a maximum of \$250,000
Child	Birth to 14 days: \$0 Age 14 days to 6 months: \$1,000 Age 6 months to age 26: \$10,000
Maximum Amount	
Individual	\$500,000
Spouse	\$250,000
Employee Age Reduction Schedule	35% @ age 70 then an additional 20% at age 75 and an additional 15% at age 80 — terminates at retirement
Waiver of Premium	Waiver of life premium is included after 6 months of disability
Conversion	Included

AGE RATED PREMIUMS	EMPLOYEE (RATE PER \$1,000 PER MONTH)	SPOUSE (RATE PER \$1,000 PER MONTH)
Life Rate <29	\$0.050	\$0.034
30-34	\$0.070	\$0.037
35-39	\$0.090	\$0.052
40-44	\$0.100	\$0.069
45-49	\$0.150	\$0.095
50-54	\$0.230	\$0.155
55-59	\$0.430	\$0.232
60-64	\$0.660	\$0.378
65-69	\$1.200	\$0.645
70+	\$1.940	N/A
Child Life Rate (per \$1,000)	\$0.200	N/A
Employee AD&D Amount	Increments of \$10,000 to a maximum of \$500,000	
Employee AD&D Rate	\$0.03	N/A
Family AD&D Rate	\$0.04	N/A

GUARANTEED ISSUE
<ul style="list-style-type: none"> ▪ New Hire Only: Up to \$150,000 ▪ Spouse: \$30,000

MUTUAL OF OMAHA
<ul style="list-style-type: none"> ▪ Will Preparation — willprepservices.com (Code: MUTUALWILLS) ▪ Travel Assistance ▪ Legal ▪ Financial ▪ Healthy Lifestyle ▪ Work and Life Transitions <p>For more information contact Human Resources at (817) 743-4040.</p>

HEARING DISCOUNT PROGRAM
<p>The Hearing Discount program provides you and your family discounted hearing products, including hearing aids and batteries. Call (888) 534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.</p>



Kim Dawyot, UB - Abby Gale



Annie Martin, Lib - Daphne (fur baby) & Cody

RETIREMENT



Texas Municipal Retirement System | www.mytmrs.org | (800) 924-8677

To help you prepare for the future, City of Keller participates in TMRS. Here are some of the plan highlights.

PLAN INFO	
City Name and Number	Keller (00681) since October 1979
Employee's Mandatory Contribution Rate	7%
City Matching Ratio	200% or 2 to 1
Vesting Requirement	5 years service
Retirement Eligibility	5 years of service and age 60 OR 20 years of service at any age
Additional Provisions	<ul style="list-style-type: none"> ■ Employee Supplemental Death benefits (one year of base salary) ■ Retiree Supplemental Death benefits (\$7,500) ■ 100% Updated service credit (with transfers) ■ Military Service credit ■ Restricted Service credit

Deferred Compensation 457(B)

Optional or Voluntary Retirement plans are available by payroll deductions through MissionSquare Retirement and Nationwide. Both vendors provide the opportunity to invest in a variety of mutual funds with pretax dollars (Traditional 457) or after-tax dollars (Roth 457) to enhance your retirement plan. The City does not contribute to Optional or Voluntary Retirement plans, only TMRS.

Retirement HSA

Looking for a personalized estimate? Take the Optum Health Savings Checkup at healthsavingscheckup.com. Answer a few questions about your health, your HSA activity, and retirement goals, and you will receive a personalized snapshot of your potential health care expenses in retirement. You'll also get ideas to help you stay healthy, spend less, and save a little money.



Cherie Alvis, MSC - Evie

NEW! PET INSURANCE



Rachel Feltenberger, Lib - Wally



Spot | spotpet.link/cityofkeller | (800) 905-1595

Get Peace of Mind With Pet Coverage

Accidents

Spot plans help ensure your pet is covered from head-to-tail for unexpected accidents and injuries.

Illnesses

Spot plans cover exams for qualified illnesses and related treatment, including things like surgeries & medications.

Wellness

Spot's optional Preventive Care plans focus on routine care and regular check-ups to help ensure their routine wellbeing.

Take Care of Your Pack

- Vet Exam Fees
- Microchip Implantation
- Diagnostics
- Behavioral Issues
- Unexpected Emergencies
- X-rays & Tests
- Dental illnesses
- Hereditary Conditions
- Cancer & Growths
- Surgery
- Prescription Medications
- And Much More...

Unleash More With Spot

Spot Perks

Special discounts on pet products and services from your favorite brands.

24/7 Pet Telehealth Line

Get unlimited 24/7 virtual pet care from vet experts for your pet.

Flexible Plans for Any Budget

Customize your annual limit, deductible and reimbursement rate to make your pet and wallet happy.

Simple & Easy Claims Process

1. Visit Any Vet in the U.S or Canada
2. Submit Your Claim Online
3. Get Cash Back for Covered Vet Bills!



Shelby Epps, HR - Macy



Anne Dorf, Lib - Kimo

ADDITIONAL CITY BENEFITS & SERVICES

Longevity Pay

Based on funding and Council's approval of the Budget, longevity pay is equivalent to \$5.00 for each month of completed service (after one year of employment). This is paid annually, up to a maximum of 25 years.

Tuition Reimbursement

Tuition reimbursement is available after one year of employment. Courses must be job-related to any city job approved in prior year's budget process, applicant must meet grade requirements, and tuition reimbursement must not exceed State rates or that year's allowed amount as approved in the budget. City Council approved up to \$3,000 reimbursement for the current fiscal year. Contact Human Resources in March for an application form.

LegalShield and IDShield

Specialized proprietary service that provides a first-class legal and identity theft solution through payroll deduction. Services provided include identity, credit, financial account, and social media account monitoring, as well as online privacy reputation management services. Individual Plans and Family Plans available. For more information or to apply, visit shieldbenefits.com/cityofkeller.

ADP

Discounts are offered through LifeMart. Log-in to ADP and look for Your Employee Discounts! on the Home page.

Additional Discounts For Benefitted Employees

BUSINESS NAME	OFFERED TO	SERVICE/ DISCOUNT PROVIDED
Century Floors	Employees w/ID Badge	Cost+ 10% (must ask for it up front w/ID Badge)
The Little Gym of Keller	Employees	10% off Class Tuition
Cub Club Christian Preschool	Employees	Registration Fee Waived
The Polkadot Giraffe	Employees 1st Responders/ Military	10% discount on Wednesdays 10% discount every day
Palio's Pizza Cafe	Employees	10% discount
Rush Bowls	Employees w/ID Badge 1st Responders/ Military	10% off regular menu 20% off regular menu
Truly Nolen Pest Control	Employees	10% off initial service w/one year agreement
Osteo-Tam Holistic Services	Employees w/ID Badge	\$10 off session for Pets 'N People
DoubleDave's Pizzaworks	Employees	20% off menu items/ 10% off buffet
BodyBar Pilates Keller	Employees	10% off unlimited or 8x a month membership
Mathnasium of Keller	Employees	Complimentary assessment in Math & Personalized Learning Plan
FnG Eats	1st Responders/ Military	25% discount
Reading Friends of Keller	1st Responders	20% off Tuition
Row House Keller	1st Responders	20% off membership
Harvest Christian	1st Responders	10% Tuition Scholarship
Christopher Campbell Agency	1st Responders	Discount of overall premium of chosen policies
The Routzon Law Firm	Employees	10% discount

PHYSICAL, MENTAL AND FINANCIAL WELL-BEING



Chase Castleberry, Code Comp – Dylan (Dill)

The City of Keller supports and is committed to the overall health and well-being of its employees. Through wellness programs, we can improve our claims experience which will help us maintain insurance rates, build our medical insurance fund and offer more benefits to employees in the future.

WELLNESS PROGRAM Human Resources | (817) 743-4040

The K-Well Wellness Program provides the foundation for the City to develop activities, offer incentives and modify work environments to support the health and well-being of City employees. Employees can save \$20.00 per month on their insurance premiums by participating in and completing the City's K-Well Score Card form (see page 22 of this Benefits Guide).

On October 1, 2023, the City announced that all employees who are enrolled in the City's health plan are required to have an annual medical physical which is covered 100% by Keller's health insurance. Employees who do not obtain or provide proof of an annual physical are subject to a \$50.00 per pay period surcharge. New employees will have 90 days after employment to get a physical if they haven't had one in the past 12 months. Proof must be submitted to Human Resources.

Beginning October 1, 2024, all employees who are enrolled in the City's health plan and are tobacco users are subject to a \$50.00 per pay period surcharge unless they participate in a Tobacco Cessation program. The Tobacco Free Affidavit (refer to page 23 of this Benefits Guide) is required to be completed and submitted to HR. Tobacco products include, but are not limited to, Cigarettes, e-cigarettes (vape), pipes, cigars, chewing tobacco, snuff or any other type of smoking or smokeless tobacco.



Bobby Goolsby, FD- Bocephus



Tamara Loudermilk, IT - Luka

PHYSICAL, MENTAL AND FINANCIAL WELL-BEING



THE KELLER POINTE

www.thekellerpointe.com | (817) 743-4386

City of Keller offers free membership to our recreation facility for our employees. TKP provides fitness, programs, indoor track, aquatics and more. The City also offers discounted family membership rates for employees through payroll deduction (\$10.22 per pay period).



Employee Assistance Program (EAP)

www.guidanceresources.com | (800) 272-7255

You and your covered dependents have free access to the City's Employee Assistance Program (EAP). This confidential service offers free over-the-phone counseling any time, day or night, to help you with a variety of personal issues. The EAP also provides up to eight (8) free counseling sessions (per issue, per year) for both you and your covered dependents. Counselors can help with concerns about things like:

- Relationships & Parenting
- Marital & Family Problems
- Emotional Well-being & Mental Health
- Addiction & Recovery
- Legal & Financial Issues
- Work/Life Balance (i.e. Need a Carpenter?)

To contact the EAP, call (800) 272-7255, 24/7 to talk to a professional counselor. Or go online and visit ComPsych at www.guidanceresources.com and use the **ID: COM589**.



Renee Dreyfus-Graves, Dispatch - Roo

First-Time Users

- Once on the guidanceresources.com home page, click the blue link at the bottom right of the page that states **I am a first-time user**.
- You will be asked to enter your **Company/Organization Web ID (COM589)**.
- You will then be asked to enter a User Name and Password. Both can be anything you would like them to be. Make sure that you complete all fields that have red asterisks, as these are required fields.
- On the next page, you will be asked to enter the first five (5) characters of the name of your company or organization.
Your Company Name (First five (5) characters): CITY(space).
- On the next page, you will be asked to provide some demographic information. All of the fields are optional. Be sure to read the Terms of Use and click inside the check box to indicate your agreement to those terms. When you've finished, click the **Submit** button at the bottom of the page.

If you have any problems registering or logging in to Guidance Resources Online, email Member Services at memberservices@compsych.com or call (877) 595-5289.



EMPLOYEE WELLNESS PROGRAM FY2024-25 SCORE CARD

Employee Name: _____

Employee ID: _____

Employees who complete the K-WELL Score Card are eligible to receive a \$10.00/pay period health insurance premium discount (aka Wellness Credit). The premium discount is effective October 1st of each fiscal year. Participation dates are October 1, 2024 - August 30, 2025. The completed Score Card and the Tobacco-Free Affidavit are due to Human Resources (HR) by September 1, 2024 in order to receive the Wellness Credit. All employees who are on the City's health insurance must complete an Annual Physical and complete a Tobacco-Free Affidavit by September 1, 2024.

Employees who do NOT complete an Annual Physical will be charged a **\$50.00/pay period surcharge** effective October 1, 2024. Tobacco Users, as defined, who do not commit to enrolling in a Tobacco Cessation program will be charged a **\$50.00/pay period surcharge**.

Step 1: Complete <u>All</u> of the Activities in this Section	
<input type="checkbox"/> Annual Physical Exam (Acceptable Dates: July 1, 2024 – August 30, 2024)	Date of Annual Exam: _____ <input type="checkbox"/> Proof Attached
<input type="checkbox"/> Register with Alight	Date Registered: _____ <input type="checkbox"/> Already Registered
<input type="checkbox"/> Tobacco-Free Affidavit	

Step 2: Complete four (4) Activities in this Section	
Complete Your Annual Eye Exam	Date of Annual Exam: _____
Complete Your Dental Cleaning	Date of Annual Exam: _____
Participate in a City-sponsored wellness event (i.e. Biggest Loser Contest)	Name of Event: _____ Date: _____
Participate in a City-sponsored wellness event (i.e. On-site Dental Cleaning)	Name of Event: _____ Date: _____
Participate in a City-sponsored wellness event (i.e. Class or Challenge)	Name of Event: _____ Date: _____
Participate in a 5K Walk/Run	Name of Event: _____ Date: _____
Get your flu shot or other immunization	Type: _____ Date: _____
Monitor your blood pressure 2x per week for 30 days	Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____
Workout for 30 minutes 2x per week for 30 days	Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____
Mental or Financial Health – Read a self-help or personal finance related book or participate in a related program or activity	Name: _____ Date Completed: _____

Employee Signature

Date



FY2024-25 EMPLOYEE WELLNESS PROGRAM

Tobacco-Free Affidavit

(Print Full Name)

(Employee ID #)

- I attest that I am **Tobacco-Free** and I commit to being tobacco-free for the next 12 months following October 1, 2024.
- I attest that I am an **Occasional Tobacco User**, as defined below, and will reduce the usage to less than three (3) times per month in the next 12 months following October 1, 2024.
- I am currently a **Tobacco User**, as defined below, and I commit to being tobacco-free for the next 12 months following October 1, 2024.
- I am currently a **Regular Tobacco User**, as defined below, and I commit to enrolling and completing a Tobacco Cessation program effective October 1, 2024. Upon completion of the Cessation program, I will submit confirmation to Human Resources.
- I am a current **Regular Tobacco User** and I am not willing to commit to enrolling in a Tobacco Cessation program at this time. I understand that I will be paying a **\$50.00/pay period surcharge in FY2024-25**.

Definitions:

- **Tobacco-free** means I have not used cigarettes, e-cigarettes, pipes, cigars, chewing tobacco, snuff, or any other type of smoking or smokeless tobacco. I understand that one usage of any tobacco product is considered tobacco use.
- **Regular Tobacco User** means I use tobacco products four (4) or more times per month.
- **Occasional Tobacco User** means I use tobacco products less than four (4) times per month.

I understand the nature and content of this document, I am of legal age, and I am fully competent to truthfully execute this affidavit. I certify that, if this information changes in the next 12 months, I will notify the Human Resources Department.

I certify that I have provided complete and accurate information **and** I understand the City of Keller may verify the information I provide. I understand if the City of Keller discovers at any time, I have failed to provide accurate information, appropriate action, up to and including termination as indicated within the City directives, may apply. By signing or typing your name here, you acknowledge that you completed each of the items you checked above.

Employee Signature

Date

BENEFITS ADVOCACY SERVICES



Kim Dawyot, UB - Rylee Grace

Holmes Murphy

sreyes@holmesmurphy.com | P: (214) 265-2255 | F: (972) 889-7560

Sarah Reyes is your dedicated Benefits Analyst at Holmes Murphy. Sarah is a resource available to you and your dependents. She can help you answer many of the benefit questions you may have! Simply call or email and your Benefits Analyst will be available to help you with your questions. If your Benefits Analyst doesn't have an immediate answer, she will research it and get back to you in a timely manner without you waiting on hold. How easy is that?

Some of these questions may be:

- How do I order a new ID card?
- Is my physician / dentist / eye doctor in the network or out of the network?
- What is my deductible and what on earth does "co-insurance" mean?
- I received a bill from my doctor. Was my claim paid correctly?
- What is an "EOB" and how do I read it?
- I just need to get my teeth cleaned. What is my co-pay?
- How often can I get new eye glasses / contacts?
- I paid for my prescription out of pocket. Where can I find a claim form?
- I can't find my Benefit Guide. Can I get a new one?



Your Benefits Analyst is here to help you with many of your benefit concerns.

If you have questions concerning your benefits, contact her today!

**Monday – Friday
from 8:00 a.m. – 5:00 p.m. (CST)**



Renee Dreyfus-Graves, Dispatch - Winnie



CRITICAL ILLNESS

Annie Martin, Lib – Eloise & Bob (aka Robert Redford)



Mutual of Omaha | www.mutualofomaha.com | (800) 775-8805

An unexpected illness can have a lasting impact on you and your family – physically, emotionally and financially. As an active employee of City of Keller, you can give your family the extra security they need to lessen the financial impact of a serious illness by purchasing Critical Illness insurance through Mutual of Omaha Life Insurance Company.

A critical illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke or cancer. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living. **New hire employees and their spouses have a guaranteed issue amount of \$30,000.**

BENEFIT CATEGORY	CONDITION	% BENEFIT
Heart/Circulatory/ Motor Function	<ul style="list-style-type: none"> Heart Attack Heart Transplant, Stroke ALS (Lou Gehrig's) Advanced Alzheimer's Advanced Parkinson's 	100%
	<ul style="list-style-type: none"> Heart Valve Surgery Coronary Artery Bypass Aortic Surgery 	25%
Organ	<ul style="list-style-type: none"> Major Organ Transplant/Placement on UNOS List End-Stage Renal Failure 	100%
	<ul style="list-style-type: none"> Acute Respiratory Distress Syndrome (ARDS) 	25%
Childhood/Developmental <small>* benefits only available to children</small>	<ul style="list-style-type: none"> Cerebral Palsy Structural Congenital Defects Genetic Disorders Congenital Metabolic Disorders Type 1 Diabetes 	100%
Cancer	<ul style="list-style-type: none"> Cancer (Invasive) 	100%
	<ul style="list-style-type: none"> Bone Marrow Transplant 	50%
	<ul style="list-style-type: none"> Carcinoma in Situ, Benign Brain Tumor 	25%

VOLUNTARY CRITICAL ILLNESS EMPLOYEE PREMIUM RATES (24 PAYROLL DEDUCTIONS PER YEAR)					
AGE	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
0 - 29	\$2.50	\$5.00	\$7.50	\$10.00	\$12.50
30 - 39	\$3.40	\$6.80	\$10.20	\$13.60	\$17.00
40 - 49	\$5.45	\$10.90	\$16.35	\$21.80	\$27.25
50 - 59	\$8.60	\$17.20	\$25.80	\$34.40	\$43.00
60 - 69	\$13.35	\$26.70	\$40.05	\$53.40	\$66.75
70+	\$19.70	\$39.40	\$59.10	\$78.80	\$98.50

HOSPITAL INDEMNITY



Kim Dawyot, UB - Blue Belle



Mutual of Omaha | www.mutualofomaha.com | (800) 775-8805

A hospital indemnity insurance policy supplements your medical coverage and provides a cash benefit for hospital related fees you or an insured family member sustain as a result of being hospitalized. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work.

As an active employee of City of Keller, you may purchase hospital indemnity coverage for yourself and your family members, and premiums can be deducted from your paycheck. Hospital indemnity supplements your existing health insurance coverage by helping pay for out-of-pocket expenses incurred due to an injury or illness that may not be covered under other insurance plans.

Hospital Admission & Confinement - Admission benefits are payable up to a combined total of 2 days per policy year and are not payable on the same day; Confinement benefits are payable up to a combined total of 30 days per policy year unless otherwise noted and are not payable on the same day as Hospital/ICU admission benefits.

BENEFITS	AMOUNTS
Hospital Admission	\$1,000 per admission
Daily Hospital Confinement	\$100 per day
ICU Admission	\$1,000 per admission
Daily ICU Confinement	\$200 per day
Daily Newborn Nursery Care Confinement (Up to 2 days per policy year)	\$75 per day
Additional Benefits	
Health Screening Benefit (1 time per insured per calendar year; up to 6 per family per calendar year)	\$50
Express Benefits (1 benefit per hospital admission)	\$100



Robert Carrizales, PW - Ripp

HOSPITAL INDEMNITY PREMIUMS (24 PAYROLL DEDUCTIONS PER YEAR)	EMPLOYEE CONTRIBUTION
Employee	\$8.79
Employee + Spouse	\$13.85
Employee + Child(ren)	\$15.43
Family	\$21.00



Note: The amount(s) above may vary due to rounding and are subject to change based on the final terms of the policy.



ACCIDENT



Amber Washington, FD - Toby
Mutual of Omaha | www.mutualofomaha.com | (800) 775-8805

Don't let an accident catch you off guard. Protect your family's finances with Accident Insurance from Mutual of Omaha Life Insurance Company.

An accident insurance policy supplements your medical coverage and provides a cash benefit for injuries you or an insured family member sustain from an accident. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work.

As an active employee of City of Keller, you may purchase this coverage for yourself and your family members, and premiums will be deducted from your paycheck. It's a simple and affordable way for your family to receive added financial protection.

ACCIDENT PREMIUMS (24 PAYROLL DEDUCTIONS PER YEAR)	EMPLOYEE CONTRIBUTION
Employee	\$5.79
Employee + Spouse	\$8.48
Employee + Child(ren)	\$11.13
Family	\$13.82



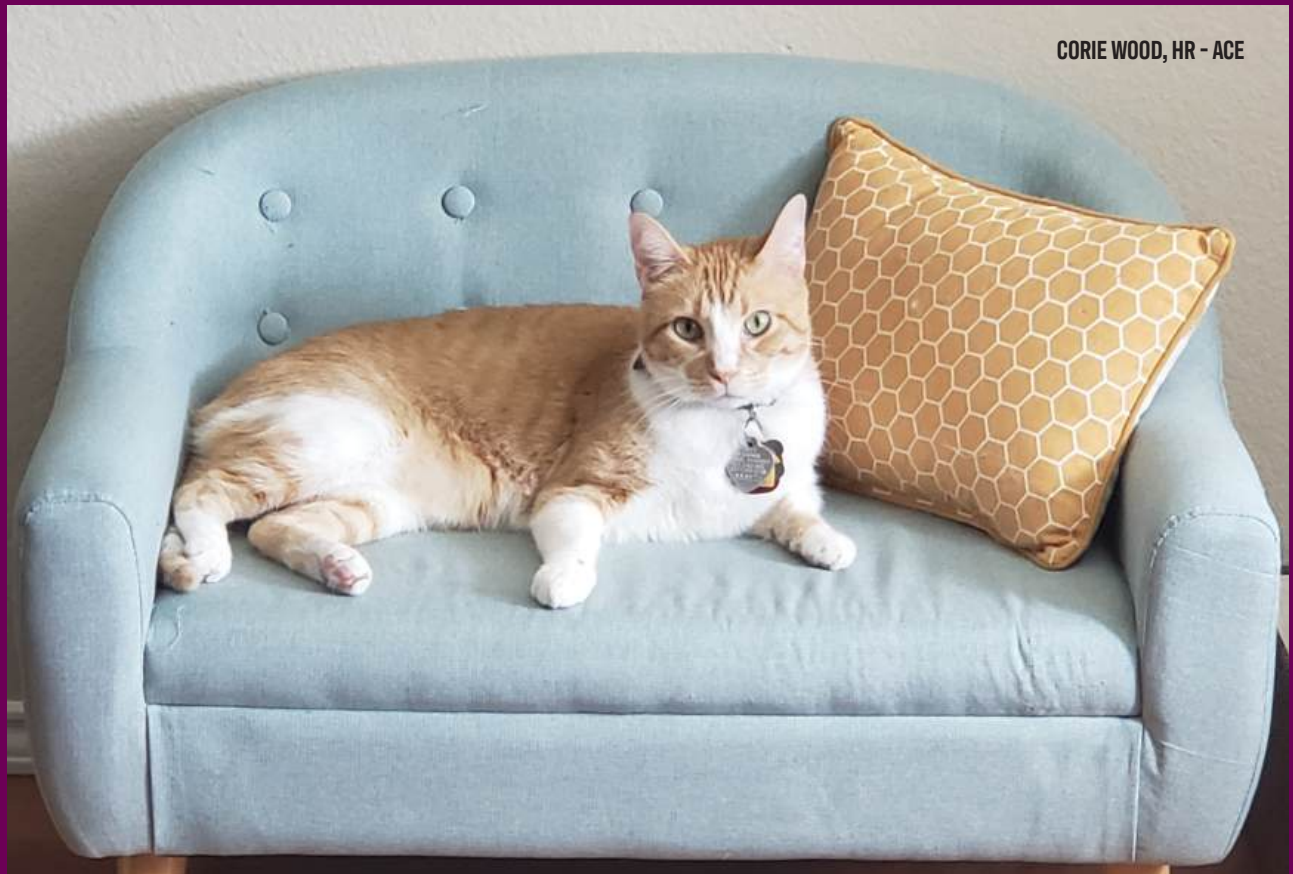
Note: The amount(s) above may vary due to rounding and are subject to change based on the final terms of the policy.



Ryan Coe, PD - Avery Coe & Fur Friends

ACCIDENT PLAN SUMMARY	ACCIDENT
INITIAL CARE & EMERGENCY – MOST TREATMENT / SERVICE REQUIRED WITHIN 72 HOURS OF ACCIDENT; ONCE PER ACCIDENT PER INSURED PERSON	
Emergency Room	\$200
Urgent Care Center	\$125
Initial Physician Office Visit	\$100
Ambulance	Up to \$1,500
SPECIFIED INJURIES	
Fractures (Surgical / Non-surgical)	Up to \$8,000/Up to \$4,000
Dislocations (Surgical / Non-surgical)	Up to \$10,000/Up to \$5,000
Lacerations	Up to \$1,000
Burns	Up to \$20,000
Dental	Up to \$400
HOSPITAL, SURGICAL & DIAGNOSTIC	
Admission	\$1,500
Daily Confinement (Up to 365 days per accident)	\$300 per day
ICU Confinement (Up to 15 days per accident)	\$600 per day
Rehab. Facility Confinement (Up to 30 days per accident)	\$150 per day
Surgical	Up to \$2,000
Diagnostic	Up to \$300
FOLLOW-UP CARE – TREATMENT / SERVICE REQUIRED WITHIN 365 DAYS OF ACCIDENT; MEDICAL DEVICE IS ONCE PER ACCIDENT PER INSURED PERSON	
Physician Follow-Up Office Visit	\$100; Up to 6 per accident
Therapy Services	\$50; Up to 6 per accident
Medical Device	\$200
Prosthetic Device(s)	\$1,000; Up to 2 per accident
ADDITIONAL BENEFITS – BENEFITS ARE PAYABLE WITHIN 365 DAYS OF ACCIDENT	
Transportation (Up to 3 trips per accident)	\$450 per trip
Lodging (Up to 30 nights per accident)	\$150 per night
Childcare (Up to 30 days per accident)	\$30 per day
CATASTROPHIC BENEFITS – BENEFITS ARE PAYABLE WITHIN 365 DAYS OF ACCIDENT; ONCE PER ACCIDENT PER INSURED PERSON	
Principal Sum (PS)	You: \$25,000 Spouse: \$10,000 Child(ren): \$5,000
Common Carrier Accidental Death	300% of PS
Transportation of Remains	Up to \$5,000
Dismemberment & Paralysis	Up to 100% of PS

REQUIRED NOTICES



CORIE WOOD, HR - ACE

HEALTH COVERAGE NOTICES

FOR YOUR FILES

This brochure contains legal notices for participants in group health plan(s) sponsored by City of Keller. The notices included in this brochure are:

- **Health Insurance Marketplace Coverage Options and Your Health Coverage** that describes the Health Insurance Marketplace and eligibility and tax credit information.
- **Notice of Privacy Practices** that explains how the health care plan(s) protect your personal medical information.
- **Medicare Part D Notice** that provides information about how your current prescription drug coverage under the health care plan(s) is affected — and your options for coverage — when you become eligible for Medicare.
- **State Continuation Rights Notice** that explains when you and your family may be able to temporarily continue coverage under the health care plan(s) if coverage would otherwise end for you.
- **Newborn and Mothers Health Protection Notice** that describes federal laws that govern benefits for hospital stays for mothers following the birth of child.
- **Women's Health and Cancer Rights Act** that summarizes the benefits available under your medical plan if you have had or are going to have a mastectomy.
- **Notice of Special Enrollment Rights** that explains when you can enroll in the health care plan(s) due to special circumstances.
- **60-Day Special Enrollment Period** that describes a special 60-day timeframe to elect or discontinue coverage.

IMPORTANT: If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, the Medicare Prescription Drug program gives you more choices about your prescription drug coverage.



Kaleena Stephens, CD - Stitch

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

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 8.39% 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.

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 or contact Human Resources.

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



Camie Orth, Fin - Jasper

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.

3. Employer name City of Keller	3. Employer Identification Number (EIN) 75-1294051	
4. Employer address P.O. Box 770	5. Employer phone number 817-743-4040	
6. City Keller	7. State Texas	8. ZIP code 76244
9. Who can we contact about employee health coverage at this job? Human Resources Dept.		
10. Phone number (if different from above)	11. Email address humanresources@cityofkeller.com	

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

- As your employer, we offer a health plan to some employees.

Eligible employees are:

- Full-time regular employee who work a minimum of 30 hours per week
- With respect to dependents, we do offer coverage.

Eligible dependents are:

- Legal spouse
- Children up to age 26 (coverage for a handicapped child may be continued past the age limit)
- IRS-recognized dependent by legal adoption, legal guardianship, court ordered, etc.

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, www.healthcare.gov will guide you through the process.

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Our Company's Pledge To You

This notice is intended to inform you of the privacy practices followed by the Plan and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on 10/1/2024.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. City of Keller requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.



Amber Washington, FD - Prison Mike

As permitted or Required by Law. We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

Pursuant to Your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor. We may disclose protected health information to certain employees of City of Keller for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

YOUR RIGHTS

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.



Camie Orth, Fin - Birdie

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

OUR LEGAL RESPONSIBILITIES

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact Human Resources.

COMPLAINTS

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact Human Resources. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. Human Resources can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

IMPORTANT NOTICE FROM CITY OF KELLER 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 City of Keller 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. City of Keller has determined that the prescription drug coverage offered by City of Keller 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 also 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 City of Keller coverage will be affected. If you do decide to join a Medicare drug plan and drop your current City of Keller 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 City of Keller 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 City of Keller changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare Prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 10/1/2024

Name of Entity/Sender: City of Keller

Contact/Office: Human Resources

Address: PO Box 770, Keller, TX 76244

Phone Number: 817-743-4040

OTHER NOTICES



Crystal MacNeil, Fin - Dodge

60-DAY SPECIAL ENROLLMENT PERIOD

In addition to the qualifying events listed in this document, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you decline enrollment in medical coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in City of Keller medical coverage 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 no more than 30 days after your or your dependent's other coverage ends (or after the employer stops contributing to the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in City of Keller medical coverage as long as you request enrollment by contacting the benefits manager no more than 30 days after the marriage, birth, adoption or placement for adoption. For more information, contact City of Keller Human Resources.

NEWBORN & MOTHERS HEALTH PROTECTION NOTICE

For maternity hospital stays, in accordance with federal law, the Plan does not 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 delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

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 consultations with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact your medical plan administrator.

COBRA RIGHTS NOTICE

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
- You become divorced or legally separated from your spouse.



Shelby Epps, HR - Molly



Amie Spengler, PW - Roxy

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."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to City of Keller, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When Is COBRA 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;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- 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 60 days after the qualifying event occurs. You must provide this notice to: Human Resources.

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 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.

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 the Marketplace, visit www.HealthCare.gov.

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.

PLAN CONTACT INFORMATION

Date: 10/1/2024

Name of Entity/Sender: City of Keller

Contact/Office: Human Resources

Address: PO Box 770, Keller, TX 76244

Phone Number: 817-743-4040



Tristan Payne, MSC - Diesel & Rupert

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 the City of Keller, 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.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the following page, 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, dial **1-877-KIDS NOW**, or visit 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 or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility.

To see if any other states have added a premium assistance program since January 31, 2024 or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

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

1-877-267-2323, Menu Option 4, ext. 61565



Corie Wood, HR - Gretta

ALABAMA MEDICAID

Website: <http://www.myalhipp.com/> Phone: 1-855-692-5447

ALASKA MEDICAID

Website: Premium Payment Program: <http://myakhipp.com/>
Medicaid Eligibility:
<https://health.alaska.gov/dpa/Pages/default.aspx>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIP.com

ARKANSAS MEDICAID

Website: <http://myarhipp.com/>
Phone: 1-855-692-7447

CALIFORNIA (MEDICAID)

Email: <http://dhcs.ca.gov/hipp> Phone: 916-445-8322
Email: hipp@dhcs.ca.gov Phone: 916-440-5676 (fax)

COLORADO (MEDICAID AND CHIP)

Medicaid website: <https://www.healthfirstcolorado.com/>
Phone: 1-800-221-3943
CHIP website:
<https://hcpf.colorado.gov/child-health-plan-plus>
Phone: 1-800-359-1991
HIBI website: <https://www.mycohibi.com/>
Phone: 1-855-692-6442 State relay 711

FLORIDA (MEDICAID) STATE

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA (MEDICAID)

HIPP Website: HIPP: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, press 1
CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liabilitychildrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, press 2

INDIANA MEDICAID

Healthy Indiana Plan for low-income adults 19-64 Website:
<http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <https://www.in.gov/medicaid/> Phone 1-800-457-4584

IOWA (MEDICAID AND CHIP)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
CHIP Website: <http://dhs.iowa.gov/Hawki>
Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS (MEDICAID)

Website: <https://www.kancare.ks.gov/> Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY (MEDICAID AND CHIP)

Medicaid Website: <https://chfs.ky.gov/agencies/dms>
KI-HIPP Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
KI-HIPP Phone: 1-855-459-6328
KI-HIPP Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
KCHIP Phone: 1-877-524-4718

LOUISIANA (MEDICAID)

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 or 1-855-618-5488

MAINE (MEDICAID)

Website:
<https://www.maine.gov/dhhs/ofi/applications-forms> or
https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone Enroll: 1-800-442-6003
Phone Private HIP: 1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS (MEDICAID AND CHIP)

Website: <https://www.mass.gov/masshealth/pa>
Email: masspremassistance@accenture.com
Phone: 1-800-862-4840 TTY: 711

MINNESOTA (MEDICAID)

Website:
<https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739

MISSOURI (MEDICAID)

Website:
<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA (MEDICAID)

Website:
<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Website: HSHIPPPROGRAM@mt.gov
Phone: 1-800-694-3084

NEBRASKA (MEDICAID)

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA (MEDICAID)

Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE (MEDICAID)

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218 or 1-800-852-3345, ext. 5218

NEW JERSEY (MEDICAID AND CHIP)

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK (MEDICAID)

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

SOUTH DAKOTA MEDICAID

Website: <http://dss.sd.gov> Phone: 1-888-828-0059

NORTH CAROLINA (MEDICAID)

Website: <https://www.hhs.nd.gov/healthcare> Phone:
919-855-4100

NORTH DAKOTA (MEDICAID)

Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA (MEDICAID AND CHIP)

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

NEBRASKA (MEDICAID)

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA (MEDICAID)

Medicaid Website: <http://dhcftp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE (MEDICAID)

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218 or 1-800-852-3345, ext. 5218

NEW JERSEY (MEDICAID AND CHIP)

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK (MEDICAID)

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

SOUTH DAKOTA MEDICAID

Website: <http://dss.sd.gov> Phone: 1-888-828-0059

NORTH CAROLINA (MEDICAID)

Website: <https://www.hhs.nd.gov/healthcare> Phone: 919-855-4100

NORTH DAKOTA (MEDICAID)

Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA (MEDICAID AND CHIP)

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON (MEDICAID)

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

RHODE ISLAND (MEDICAID AND CHIP)

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlts Share Line)

SOUTH CAROLINA (MEDICAID)

Website: <https://www.scdhhs.gov> Phone: 1-888-549-0820

SOUTH DAKOTA (MEDICAID)

Website: <http://dss.sd.gov> Phone: 1-888-828-0059

TEXAS (MEDICAID)

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
Phone: 1-800-440-0493

UTAH (MEDICAID AND CHIP)

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT (MEDICAID)

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427

VIRGINIA (MEDICAID AND CHIP)

Website: <https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select> or <https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs>
Phone: 1-800-432-5924

WASHINGTON (MEDICAID)

Website: <https://www.hca.wa.gov/> Phone: 1-800-562-3022

WEST VIRGINIA (MEDICAID)

Website: <http://mywvhipp.com/> or <https://dhhr.wv.gov/bms/>
Medicaid Phone: 304-558-1700
CHIP Phone: 1-855-699-8447

WISCONSIN (MEDICAID AND CHIP)

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING (MEDICAID)

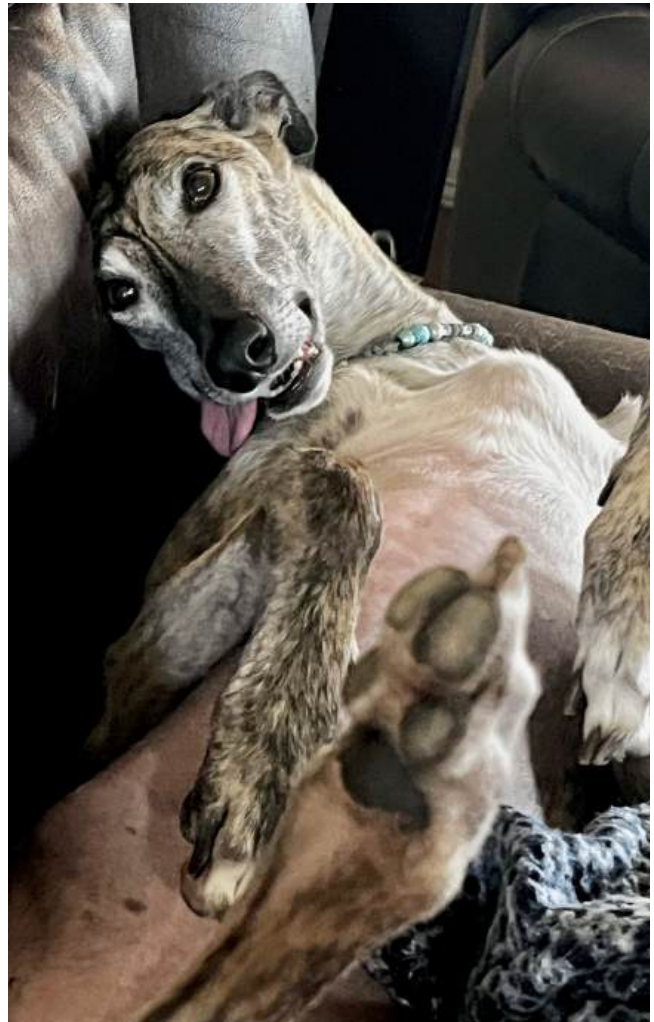
Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269



Shelby Epps, HR - Atlas



Corie Wood, HR - Finnigan



Crystal MacNeil, Fin - Ayla

