City of Dallas

# 2026 Employee Benefits Guide

## Summaries of Benefits and Coverage

The government-required Summaries of Benefits and Coverage (SBC), which summarize important information about your City of Dallas BCBSTX Medical plan options, are available online at **www.cityofdallasbenefits.org**.

A paper copy is also available, free of charge, by calling the Benefits Service Center at **(214) 671-6947** (option 1).

## ¡Español disponible en línea!

Una copia en español de nuestra guía de inscripción de beneficios 2026 está disponible en líne a en **www.cityofdallasbenefits.org**.

## 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. Please see page 46 for more details.

# Welcome to Your 2026 Benefits Guide

Use this Benefits Guide to see what's new and to learn about your benefit plan options.

## What's Inside

# Benefits Changes and Highlights for 2026

## Active Enrollment

- You must enroll in benefits during Open Enrollment to have coverage in non-employer paid benefits, including but not limited to Medical, Dental, and Vision plans.
- If you do not enroll during Open Enrollment, you will not have coverage in 2026 and ALL of your 2025 elections will end on December 31, 2025.

### MEDICAL PLANS

- The Essential PCP and the Blue Choice HSA plans employee premium contribution will increase by 5%.
- The Blue Choice Copay plan employee premium contribution will increase by 15%.
- The Blue Choice HSA in-network deductible will increase to $3,400 for Individual and $6,800 for Family coverage.

### DENTAL AND VISION PLANS

- There will be no increase to the Dental plan employee premium contributions.
- The Vision plan employee premium contribution will increase by 20% on both options.

### HEALTH SAVINGS ACCOUNT (HSA)

- The maximum annual contribution amounts will increase to $4,400 for individual coverage and $8,750 for family coverage.
- If you would like to participate in an HSA in 2026, you MUST enroll during Open Enrollment.
- Otherwise, your current HSA elections will end on December 31, 2025.

### FLEXIBLE SPENDING ACCOUNTS (FSA)

- The Medical Spending and Limited Purpose FSAs maximum annual contribution amount will increase to $3,300.
- The Dependent Care FSA maximum annual contribution amount will increase to $7,500.
- If you would like to participate in an FSA in 2026, you MUST enroll during Open Enrollment. Otherwise, your current FSA elections will end on December 31, 2025.

### EAP PROGRAM

- ComPsych free visits will increase to eight sessions per member, per unique issue, per year.

### HEALTH ADVOCATE RETIREE CONCIERGE

- Health Advocate can help you if you're considering retirement, are a pre-65 retiree, or are transitioning to a post-65 retiree.
- A Health Advocate representative will walk you through your City of Dallas and non-City of Dallas benefit options.
- They will review the many plans and parts of Medicare, explain what each covers and what they cost, and inform you of Medicare enrollment deadlines.
- They can also help you find doctors that participate in the City's pre-65 retiree or post-65 retiree plans.

### HOSPITAL INDEMNITY AND ACCIDENT INSURANCE

- No Evidence of Insurability (EOI) is required for most first-time elections during Open Enrollment.
- After Open Enrollment, EOI may be required for all elections, regardless of coverage level.

### OTHER CHANGES

- The Child Care Subsidy program has been discontinued.
- Employer Paid Long-Term Disability (LTD) will be discontinued in 2026. You may elect to purchase Voluntary LTD during Open Enrollment.

This 2026 Benefits Enrollment Guide provides details about your benefit options. Reviewing the material contained in this guide will help you make informed decisions about your benefits. If you have any questions, please refer to the vendor contact information section at the back of this guide to access our service providers.

Sincerely,
City of Dallas Benefits Team

# Enrollment Overview

### ONLINE

The City of Dallas offers a convenient way for you to enroll in benefits.

1. Log on to **https://dallascityhall.okta.com** using a desktop computer or laptop. The enrollment feature is not available on phones or tables. You must sign in using your City of Dallas Username and Password credentials.
2. To access your benefits in Workday once logged in, click on the person in the top-right corner of Workday, then View Profile. You may also access Open Enrollment through your Workday inbox.
3. Click on the Benefits tab on the left-hand side. You will be able to access your new hire enrollment as well as create a Qualifying Life Event.

## Enrollment Help

If you have any questions about your 2026 benefits or need assistance with the enrollment process, please call **(214) 671-6947** (option 1), or email **hrbenefits@dallas.gov**.

### WHO IS ELIGIBLE

In most cases, if you intend to work an average of 30 hours or more per week, you are eligible for Medical, Dental and Vision benefits from the City of Dallas. (Please note: Seasonal employees are not eligible.) If you do not intend to work an average of 30 hours or more per week, you may or may not be eligible for the city's health benefits.

### VARIABLE HOUR EMPLOYEES

Under the Affordable Care Act, employees who have hours that vary from week to week are referred to as "variable hour" employees, not full-time or part-time. All variable hour employees have a 12-month "measurement period" to determine the average number of hours worked per week for benefit eligibility.

### INITIAL ENROLLMENT

You have 30 days from your hire/rehire date (or the date your status changes to benefits eligible) to enroll yourself and your dependents in benefits. Your coverage begins on your hire date or retroactively to your status change date, as appropriate. If you do not enroll within the 30-day time frame, you will automatically be enrolled in Basic Life insurance (full-time employees only). You will have to wait until the next annual enrollment or experience a Qualifying Life Event to enroll in any other benefits.

### OPEN ENROLLMENT

You may also enroll or make changes during Open Enrollment, which occurs during the fall each year. Elections made during this time take effect on January 1.

### SUPPORTING DOCUMENTATION REQUIRED

Any selections that require evidence or documentation will not be accepted or finalized until documentation is received. All required documentation must be provided prior to the close of the Open Enrollment period. (Example: If you wish to enroll a dependent child for the first time, you must provide the required supportive documentation at the time of enrollment and prior to the close of Open Enrollment, otherwise your dependent child will not be enrolled.)

You must upload your supporting document during your New Hire or Qualifying Life Event.

**Note:** If you do not upload your supporting documentation, your enrollment will not be complete.

## DEPENDENT ELIGIBILITY

If you are covered by a plan, in most cases, you may also cover your eligible dependents, as outlined below. Your dependents (spouse and/or children) cannot be covered on a plan if you are not covered.

If you need to add dependents not previously covered, you must provide supporting documentation during your enrollment period. Please be prepared to provide supporting documentation, as outlined below. Documentation must be uploaded via Workday through the enrollment process.

| TYPE OF ELIGIBLE DEPENDENT | REQUIRED DOCUMENTATION |
|---|---|
| **SPOUSE** | • Copy of Marriage License and Date of Birth<br>• If Common-Law Marriage applies, please provide copies of two documents showing that you and your spouse live together.<br>– Lease or deed naming both partners<br>– Joint checking account statement<br>– Utility bills and/or credit accounts<br>– Will and/or Life insurance policies |
| **DOMESTIC PARTNER** | • Copies of two documents showing that you and your partner live together.<br>– Lease or deed naming both partners<br>– Joint checking account statement<br>– Utility bills and/or credit accounts<br>– Will and/or Life insurance policies |
| **DEPENDENT CHILD**<br>Child who is married or unmarried up to age 26* and is the biological child, legally adopted child, stepchild of you and/or your spouse, domestic partner, or common-law spouse.<br>Note: Dependent children will become insured on their date of birth if you elect Dependent Insurance no later than 30 days after the birth. If you do not elect to insure your newborn child within 30 days, coverage for that child will end on the 30th day. | • Copy of Birth Certificate showing you as a parent, or<br>• Copy of Verification of Birth Form (accepted for up to 3 months post-birth only), or<br>• Copy of Adoption Agreement, or<br>• Copy of court custody or guardianship documents, or<br>• Copy of the portion of the divorce decree showing the dependent, or<br>• Copy of Qualified Medical Court Support Order (QMCSO)<br><br>ADDITIONAL DOCUMENTATION REQUIRED FOR DISABLED DEPENDENTS:<br>• Physician affirmation of such condition and dependence |
| **DEPENDENT GRANDCHILD**<br>Grandchild who is married or unmarried up to age 26* and is the biological grandchild of you and/or your spouse, domestic partner, or common-law spouse. You must have guardianship or cover the child to cover a grandchild. | |

* Dependent children and dependent grandchildren are covered until the end of the month of their 26th birth month for Medical, Dental, and Vision coverage and until the age of 25 for Life insurance. Disabled children are eligible to be covered past their 26th birthday if they are unmarried, primarily supported by you, and incapable of self-sustaining employment by reason of mental or physical disability.

**NOTE:** If you and your spouse work at the City of Dallas and have dependents covered on any of the plans, only one employee can cover all of the dependents. You cannot split dependents with each employee taking Employee + Child(ren) coverage. The City of Dallas will allow employees who both work for the City to determine which coverage will work best for them. For example, married City employees can pick either Employee Only for themselves or one can select Employee + Spouse. If they have children, one employee can elect Employee + Family or they can elect Employee Only or Employee + Child(ren).

## MAKING CHANGES TO COVERAGE

Per the IRS, once you enroll, you cannot change your benefit choices until the next Open Enrollment period. However, you may make certain changes if you have a Qualifying Life Event that affects your benefits — and the event is consistent with your requested change. Typical Qualifying Life Events include:

- Marriage
- Divorce, legal separation, or annulment
- Birth, adoption, or legal guardianship of a child
- Death of a spouse/domestic partner or eligible dependent
- A change in the employment status of yourself, your spouse/domestic partner, or a dependent
- A dependent qualifies or no longer qualifies due to age
- Significant cost increases for benefit coverage
- Enrollment in or loss of state or federal Medical coverage
- You move out of your health plan's service area, which requires a change in plans
- A spouse or dependent gains or loses coverage in another qualified health plan

You must notify the Benefits Service Center and provide proof of your Qualifying Life Event as soon as possible and before 30 days have passed. Coverage will be effective based on the date of the event. If you wait longer than 30 days, you must wait until the next Open Enrollment to make a change.

## 60-DAY SPECIAL ENROLLMENT PERIOD

In addition to these Qualifying Life Events, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent's Medicaid or CHIP (Children's Health Insurance Program) 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.

## EMPLOYEE RESIGNATION OR TERMINATION

- Medical, Dental, and Vision coverage ends at the end of the month of the last day of employment.
- Life Insurance, Accidental Death and Dismemberment (AD&D) Insurance, Accident, Critical Illness, Hospital Indemnity, Flexible Spending Accounts (FSAs), Dependent Care Assistance Plan (DCAP), Legal, and Disability end on the last day of employment.

# Medical Coverage

When it comes to Medical coverage, the City of Dallas offers three options through BlueCross BlueShield of Texas (BCBSTX). Each Medical plan provides coverage for the same types of expenses, such as doctor's office visits, preventive care, prescription drugs, and hospitalization. Most in-network preventive care services are covered at 100%.

Under the Blue Choice Copay and Blue Choice HSA plans, you choose a network provider each time you need medical care. The Blue Essentials PCP Plan uses a Texas-only network limited to doctors, specialists, and hospitals in your area. While the network is smaller, rest assured that Blue Essentials providers offer top-tier quality and cost-efficiency. This plan is only available to those who live in Texas in a Blue Essentials network area.

Under all plans, you receive no benefits from the plan if you use a non-network provider — you will be responsible for 100% of the cost for all care you receive.

To find providers in your network, log in to Blue Access for Members at **www.bcbstx.com/member** and click on the *Provider Finder* tool. All you'll need are your group and ID numbers, found on your member ID Card.

**Treatment to affirm gender identity: You are covered for management, consultation, counseling, hormones, laboratory services, and surgical services for purposes of affirming your gender identity and/or gender transition (diagnostically, this may be referred to as "gender dysphoria"), including all related medical visits.**

### BLUE ESSENTIALS PCP PLAN

The Blue Essentials PCP Plan offers a Texas-only "Blue Essentials" network of providers with top-tier quality and cost- efficiency. You must select a Primary Care Physician (PCP) and get referrals from them for all other care.* This plan is only available to those who live in Texas in a Blue Essentials network area.

### BLUE CHOICE COPAY PLAN

The Blue Choice Copay Plan lets you pay for certain medical services at a set rate, called a copay. You will pay the copay amount even if you have not yet met your deductible for the year.

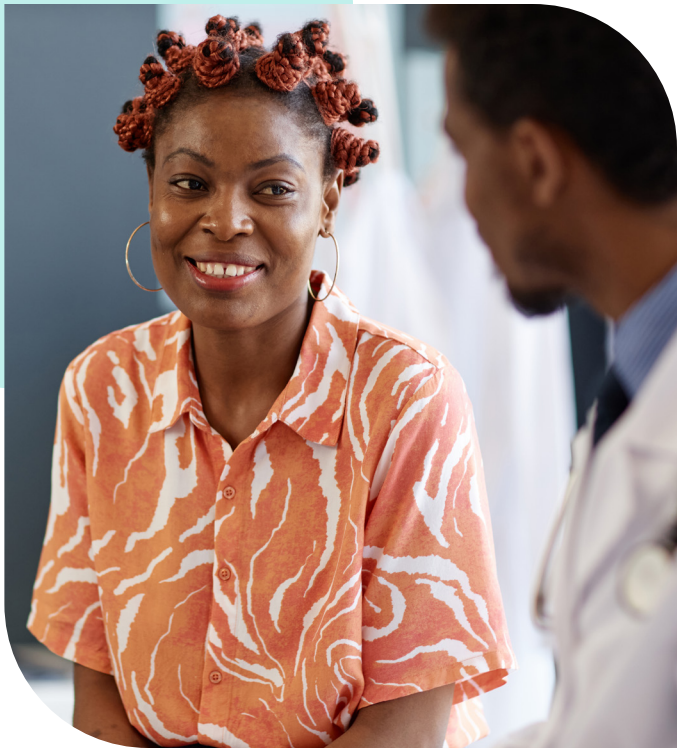
### BLUE CHOICE HSA PLAN

The Blue Choice HSA Plan has lower monthly premiums and higher deductibles than a traditional health plan. There are no copays — you and the plan begin sharing expenses only after you've met the deductible. This plan also offers a Health Savings Account (HSA).

* Emergencies, obstetrical and gynecological services, behavioral health/chemical dependency services, and annual diabetic retinal eye exams do not require a referral.

# Medical Plan Comparison

| | PCP | COPAY | HSA |
|---|---|---|---|
| **NETWORK** | **BLUE ESSENTIALS (HMO)** | **BLUE CHOICE PPO (BCA)** | **BLUE CHOICE PPO (BCA)** |
| NETWORK TYPE | Narrow, Texas-Only | Broad | Broad |
| CALENDAR YEAR DEDUCTIBLE | $1,500 (Individual)<br>$3,000 (Family) | $1,500 (Individual)<br>$3,000 (Family) | $3,400 (Individual)<br>$6,800 (Family) |
| CITY HSA CONTRIBUTION | N/A | N/A | $700 (Individual)<br>$1,700 (Family) |
| CALENDAR YEAR OUT-OF-POCKET MAXIMUM | $6,350 (Individual)<br>$12,700 (Family) | $6,350 (Individual)<br>$12,700 (Family) | $6,350 (Individual)<br>$12,700 (Family) |
| COINSURANCE | Plan pays 80% | Plan pays 80% | Plan pays 80% |
| PREVENTIVE CARE | Plan pays 100% | Plan pays 100% | Plan pays 100% |
| OFFICE VISITS (PRIMARY CARE PHYSICIAN/ SPECIALIST) | $25 copay/$50 copay | $25 copay/$50 copay | Plan pays 80% after deductible is met |
| URGENT CARE FACILITY | $40 copay | $40 copay | Plan pays 80% after deductible is met |
| INPATIENT FACILITY AND SERVICES | Plan pays 80% after deductible is met | Plan pays 80% after deductible is met | Plan pays 80% after deductible is met |
| OUTPATIENT FACILITY AND SERVICES | Plan pays 80% after deductible is met | Plan pays 80% after deductible is met | Plan pays 80% after deductible is met |
| EMERGENCY CARE | $300 copay + 20% after deductible is met | $300 copay + 20% after deductible is met | Plan pays 80% after deductible is met |
| ENHANCED FACILITY BENEFIT (FACILITY CHARGES ONLY — BAYLOR OR METHODIST IN THE DFW AREA) | N/A | Plan pays 90% after deductible is met | Plan pays 90% after deductible is met |
| CVS MINUTE CLINIC/ WALGREENS HEALTHCARE CLINIC | $40 copay | $40 copay | Plan pays 80% after deductible is met |
| TELEHEALTH CONNECTION (MDLIVE) | $15 copay | $15 copay | Plan pays 100% after deductible is met |



## Enhanced Benefit Facility Tier (Copay and HSA Plans)

The Blue Choice Copay and Blue Choice HSA Medical plans offer an enhanced facility benefit that will increase the benefits you receive when you use certain BCBSTX network facilities.

When you visit a regular BCBSTX in-network facility for care, the plan pays your facility charges at 80% coinsurance after you meet your deductible. When you visit a facility that is part of the enhanced benefit tier, the plan pays your facility charges at **90% coinsurance** after you meet your deductible. This enhanced benefit applies to facility charges only — all other charges (physician fees, lab services, etc.) are paid at your plan's regular levels.

The enhanced benefit tier includes many Baylor and Methodist facilities all over the DFW Metroplex. Please call the number on the back of your ID card to have a Benefit Value Advisor assist you in finding a facility and scheduling an appointment.

## Blue Essentials Network Information

The Blue Essentials PCP Medical plan uses the Blue Essentials (HMO) network, which is a Texas-only network limited to doctors, specialists, and hospitals in your area. While the network is smaller, rest assured that Blue Essentials providers offer top-tier quality and cost-efficiency. And if you need care while traveling, you can use doctors or hospitals in the Away from Home Care feature.

Blue Essentials PCP plan participants must select a Primary Care Physician (PCP) and get referrals from them for all other care except for the following: emergencies, obstetrical and gynecological services, behavioral health/chemical dependency services, and annual diabetic retinal eye exams. Doctors that you can designate as your PCP include family practitioners, general practitioners, internists, obstetricians and gynecologists, and pediatricians.

Having one health care expert — your PCP — to coordinate all of your health care needs can help keep your costs and your health on track. And an early diagnosis and treatment can keep many common health issues from getting worse.

**Note:** This Medical plan is only available to those who live in Texas in a Blue Essentials network area. It is not recommended for those who travel outside of Texas for long periods or who have a dependent living out-of-state.

### Facility Charges

**WHAT ARE FACILITY CHARGES?**

Facility charges include costs for running the facility, such as supplies, equipment, exam rooms, and inpatient and outpatient rooms.

**FACILITY CHARGES DO NOT INCLUDE**

Physicians' fees, office visits, lab work, anesthesiologist, and prescription drugs and medications.

# Your Cost for Medical Care

## BLUE ESSENTIALS PCP (PRIMARY CARE PHYSICIAN) PLAN

| BLUE ESSENTIALS (HMO) NETWORK (NARROW TEXAS-ONLY PROVIDER NETWORK, IN-NETWORK BENEFITS ONLY) | |
|---|---|
| LIFETIME MAXIMUM | Unlimited |
| CALENDAR YEAR DEDUCTIBLE | $1,500 (Individual); $3,000 (Family) |
| CALENDAR YEAR OUT-OF-POCKET MAXIMUM (COMBINED WITH PHARMACY) | $6,350 (Individual); $12,700 (Family) |
| COINSURANCE | Member pays 20%; Plan pays 80% after deductible is met |
| OFFICE VISITS | Primary Care Physician $25 copay/Specialist $50 copay |
| X-RAY AND LAB WORK | Plan pays 80% after deductible is met* |
| PREVENTIVE CARE | Plan pays 100% (in-network only) |
| OUTPATIENT SERVICES | Plan pays 80% after deductible is met |
| INPATIENT SERVICES | Plan pays 80% after deductible is met |
| EMERGENCY CARE | $300 copay + 20% coinsurance per visit after deductible is met |
| URGENT CARE VISITS | $40 copay per visit |
| ENHANCED FACILITY BENEFIT | N/A |
| RX COVERAGE PRIME THERAPEUTICS) | See page 14 for program details |
| RETAIL HEALTH CLINIC | $40 copay |
| TELEHEALTH (MDLIVE) | $15 copay |

* In order for these services to be covered under your office visit copay, they must be performed and billed by your physician's office. If they are performed and/or billed by a third party, they will be subject to the plan's deductible and coinsurance.

You will pay the listed copay amount no matter how much you have spent on health care services throughout the year. The copay will not count toward your deductible, but it will count toward your out-of-pocket maximum.

**Important Notes:**

- You must select a Primary Care Physician (PCP) that can be a family practitioner, general practitioner, internist, obstetrician and gynecologist, and pediatrician, and get referrals for care except for the following: emergencies, obstetrical and gynecological services, behavioral health/chemical dependency services, and annual diabetic retinal eye exams.
- This plan utilizes a Texas Blue Essentials network and is limited to doctors, specialists, and hospitals in the state. It is only available if live in Texas. Care is available while traveling, but the plan is not recommended for if you travel outside of Texas for long periods or have a dependent living out-of-state.

| FULL-TIME EMPLOYEE BI-MONTHLY CONTRIBUTIONS BASED ON ANNUAL BASE SALARY [1,2] | | | | | | |
|---|---|---|---|---|---|---|
| | UNDER $47,000 | | $47,000–$69,000 | | $69,000+ | |
| PCP PLAN | EMPLOYEE | EMPLOYER [3] | EMPLOYEE | EMPLOYER [3] | EMPLOYEE | EMPLOYER [3] |
| EMPLOYEE ONLY | $16.54 | $412.78 | $22.05 | $407.27 | $27.57 | $401.76 |
| EMPLOYEE + SPOUSE | $230.43 | $701.15 | $244.21 | $687.37 | $257.99 | $673.58 |
| EMPLOYEE + CHILD(REN) | $72.22 | $732.32 | $83.24 | $721.30 | $94.27 | $710.27 |
| EMPLOYEE + FAMILY | $252.48 | $962.57 | $269.01 | $946.04 | $285.55 | $929.50 |

1. Per paycheck (24 out of 26) – Regular Part-Time Employee Bi-Monthly Contributions located on page 12.
2. Pending Council approval.
3. Employer rates are provided to show what the City contributes to benefit premium costs.

## BLUE CHOICE COPAY PLAN

| BLUE CHOICE NETWORK (IN-NETWORK BENEFITS ONLY) | |
|---|---|
| LIFETIME MAXIMUM | Unlimited |
| CALENDAR YEAR DEDUCTIBLE | $1,500 (Individual); $3,000 (Family) |
| CALENDAR YEAR OUT-OF-POCKET MAXIMUM (Combined with Pharmacy) | $6,350 (Individual); $12,700 (Family) |
| COINSURANCE | Member pays 20%; Plan pays 80% after deductible is met |
| OFFICE VISITS | Primary Care Physician $25 copay/Specialist $50 copay |
| X-RAY AND LAB WORK | Plan pays 80% after deductible is met* |
| PREVENTIVE CARE | Plan pays 100% (in-network only) |
| OUTPATIENT SERVICES | Plan pays 80% after deductible is met |
| INPATIENT SERVICES | Plan pays 80% after deductible is met |
| EMERGENCY CARE | $300 copay + 20% coinsurance per visit after deductible is met |
| URGENT CARE VISIT | $40 copay per visit |
| ENHANCED FACILITY BENEFIT | Plan pays 90% after deductible is met when you use either Baylor or Methodist Hospitals in Dallas/Fort Worth. This applies to facility charges only. All other charges are paid at 80% after deductible is met. |
| RX COVERAGE (BCBSTX-Prime Therapeutics) | See page 14 for program details |
| RETAIL HEALTH CLINIC | $40 copay |
| TELEHEALTH (MDLIVE) | $15 copay |

* In order for these services to be covered under your office visit copay, they must be performed and billed by your physician's office. If they are performed and/or billed by a third party, they will be subject to the plan's deductible and coinsurance.

You will pay the listed copay amount no matter how much you have spent on health care services throughout the year.

The copay will not apply toward your deductible but will apply to your out-of-pocket maximum.

| FULL-TIME EMPLOYEE BI-MONTHLY CONTRIBUTIONS BASED ON ANNUAL BASE SALARY [1,2] | | | | | | |
|---|---|---|---|---|---|---|
| PREMIUM COPAY PLAN | UNDER $47,000 | | $47,000–$69,000 | | $69,000+ | |
| | EMPLOYEE | EMPLOYER [3] | EMPLOYEE | EMPLOYER [3] | EMPLOYEE | EMPLOYER [3] |
| EMPLOYEE ONLY | $43.17 | $408.41 | $49.81 | $401.77 | $56.45 | $395.13 |
| EMPLOYEE + SPOUSE | $324.10 | $503.74 | $340.70 | $487.14 | $357.30 | $470.54 |
| EMPLOYEE + CHILD(REN) | $133.49 | $625.55 | $146.77 | $612.27 | $160.06 | $598.99 |
| EMPLOYEE + FAMILY | $363.94 | $710.13 | $383.87 | $690.21 | $403.79 | $670.28 |

1. Per paycheck (24 out of 26) – Regular Part-Time Employee Bi-Monthly Contributions located on page 12.
2. Pending Council approval.
3. Employer rates are provided to show what the City contributes to benefit premium costs.

## BLUE CHOICE HSA PLAN

| BLUE CHOICE NETWORK (IN-NETWORK BENEFITS ONLY) | |
|---|---|
| CITY HSA CONTRIBUTION | $700 (Individual); $1,700 (Family) |
| LIFETIME MAXIMUM | Unlimited |
| CALENDAR YEAR DEDUCTIBLE | $3,400 (Individual); $6,800 (Family) |
| CALENDAR YEAR OUT-OF-POCKET MAXIMUM (Combined with Pharmacy) | $6,350 (Individual); $12,700 (Family) |
| COINSURANCE | Member pays 20%; Plan pays 80% after deductible is met |
| OFFICE VISITS | Plan pays 80% after deductible is met |
| X-RAY AND LAB WORK | Plan pays 80% after deductible is met |
| PREVENTIVE CARE | Plan pays 100% (in-network only), does not reduce HSA |
| OUTPATIENT SERVICES | Plan pays 80% after deductible is met |
| INPATIENT SERVICES | Plan pays 80% after deductible is met |
| EMERGENCY CARE | Plan pays 80% after deductible is met |
| SPECIALIST SERVICES AND URGENT CARE SERVICES | Plan pays 80% after deductible is met |
| ENHANCED FACILITY BENEFIT | Plan pays 90% after deductible is met when you use either Baylor or Methodist Hospitals in Dallas/Fort Worth. This applies to facility charges only. All other charges are paid at 80% after deductible is met. |
| RX COVERAGE (BCBSTX-Prime Therapeutics) | See page 14 for program details |
| RETAIL HEALTH CLINIC | Plan pays 80% after deductible is met |
| TELEHEALTH (MDLIVE) | Plan pays 100% after deductible is met |

| FULL-TIME EMPLOYEE BI-MONTHLY CONTRIBUTIONS [1,2] | | |
|---|---|---|
| **HSA PLAN** | **EMPLOYEE** | **EMPLOYER [3]** |
| EMPLOYEE ONLY | $17.37 | $422.94 |
| EMPLOYEE + SPOUSE | $241.95 | $583.60 |
| EMPLOYEE + CHILD(REN) | $75.83 | $681.12 |
| EMPLOYEE + FAMILY | $265.10 | $806.01 |

1. Per paycheck (24 out of 26) – Regular Part-Time Employee Bi-Monthly Contributions located on page 12.
2. Pending Council approval.
3. Employer rates are provided to show what the City contributes to benefit premium costs.

| REGULAR PART-TIME EMPLOYEE BI-MONTHLY CONTRIBUTION [1,2] | | |
|---|---|---|
| | EMPLOYEE | EMPLOYER [3] |
| **BLUE ESSENTIALS PCP PLAN** | | |
| EMPLOYEE ONLY | $65.99 | $363.33 |
| EMPLOYEE + SPOUSE | $277.83 | $653.74 |
| EMPLOYEE + CHILD(REN) | $180.59 | $623.95 |
| EMPLOYEE + FAMILY | $311.41 | $903.64 |
| **BLUE CHOICE PREMIUM COPAY PLAN** | | |
| EMPLOYEE ONLY | $156.59 | $294.99 |
| EMPLOYEE + SPOUSE | $340.30 | $487.54 |
| EMPLOYEE + CHILD(REN) | $304.29 | $454.75 |
| EMPLOYEE + FAMILY | $412.06 | $662.01 |
| **BLUE CHOICE HSA PLAN**** | | |
| EMPLOYEE ONLY | $32.91 | $407.39 |
| EMPLOYEE + SPOUSE | $277.83 | $547.72 |
| EMPLOYEE + CHILD(REN) | $180.59 | $576.35 |
| EMPLOYEE + FAMILY | $311.41 | $759.70 |

1. Per paycheck (24 out of 26).
2. Pending Council approval.
3. Employer rates are provided to show what the City contributes to benefit premium costs.

# BlueShield of Texas (BCBSTX) Programs

### BLUE ACCESS FOR MEMBERS (BAM)

Visit BCBSTX's secure website at **www.bcbstx.com/member** to get immediate online access to resources, including:

- Claim status and history
- Network provider search
- ID cards
- Cost treatment estimator tool
- Prescription drug access to **www.myprime.com**
- 24/7 nurse line
- Special Beginnings Maternity Program
- Management resources for chronic health conditions

### BENEFITS VALUE ADVISOR (BVA)

When you need help navigating your health care benefits, call a Benefit Value Advisor (BVA)! BVAs can help you:

- Maximize your benefits to get better value
- Get cost estimates for various providers and procedures
- Schedule appointments
- Find a doctor or facility
- Set up preauthorization

In addition, you can access *Provider Finder* to search for in-network providers and estimate the cost of your out- of-pocket expenses for hundreds of services. Just log in to your BAM account at **www.bcbstx.com/member** and click on *Doctors or Hospitals*.

## Blue Access for Members (BAM)

Access online resources for all of our medical plans using BAM by visiting **www.bcbstx.com/member** or scanning the QR code.

## BVA MEMBER REWARDS

Did you know that prices for the same quality medical services can differ by thousands of dollars within the same region and health plan network? That's why BCBSTX offers *Member Rewards* — a program that offers cash rewards when a lower-cost, quality provider is selected from several options.

## HOW DOES IT WORK?

1. When your doctor recommends a treatment, call a Benefits Value Advisor (BVA) at the number on the back of your member ID card, or log into BAM at **www.bcbstx.com/member** and click on the *Doctors or Hospitals* tab, then on *Find a Doctor or Hospital*.
2. Choose a Member Rewards eligible location, and you may earn a cash reward.
3. Complete your procedure and, once verified, you will receive a check within 4 to 6 weeks.

### Questions?

To learn more, text MYBVA to 33633 on your mobile phone (text and data charges may apply), or call the number on the back of your member ID card.

## BLUE DISTINCTION SPECIALTY CENTERS

BCBSTX has awarded specific hospitals and facilities with the Blue Distinction designation. These particular facilities have demonstrated expertise in delivering clinically proven specialty health care, available nationwide for the following specialty health care services: bariatric surgery, cardiac care, transplants, complex and rare cancers, knee and hip replacement surgery, and spine surgery.

Blue Distinction Centers are proven to have better outcomes and potentially lower costs for covered services. Blue Distinction Centers cover in-network services at 80%.*

* Exception: Coverage for transplants is 90% at the facility level.

If you exceed $599 in Member Rewards or Blue Points redemption, you will be sent a 1099 form that will need to be filed with your annual tax return.

## BLUE365 DISCOUNT PROGRAM

Blue365 offers discounts on a variety of health and wellness products and services from top retailers not covered by insurance, such as:

- Jenny Craig
- Sunbasket
- Nutrisystem
- Dental solutions
- Vision services
- TruHearing
- Beltone
- Fitbit American Hearing Benefits
- Reebok
- Skechers
- InVite Health
- Livekick
- eMindful
- And more

To sign up, just visit **www.blue365deals.com/bcbstx**.

## MANAGING DIABETES, OBESITY, AND GLP-1 WITH KEEPWELL™ BY VIDA HEALTH

Through your BCBSTX medical plan, you have access to KeepWell™, administered by Vida Health, which provides you with a personalized and effective path to wellness, supporting you with obesity, diabetes, hypertension, and high cholesterol.

Anyone enrolled in a City of Dallas medical plan through BCBSTX and utilizing GLP-1 medications for weight loss will need to participate in the KeepWell™ program to obtain access to your prescription.

# Pharmacy Coverage

When you need medication, ask your doctor or other prescriber if there is a generic option available, as these generally cost less and you may be eligible for an additional discount. Additionally, many diabetic and hypertension drugs are available at no cost for PCP and Copay plan participants. For Blue Choice HSA plan members, certain generic preventive drugs (including diabetic and hypertension drugs) are subject to 20% coinsurance, deductible waived. Qualifying drug lists are available on the City of Dallas Benefits website.

## Retail Pharmacy Network

Short-term medications can be filled at network pharmacies up to a 31-day supply. The BCBSTX-Prime Therapeutics Advantage Choice network includes more than 55,000 participating pharmacies nationwide. To locate a pharmacy, log in to **www.myprime.com**.

| | PCP PLAN | COPAY PLAN | HSA PLAN |
|---|---|---|---|
| GENERIC MEDICATIONS | $15 copay | $15 copay | You pay 20% after medical deductible is met |
| PREFERRED BRAND-NAME MEDICATIONS | $40 copay | $40 copay | You pay 20% after medical deductible is met |
| NON-PREFERRED BRAND-NAME MEDICATIONS (INCLUDES SPECIALTY DRUG FORMULARY) | $75 copay | $75 copay | You pay 20% after medical deductible is met |

## Long-Term (Maintenance) Medications

The City's prescription drug coverage offers you choice and savings when it comes to filling long-term or maintenance prescriptions (up to a 90-day supply). You have two ways to save, and you can easily order refills and manage your prescriptions anytime at **www.myprime.com** or by scanning the QR code.

### RETAIL PHARMACY

- Pick up your maintenance medication at a time that is convenient for you at a retail pharmacy.
- Enjoy same-day prescription availability.
- Talk with a pharmacist face-to-face.

### MAIL SERVICE PHARMACY

- Enjoy convenient home delivery of your prescriptions with Express Scripts® Pharmacy by Evernorth.
- Sign up at **www.express-scripts.com/rx**, scan the QR code, or call **(833) 715-0942**.
- Your doctor can fax, call, or send your prescription electronically to Express Scripts® Pharmacy. They may call **(888) 327-9791** for assistance.

### GENERIC STEP THERAPY

For certain high-cost prescription drugs, you may need to try two alternative, generic medications first before "stepping up" to a more costly treatment. Your pharmacist will let you know at the time of purchase if your prescription requires step therapy.

### DISPENSE AS WRITTEN PENALTY

If you elect to fill a brand-name medication when a generic is available, you will pay your generic copay AND the cost difference between the brand-name and the generic medication. Generic drugs can save you money. They are chemically equivalent to brand-name medications, but they generally cost a fraction of the price.

## GLP-1 Medications

Anyone enrolled in a City of Dallas medical plan through BCBSTX and utilizing GLP-1 medications for weight loss will need to participate in the KeepWell™ program to obtain access to your prescription. See page 13 for program details.

## SPECIALTY DRUG FORMULARY PRESCRIPTIONS

Certain specialty drug formulary prescriptions—medications used to treat complex conditions like cancer, multiple sclerosis, and autoimmune disorders—must be filled with a drug on BCBSTX-Prime Therapeutics' approved list. If you choose to fill your prescription with a drug on the "non-covered" list, you will be required to pay the full cost of that drug. Please visit **www.cityofdallasbenefits.org** for a list of both the covered and non-covered drugs on the Performance Select Drug List.

Your specialty pharmacy is managed through Advocate+, where you can get support from care specialists that will help you understand your prescriptions. Advocate+ will match your prescription to a pharmacy that helps you save time and money while giving you the best care.

For additional specialty pharmacy information through Advocate+, please call the phone number listed on the back of your member ID card, or by call **(833) 950-3858**.

## COST PLUS DRUGS

The City of Dallas is proud to offer an additional Mail-Order Pharmacy option to our valued employees: The Mark Cuban Cost Plus Drug Co., known as Cost Plus Drugs.

Cost Plus Drugs is based right here in Dallas and offers more than 1,000 of the most commonly prescribed generic medications at low prices. And you can see exactly how much your prescription will cost before you buy it, thanks to Cost Plus Drugs' transparent pricing model.

To use Cost Plus Drugs, follow these simple steps:

1. Visit **www.costplusdrugs.com/medications** or scan the QR code and check to see whether your prescription is available.
   a. If it is, proceed to step 2.
   b. If it is not, you will have to fill your prescription through another pharmacy.
2. Create your account and complete your User Profile at **www.costplusdrugs.com/create-account**. If you participate in the City's medical plan, be sure to add your BCBSTX insurance information when prompted.
3. Ask your doctor to write a new prescription that includes ALL of the following information:
   a. Name
   b. Date of Birth
   c. Email address (must match the email address provided in your User Profile)
   d. Medication(s), including quantity and dosage
4. Give your doctor the following information for the Cost Plus Drugs pharmacy so that he or she can submit your prescription electronically:
   a. Mark Cuban Cost Plus Drug Company
   b. NCPDP ID #3689568

Cost Plus Drugs will match the prescription to your account and notify you via email. Then, you may log in and order your medications!

### Questions?

If you have questions about Cost Plus Drugs:

- Visit the Cost Plus Drugs FAQ page at **www.costplusdrugs.com/faq**.
- Learn more or explore the website at **www.costplusdrugs.com**.
- Contact Cost Plus Drugs directly via the online support form at **www.costplusdrugs.com/contact/support**.

# Telehealth MDLive

With MDLive, you can connect with a board-certified doctor 24/7, 365 days a year, through the convenience of phone or video consults from the comfort of your own home.

MDLive doesn't replace your primary care physician but is a convenient option for quality care when needed. You can use an MDLive network provider whether you're at home, at work, on vacation, or while traveling in the U.S. or internationally.

MDLive physicians can write prescriptions according to the regulatory guidelines of your state and can treat many of the most common medical conditions, including:

- Colds and flu (but not COVID-19)
- Fever
- Headache
- Stomach ache
- Urinary tract infection (UTI)
- And more

With a national network of experienced physicians, you don't need to wait for care, and you will always speak with doctors who are licensed in the state in which you live.

To learn more or start a visit, go to **www.bcbstx.com/member** or download the MDLive app available in the App Store and Google Play. For MDLive costs, please see **page 7** of this guide.

## Contact MDLive

Scan the QR code or go to **www.bcbstx.com/member** or download the MD Live app, available in the App Store and Google Play.

# Health Advocate Retiree Concierge

Retirement is an important milestone, but it can also come with many questions about health care and Medicare.

The City of Dallas has partnered with Health Advocate to help make navigating your health care easier. Whether you're considering retirement, a current pre-65 or post-65 retiree, or transitioning to post-65, Health Advocate's experts can walk you through all of your choices so you can make the best decisions. This benefit is available at no cost to you.

**HEALTH ADVOCATE CAN:**

- Answer questions about the benefits provided by the City of Dallas.
- Explain your Medicare and City of Dallas health plan options, and help choose the best plan for you by comparing coverage costs and features.
- Review the many plans and parts of Medicare, what each covers, and what they cost.
- Discuss the City of Dallas' Comeback Provision for retirees.
- Inform you about enrollment deadlines and when to sign up to avoid paying late Medicare enrollment penalties.

## Contact Health Advocate:

- Email **answers@HealthAdvocate.com**
- Call **(866) 799-2731**
- Visit **www.HealthAdvocate.com/cityofdallas** or scan the QR code to send a message or chat live with a representative

# Employee Assistance Program

ComPsych GuidanceResources, our no-cost Employee Assistance Program (EAP), offers assistance and support for all of life's concerns, such as stress and anxiety, financial and legal issues, substance abuse, grief and loss, and more. The EAP covers up to eight visits per member, per unique problem, per year. Once you've used these free sessions, you can use your BCBSTX network benefits to keep seeing the same therapist in most cases. Employees, dependents (spouse and children), and household members (partner, in-law, etc.) are eligible for services.

## Emotional Support

A trained mental health professional can counsel you through concerns like:

- Sadness, worry, and stress
- Alcohol or drug use
- Grief, loss, and personal struggles
- Conflicts with people in your life

## Check Off Your To-dos

Specialists can help you find:

- Child care, elder care, or pet care
- Movers or home repair services
- And much more

## Have Legal Questions Answered

Talk to a lawyer for help with legal questions, including:

- Divorce, adoption, and family law
- Wills and trusts
- Landlord/tenant issues

## Get Help with Your Finances

Financial experts can help with a wide range of money matters. Call to discuss:

- Retirement planning or taxes
- Relocation, mortgages, or insurance
- Budgeting, debt, or bankruptcy

## Access Online Tools 24/7

GuidanceResources Online offers a variety of information and support:

- Articles, podcasts, videos, and slideshows
- On-demand trainings
- "Ask the Expert" responses to your questions

## Three Ways to Access

- Call **(844) 213-8968**
- **www.guidanceresources.com** (Web ID: BCBSTXEAP)
- Download the GuidanceNow app on your smartphone

## Headway

Headway helps you get matched with the right provider for your mental health care needs. Whether you know what you need or aren't sure where to start, Headway will help you find the right fit based on your clinical needs and personal preferences.

- Headway offers same-day matching with providers who have openings within 48 hours.
- You can schedule in-person or virtual appointments.
- Headway offers a diverse network of over 4,000 providers in Texas, with over 1,200 that specialize in child and adolescent care.

**GET STARTED**

1. Find matching support at **www.headway.co/m/cityofdallas**.
2. Filter your preferences, such as race/ethnicity, gender, and language to find the right provider.
3. Add your insurance details to see your cost before you schedule an appointment. You can schedule an appointment on the website for the provider of your choice.

# Wellness Programs

## Kannact Diabetes and Hypertension Management Program

Living with diabetes or hypertension can be overwhelming, and it can be difficult knowing how to begin self-management. That's why there's Kannact! Kannact is a better way to manage these chronic conditions and gives you the tools and support needed to be successful in your health journey. It's an optional, no-cost benefit for City of Dallas employees and their covered dependents enrolled in a City Medical plan. Enroll today and get:

- **Free** medical devices and supplies delivered to your door, so you can easily monitor your vitals at home
- A dedicated, **certified diabetes coach** to help you self-manage your condition
- A **personalized action plan** based on your lifestyle
- A **mobile app** that is customizable to your needs

Sign up is easy, confidential, and takes less than five minutes to complete. Go to **www.kannact.com/cityofdallas** or scan the QR code to get started.

Once you've enrolled, you'll be assigned a dedicated certified diabetes coach to help support your health. Please note: If you have enrolled in Kannact previously, you do not need to re-enroll.

**Questions?** Contact Kannact at **(855) 722-5513** or **support@kannact.com**.

## Airrosti

Airrosti is an in-network health care provider under the City's BCBSTX Medical plans that provides rapid recovery treatment for soft tissue injuries. The goal with a treatment plan through Airrosti is to fix pain fast (within 3-4 visits) based on patient-reported outcomes. Airrosti providers help diagnose and treat most common musculoskeletal and joint conditions, including pain in the neck, back, shoulders, hips, elbows, knees, and feet.

You can choose from two care options — make an appointment in person or connect with an Airrosti provider virtually.

For all City of Dallas health plan members:

- EPO/Copay Plan – $50 Copay
- HMO Plan – $50 Copay
- HDHP/HSA Plan – Deductible/Coinsurance

## Navigate Wellness Portal

Navigate is the City's total well-being portal and dedicated resource hub for all City of Dallas wellness information. Navigate helps all team members and retirees focus on their Social, Financial, Mental, Physical, and Community well-being.

The portal provides resources, such as online learning tools, videos, well-being assessments, group challenges, personal challenges, and much more, to help all City employees achieve their Social, Financial, Mental, Physical, and Community well-being goals.

To get started, scan the QR code or visit **www.wellbeingfirstabalancedyou.com**. If you have questions or need assistance, contact the City of Dallas Wellness Team at **citywellnesscenters@dallas.gov**.


## Wondr Health

Wondr is a weight-loss program that is clinically proven to help you lose weight, sleep better, stress less, and more. This program teaches you simple skills that are based on behavioral science, so you can enjoy your favorite foods and feel better than ever — at no cost to you.

To enroll in Wondr Health, go to: **www.wondrhealth.com/cityofdallas** or scan the QR code.

Employees, spouses, and covered dependents age 18 and over enrolled in the BCBSTX Medical plan are eligible to apply to the program.

# Dental Coverage

The City of Dallas offers two Dental plans through Delta Dental — Dental PPO (DPPO) and Dental HMO(DHMO). Both plans offer valuable features to save you money on dental care.

| DENTAL PLAN COMPARISON | DENTAL PPO | DENTAL HMO |
|---|---|---|
| CHOICE OF DENTIST | You may use any dentist you wish. When you choose a Delta Dentist, though, you receive service at discounted prices.<br>When you use a non-Delta dentist, you pay more out of your own pocket since you're responsible for 100% of the amount the dentist charges that exceeds Delta Dental's program allowance. | Plan requires you to pre-select in-network dentists at the time of enrollment.[1]<br>You MUST pre-select a dental provider to be able to use your benefits. You will not be able to see a dentist until you select a provider. |
| SPECIALTY CARE | No referral needed. | Your dentist will provide you with a referral to an in-network specialist. |
| IN-NETWORK DISCOUNT | Participating dentists have agreed to accept negotiated fees as payment in full for in-network services. | Plan provides access to hundreds of dental services that may be lower than your cost would be without the plan.[2] |
| BENEFITS | Plan covers a percentage of an in-network dentist's negotiated fee or the program allowance for non-Delta Dental dentists. | Plan has no annual maximums, deductibles, or claims. You are responsible for the copayments for each covered procedure performed. |

## Finding a Delta Dental Participating Dentist

- Visit **www.deltadentalins.com** and click on *Find a Dentist*.
- Enter your zip code and select your plan network
  - DPPO dentists, choose Delta Dental PPO network[3]
  - DHMO dentists, choose DeltaCare USA network

## Create an Online Account

Get information about your plan anytime, anywhere by signing up for an online account. Visit **www.deltadentalins.com** or scan the QR code, then click *Log In* in the upper right-hand corner. This useful service lets you check benefits and eligibility information, find a network dentist, and more.

1. If your first-choice provider is no longer accepting DHMO patients or is no longer a part of the DHMO network, you must select another in-network provider before plan benefits can begin.
2. Certain limitations apply to some services. Please refer to your Schedule of Benefits at **www.cityofdallasbenefits.org** for full details.
3. If you do not locate a provider in the PPO network, your next best option is to search for a Delta Dental Premier dentist before selecting a non-Delta dentist.

# Dental PPO Plan

**With the City of Dallas' Dental PPO plan, you may use any dentist you wish. When you choose a Delta Dentist, though, you receive services at discounted prices.**

**When you use a non-Delta dentist, you pay more out of your own pocket since you're responsible for 100% of the amount the dentist charges that exceed Delta Dental's program allowance.**

| | IN-NETWORK | OUT-OF-NETWORK |
|---|---|---|
| DEDUCTIBLE (PER PERSON*) | $50 | $50 |
| ANNUAL MAXIMUM BENEFIT (PER PERSON) | $1,750 | $1,750 |
| ORTHODONTIA LIFETIME MAXIMUM (PER PERSON) | $1,750 | $1,750 |
| **COVERAGE TYPE** | **PLAN PAYS % OF NEGOTIATED FEE**** | **PLAN PAYS % OF PROGRAM ALLOWANCE**** |
| **PREVENTIVE[1]** | | |
| • Exams<br>• Cleanings (2 per calendar year)<br>• X-rays<br>• Sealants<br>1. Services do not apply to annual maximum | 100% | 100% |
| **BASIC** | | |
| • Fillings<br>• Extractions<br>• Oral surgery<br>• Non-surgical periodontics<br>• General anesthesia: When administered by a provider for covered oral surgery or selected endodontic and periodontal surgical procedures | 80% after deductible | 80% after deductible |
| **MAJOR[2]** | | |
| • Crowns, dentures, bridges<br>• Endodontics<br>• Surgical periodontics<br>2. Implants not covered | 50% after deductible | 50% after deductible |
| **TYPE D – ORTHODONTIA (Adults and Dependent Children up to Age 26)** | | |
| • All dental procedures performed in connection with orthodontic treatment are payable as orthodontia | 50% | 50% |

| DENTAL PPO | BI-MONTHLY RATE |
|---|---|
| EMPLOYEE ONLY | $22.27 |
| EMPLOYEE + SPOUSE | $40.97 |
| EMPLOYEE + CHILD(REN) | $41.50 |
| EMPLOYEE + FAMILY | $57.89 |

* Subject to limitations, additional charges, and exclusions. **Note**: Child(ren)'s eligibility for Dental coverage is from birth up to age 26.

** Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing, and benefits maximums. Negotiated fees are subject to change.

# Dental HMO Plan

The DHMO Plan offers a wide range of dental benefits through a network of participating dentists. With this plan, you are responsible for copayments associated with each covered procedure.

**This plan offers lower out-of-pocket costs on more than 400 procedures**.

Here are some of the services in this plan, all of which will help you lower your dental care costs.

| | COPAYMENT |
|---|---|
| OFFICE VISIT | $5 per visit (including all fees for sterilization and/or infection control) |
| PREVENTIVE SERVICES VISIT (cleanings, exams, fluoride, x-rays) | No Cost |
| CROWNS | $160 – $380 (resin, porcelain, metal, or titanium) |
| ORTHODONTICS | $2,100 adults*<br>$1,900 children* |
| OSSEOUS SURGERY | $275 – $345 |
| ROOT CANALS | $110 – $380 |
| EXTRACTIONS | $5 – $130 (higher cost for impacted tooth) |
| GENERAL ANESTHESIA AND IV SEDATION | $80 |
| CLEANINGS (every 6 months) | No cost per 6-month period;<br>additional cleanings within the 6-month period: $45 adults/$35 children |
| PERIODONTAL CLEANINGS (every 6 months) | $40 per 6-month period;<br>additional periodontal cleanings within the 6-month period: $55 |
| IMPLANTS | Not covered |

* Additional charges for pre-treatment exam, treatment planning session, orthodontic retention, and pre- and post-orthodontic records.

| DENTAL HMO | BI-MONTHLY RATE |
|---|---|
| EMPLOYEE ONLY | $6.17 |
| EMPLOYEE + SPOUSE | $11.35 |
| EMPLOYEE + CHILD(REN) | $11.41 |
| EMPLOYEE + FAMILY | $16.05 |

## You Must Select a Provider

**Please note**: If you elect the Delta Dental HMO Plan, you MUST select a dental provider to be able to use your benefits. You will not be able to see a dentist until you elect a provider.

# Vision Coverage

Healthy eyes and clear vision are an important part of your overall health and quality of life. Your Vision plan through Davis Vision by MetLife helps you care for your eyes while saving you money.[1] Choose from a national network of independent, private practice doctors, or select retail partners in 50 states. Visit **www.mybenefits.metlife.com** to find providers in your network.

| IN-NETWORK BENEFITS | HIGH PLAN | LOW PLAN |
|---|---|---|
| **FREQUENCY** | | |
| EYE EXAM | Once every calendar year | Once every calendar year |
| CONTACT LENS EVALUATION AND FITTING | Once every calendar year | Once every calendar year |
| FRAMES | 2 pairs per calendar year or mix and match with contacts | Once every other calendar year |
| SPECTACLE LENSES | Once every calendar year or mix and match with contacts | Once every calendar year |
| CONTACT LENSES | 2 pairs per calendar year or mix and match with glasses | Once every calendar year in lieu of glasses |
| **COPAY** | | |
| EYE EXAM | $10 | $10 |
| RETINAL IMAGING | $39 | $39 |
| CONTACT LENS EVALUATION, FITTING, AND FOLLOW-UP CARE | $10 | $20 |
| SPECTACLE LENSES | 10 | $20 |
| **FRAMES** | | |
| ANY FRAME IN THE EYE CARE PROFESSIONAL'S OFFICE | 20% off balance after $150 allowance[2]<br>OR<br>Covered-in-full frames at Visionworks locations[3] | 20% off balance after $140 allowance[2]<br>OR<br>Covered-in-full frames at Visionworks locations[3] |
| DAVIS VISION FASHION/DESIGNER/ PREMIER FRAME COLLECTION[2] | $0/$0/$0 (in lieu of allowance) | $0/$0/$25 (in lieu of allowance) |
| **SPECTACLE LENSES** | | |
| SINGLE VISION, LINED BIFOCAL, LINED TRIFOCAL, LENTICULAR, OVERSIZE | $10 | $20 |
| GRADIENT OR SOLID TINTING | $0 | $15 |
| BASIC SCRATCH-RESISTANT COATING | $0 | $0 |
| POLYCARBONATE LENSES | $0 | $0[4] or $35 |
| UV COATING | $0 | $15 |
| STANDARD AR COATING | $0 | $40 |
| STANDARD PROGRESSIVE | $0 | $65 |
| **CONTACTS** | | |
| EVALUATION AND FITTING<br>• Davis Vision collection[2]<br>• Non-Davis Vision collection | $10<br>15% discount after $60 allowance[2,5] | $20<br>15% discount after $60 allowance[2,5] |
| ELECTIVE<br>• Davis Vision collection[2]<br>• Non-Davis Vision collection | $0 (up to 8 boxes)<br>15% discount after $130 allowance[2,5] | $0 (up to 4 boxes)<br>15% discount after $130 allowance[2,5] |
| • Visually Required (with prior approval) | $0 | $0 |

See footnotes on the bottom of the next page.

# Locate an In-Network Eye Care Professional

Visit **www.mybenefits.metlife.com** or call (833) 393-5433 to find an in-network eye care professional.

# Out-of-Network Benefits

| REIMBURSEMENT AMOUNT | HIGH PLAN | LOW PLAN |
|---|---|---|
| EYE EXAM | Up to $40 | Up to $45 |
| FRAMES | Up to $50 | Up to $50 |
| SPECTACLE LENSES (Single Vision/ Bifocal/Trifocal/ Lenticular) | Up to $40/$60/ $80/$100 | Up to $40/$60/ $80/$90 |
| CONTACT LENSES (Elective/Visually Required) | Up to $105/$225 | Up to $120/$225 |

| VISION BI-MONTHLY RATE | HIGH PLAN | LOW PLAN |
|---|---|---|
| EMPLOYEE ONLY | $5.88 | $3.34 |
| EMPLOYEE + SPOUSE | $10.75 | $6.10 |
| EMPLOYEE + CHILD(REN) | $11.27 | $6.40 |
| EMPLOYEE + FAMILY | $17.31 | $9.82 |

1. Refer to the plan summary for a complete list of lens options and applicable member charges.
2. The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change. Collection is inclusive of select toric and multifocal contacts.
3. Additional discounts not applicable at Walmart, Sam's Club, or Costco locations.
4. The free frame benefit is available at all Visionworks locations nationwide and includes all frames except Maui Jim eyewear.
5. Including, but not limited to toric, multifocal, and gas permeable contact lenses.
6. The breakage warranty applies to Davins Collection frames and the lenses installed in them for one year from the date of delivery. The warranty does not apply to non-Collection frames.

# Value-Added Features and Extras

- **Paid-in-full eyeglasses and contacts**
  - Frame collection:[2] The plans include a selection of designer, name-brand frames that are covered for no more than a $25 copay.
  - Contact lens collection:[2,5] Select from the most popular contact lenses on the market today with Davis Vision by MetLife's contact lens collection.
- One-year eyeglass breakage warranty included on Davis Collection frames and lenses at no additional cost.[6]
- A national network of top-notch eye care professionals throughout the 50 states.
- Use your in-network benefits to shop online at **www.1800Contacts.com**, **www.Befitting.com**, and **www.Glasses.com**.
- Freedom of choice with access to care through either Davis Vision by MetLife's network of independent, private practice doctors (optometrists and ophthalmologists), or select retail partners.
- Additional value-added features.
  - Ordering contact lenses or replacement contacts (after initial benefit) through **www.DavisVisionContacts.com** mail-order service ensures easy, convenient purchasing online and quick, direct shipping to your door.
  - Davis Vision by MetLife provides you and your eligible dependents with the opportunity to receive discounted laser vision correction through QualSight. For more information, visit **www.mybenefits.metlife.com**. In addition, a one-time/lifetime allowance of $500 is available.
  - Hearing services receive discounts of up to 40% off with the Your Hearing Network.

# Claims

Pay the provider directly for all charges and then submit a claim for reimbursement to:

**Vision Care Processing Unit**
**P.O. Box 1525**
**Latham, NY 12110**

Or, submit your claim via the Davis Vision by MetLife mobile app.

# Health Savings Account (HSA)

The Blue Choice HSA Plan offers a tax-savings feature called the Health Savings Account (HSA). With this account, you can pay for certain out-of-pocket medical expenses throughout the year. You can also enroll in the Limited Purpose Flexible Spending Account (FSA) to help you cover eligible out-of-pocket dental and vision expenses.

## Who is Eligible for the HSA?

You can participate in the HSA only if you enroll in the Blue Choice HSA plan. You are not eligible to contribute if:

- You are enrolled in Medicare.
- You are covered by another Medical plan (such as your spouse's plan) that does not qualify as a high deductible health plan.
- You are claimed as a dependent on another individual's tax return.
- You or your spouse participates in a Health Care Flexible Spending Account (FSA) at the City or at your spouse's employer.

**Note**: Even if you do not contribute to the HSA, you cannot contribute to the City's Health Care FSA if you are enrolled in the Blue Choice HSA Medical plan. However, you can contribute to the City's Limited Purpose FSA if you are enrolled in the Blue Choice HSA Medical plan.

### Learn More

To learn more, view our FAQ document at www.cityofdallasbenefits.org.

## Prorated HSA Funds

If you enroll as a new hire or experience a Qualifying Life Event (QLE) after January 31, the funds allocated to your account balance will be reduced based on the table below.

| ENROLLMENT MONTH | EMPLOYEE ONLY | EMPLOYEE + FAMILY |
|---|---|---|
| JANUARY | $700.00 | $1,700.00 |
| FEBRUARY | $641.67 | $1,558.33 |
| MARCH | $583.33 | $1,416.66 |
| APRIL | $525.00 | $1,275.00 |
| MAY | $466.67 | $1,133.33 |
| JUNE | $408.33 | $991.66 |
| JULY | $350.00 | $850.00 |
| AUGUST | $291.67 | $708.33 |
| SEPTEMBER | $233.33 | $566.67 |
| OCTOBER | $175.00 | $425.00 |
| NOVEMBER | $116.67 | $283.33 |
| DECEMBER | $58.33 | $141.67 |

### Accessing Your Funds

1. Pay with your HSA Debit Card, which will automatically debit your HSA balance at the point of purchase.
2. Pay your bill online to pay medical providers directly from your HSA.
3. Pay for expenses out of your own pocket, then reimburse yourself from your HSA.

# HSA Details

- The HSA is available when you enroll in the Blue Choice HSA Medical Plan and remain continuously enrolled.
- You can use the HSA to help 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.
- You must use your HSA Debit Card or use online transfers through the website to access HSA funds. Claims will not be automatically paid.
- If you contribute to your HSA, the City will contribute up to $700 to your HSA for employee-only coverage or up to $1,700 to your HSA for family coverage.
- Your HSA contribution does not count as taxable income. That means you can cover eligible medical, dental, and vision costs with tax-free dollars.
- Your HSA balance rolls over from year to year and there are no "use it or lose it" rules. The HSA is an employee-owned account and you can take it with you even if you are no longer employed at the City of Dallas.

| COVERAGE LEVEL | TOTAL HSA CONTRIBUTION ALLOWED IN 2026 | ADDITIONAL CATCH-UP CONTRIBUTION (AGE 55+) |
|---|---|---|
| EMPLOYEE ONLY | $4,400 | $1,000 |
| EMPLOYEE + DEPENDENTS | $8,750 | $1,000 |

# Flexible Spending Accounts (FSAs)

A Flexible Spending Account (FSA) allows you to save money by using "before-tax" dollars to pay for certain health care and dependent care expenses. To enroll, you elect an amount to be deducted pretax from your paycheck over 24 pay periods and deposited into your FSA. Then, you may request reimbursement from the account when eligible expenses are incurred.

## Learn More

To learn more, view our FAQ document at www.cityofdallasbenefits.org.

## Payroll Deduction

| MEDICAL SPENDING FSA (NOT COMPATIBLE WITH HSA PLAN) | LIMITED PURPOSE FSA (COMPATIBLE WITH HSA PLAN) | DEPENDENT CARE FSA (COMPATIBLE WITH ALL PLAN OPTIONS) |
|---|---|---|
| **ELECT UP TO $3,300 TAX-FREE** | **ELECT UP TO $3,300 TAX-FREE** | **ELECT UP TO $7,500 TAX-FREE** |
| • Your Medical Spending FSA may be used to reimburse out-of-pocket medical expenses for you, your spouse, and your dependents.<br>• Eligible expenses include deductibles, coinsurance, and prescriptions. Dental, vision, and hearing expenses may also be reimbursed.<br>• The maximum annual Medical Spending FSA election is $3,300. The entire annual amount you elect may be used at any time during the plan year and is available January 1.<br>• The funds you elect **will not** roll over year to year; however, the City of Dallas offers a grace period where you can use remaining 2026 funds by March 15, 2027. After this date, any remaining funds will be forfeited. | • If you have elected to contribute to an HSA in 2026, you may also enroll in a Limited Purpose FSA, even though both accounts may reimburse dental and vision expenses.<br>• To comply with HSA rules, your Limited Purpose FSA may only be used to reimburse out-of-pocket dental and vision expenses for you, your spouse, and your dependents.<br>• The maximum annual Limited Purpose FSA election is $3,300. The entire annual amount you elect may be used at any time during the plan year and is available January 1.<br>• The funds you elect **will not** roll over year to year; however, the City of Dallas offers a grace period where you can use remaining 2026 funds by March 15, 2027. After this date, any remaining funds will be forfeited. | • The annual maximum contribution to a Dependent Care FSA is $7,500 (or $3,750 if you are married and filing taxes separately).<br>• The Dependent Care FSA is used to reimburse you for certain expenses for children under age 13 or individuals unable to care for themselves. Unlike Medical Spending FSAs and Limited Purpose FSAs, Dependent Care<br>• FSAs may only reimburse expenses up to the amount you have contributed to date.<br>• Funds are available three business days after payroll deduction. The Dependent Care FSA is for dependent daycare only.<br>• The funds you elect **will not** roll over year to year. You must use all 2026 funds by December 31, 2026. After this date, any remaining funds will be forfeited. |

# How to Use Your Funds

- When you enroll in the Medical Spending or Limited Purpose FSA, you will receive a debit card in the mail. The card will hold Medical Spending and/or Limited Purpose funds. It will NOT hold Dependent Care funds.
- If you use the card at an Inventory Information Approval System (IIAS) merchant, the transaction will be approved at the point of sale. Generally, large pharmacies, grocery stores, and box stores (i.e., Walgreens, Albertsons, Walmart) have IIAS capability.
- If the expense will be considered for insurance reimbursement, try to wait until you receive the Explanation of Benefits (EOB) from the insurance company to be sure that the debit card transaction is for the correct out-of-pocket amount.
- If the merchant does not accept the card, submit the expense through the FSA vendor website or by mail.
- Medical Spending or Limited Purpose reimbursement requests, as well as debit card transaction documentation, can be sent electronically, by fax, or by mail.
- For Dependent Care reimbursement, you must submit the expense in order to be reimbursed. After submission, you will be asked which method of reimbursement you prefer (electronic transfer, check, etc.).

# FSA Tips

- For a list of eligible expenses and to set up direct deposit for expense reimbursement, visit the FSA vendor website.
- The Medical Spending FSA, Limited Purpose FSA, and Dependent Care FSA are separate. You cannot transfer funds between accounts or charge multiple accounts for the same expenditure.
- Keep your receipts and invoices. You may be required to submit documentation of your expenditures.
- In general, any money left in your FSA(s) at the end of the year must be forfeited. This is an IRS rule. **Note**: If you currently participate in the Medical Spending FSA and elect the HSA Medical plan for 2026, your FSA funds will expire on December 31, 2025. The grace period does not apply, and you may not roll these funds into a Limited Purpose FSA for 2026.
- Dependent Care FSA funds must be used by December 31, 2026, and all claims must be filed by March 31, 2027.
- If you retire or otherwise leave City employment, your FSA funds will terminate on the date of your departure. You will have 90 days following your departure date to submit claims for expenses incurred before you left. You cannot submit claims for services received after your departure date.

# Family Support Benefits

The City of Dallas is proud to offer up to 6 weeks of Paid Parental Leave, in conjunction with the Family Medical Leave Act (FMLA), for eligible City of Dallas employees who have given birth, need to care for, adopted, or received placement of a child aged 12 years or younger!

### ELIGIBILITY

Paid Parental Leave is available to full- or part-time City of Dallas employees who have been employed for at least 12 months, are FMLA eligible, and:

- Gave birth to a child on or after October 1, 2021; or
- Need to care for a child born on or after October 1, 2021; or
- Adopted or received placement of a child (age 12 or younger) in foster care on or after October 1, 2021.

**Please note:** Temporary and seasonal City employees are not eligible.

### ADDITIONAL INFORMATION

- Paid Parental Leave runs concurrently with FMLA leave. City of Dallas employees must be eligible for FMLA leave before they can be approved for Paid Parental Leave.
- Paid Parental Leave covers up to the first six weeks of FMLA leave after the birth, adoption, or foster placement of the child.
- City employees must use Paid Parental Leave before any other paid leave.
- Paid Parental Leave is available once per rolling 12-month period.
- Adoption through marriage does not qualify City employees for Paid Parental Leave.
- If both parents/legal guardians are City employees, they must share one allotment of Paid Parental Leave, not to exceed the maximum of six weeks.

## Learn More or Apply

If you have questions about or would like to request Paid Parental Leave, please email **CODemployeepaidleave@dallascityhall.com**, or view our FAQ document at **www.cityofdallasbenefits.org**.

### MIDWIFE SERVICES

The City of Dallas is proud to provide coverage for qualified midwife services!

- Coverage for qualified midwife services is available to members enrolled in one of the City's BCBSTX medical plans with a normal pregnancy. This benefit does not apply to members with complex pregnancies.
- Coverage for qualified midwife services mirrors that for traditional pregnancy and delivery care.
- Midwife services must be provided by a qualified Advanced Practice Nurse (APN), including a nurse practitioner, nurse-midwife, nurse anesthetist, clinical nurse specialist, or Physician's Assistant (PA) who specializes in family practice, internal medicine, pediatrics, or obstetrics/gynecology.
- The midwife providing services must be part of a provider group where there's a physician reviewing care or progress and offering clinical guidance.

# Basic and Supplemental Life Insurance

It's not easy to think about, but could your family live without your income if you suddenly passed away? Would your family be able to cover the medical expenses associated with a terminal illness or with burial and funeral expenses?

The City of Dallas offers Life insurance for you and your family when tough situations arise. This coverage is administered through The Standard.

## Basic Life Insurance

Full-time employees receive $75,000 of Basic Life insurance coverage and the City of Dallas pays the full cost of this coverage for you.

## Eligibility

To be eligible for Supplemental Life:

- You must be an active employee of the City of Dallas. Seasonal employees, full-time members of the armed forces, leased employees, intern employees, and independent contractors are not eligible for this benefit.
- If you are a full-time employee, you must be regularly working at least 40 hours each week.
- If you are a part-time employee, you must be regularly working at least 20 hours each week, but less than 40 hours.
- For Additional Life, full-time employees must be insured for Basic Life.
- For Dependent Life insurance – your spouse/domestic partner or children must not be full-time members of the armed forces or an active City of Dallas employee.

## Supplemental Life Insurance

In addition to Basic Life insurance, you may elect Supplemental Life insurance for yourself. Full-time employees must have Basic Life insurance to elect Supplemental Life insurance. Part-time employees can elect this coverage without having Basic Life insurance.

| | |
|---|---|
| OPTION 1 | 1 times your annual earnings, rounded to the next higher multiple of $1,000, if not already a multiple of $1,000. The maximum amount is $500,000 |
| OPTION 2 | 2 times your annual earnings, rounded to the next higher multiple of $1,000, if not already a multiple of $1,000. The maximum amount is $500,000 |
| OPTION 3 | 3 times your annual earnings, rounded to the next higher multiple of $1,000, if not already a multiple of $1,000. The maximum amount is $500,000 |

| SUPPLEMENTAL LIFE INSURANCE BI-MONTHLY RATE | |
|---|---|
| **EMPLOYEE'S AGE (ON LAST JAN. 1)** | **RATE (PER $1,000 OF TOTAL COVERAGE)** |
| <25 | $0.0215 |
| 25-29 | $0.0260 |
| 30-34 | $0.0360 |
| 35-39 | $0.0370 |
| 40-44 | $0.0450 |
| 45-49 | $0.0750 |
| 50-54 | $0.1150 |
| 55-59 | $0.2110 |
| 60-64 | $0.3050 |
| 65-69 | $0.5750 |
| 70+ | $1.0300 |

# Calculating Your Costs

Follow these steps to calculate your Supplemental Life Insurance coverage cost:

1. Choose the amount of coverage you want.

LINE 1

2. Divide the amount in Line 1 by $1,000.

LINE 2

3. Use the chart on the previous page to find the cost for your age and enter on Line 3. Your rate =

LINE 3

4. Multiply the amount in Line 2 by the amount in Line 3 to find your bi-weekly cost.

LINE 4

You may also visit The Standard's online coverage needs estimator at:
**www.standard.com/individuals-families/workplace-benefits/life-and-add/estimate-life-insurance-needs**

# Evidence of Insurability

During Open Enrollment each year, employees who are eligible but uninsured may elect Option 1 of Supplemental Life insurance without submitting Evidence of Insurability (EOI). Those insured may increase coverage by one option without submitting EOI. However, EOI is required if:

- You increase coverage by more than 1 times your annual earnings, not to exceed 3 times your annual earnings.
- The date you apply is more than 30 days after you become eligible.
- You request coverage increases, reinstatement of terminated coverage, or coverage for members eligible but not insured under prior plans.

# Dependent Life Insurance

You may also buy Optional Life insurance for your eligible dependents. The amount of coverage for your spouse or children may not exceed 100% of your combined basic and Additional Life coverage.

| OPTION 1 | OPTION 2 |
|---|---|
| $15,000 Spouse<br>$5,000 Children | $25,000 Spouse<br>$10,000 Children |
| $1.215 per pay period, regardless of the number of eligible dependents covered | $2.230 per pay period, regardless of the number of eligible dependents covered |

## Name Your Beneficiary

You will be required to name a beneficiary — the person(s) who will receive the Life insurance benefit in the event of your death.

**If you have questions regarding the EOI form, contact the Benefits Service Center at (214) 671-6947 or email hrbenefits@dallas.gov. If you want to make changes to your beneficiaries at any time during the year, log into Workday to make your changes.**

# Basic and Supplemental Life Insurance (Cont.)

## Accelerated Benefit

Under the Accelerated Benefit provision, if you are a full-time employee regularly working at least 40 hours each week, you may be eligible to receive up to 75%, or a maximum of $500,000, of your Additional Life insurance coverage if you become terminally ill, have a life expectancy of less than 12 months, and meet other eligibility requirements.

The amount of Additional Life insurance payable upon your death is reduced by the Accelerated Benefit paid and an interest charge.

## Active Work Requirements

If you are not actively at work on the day before the scheduled effective date of insurance, including Dependent Life insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

## Age Reductions

Under this plan, your insurance will not be reduced because of your age.

## Suicide Exclusion

Supplemental (employee paid) Life coverage includes an exclusion for death resulting from suicide or other intentionally self-inflicted injury. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

## Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage.

Please contact The Standard at **(877) 474-4250** for additional information.

# Voluntary Benefits

## Voluntary Accidental Death and Dismemberment (AD&D) Insurance

Voluntary AD&D insurance provides benefits to you or your beneficiaries in the event of an accidental injury or death.

### Employee Coverage

You may elect voluntary AD&D coverage in increments of $25,000, up to a maximum of $250,000. However, amounts above $150,000 cannot exceed 10 times your annual earnings.

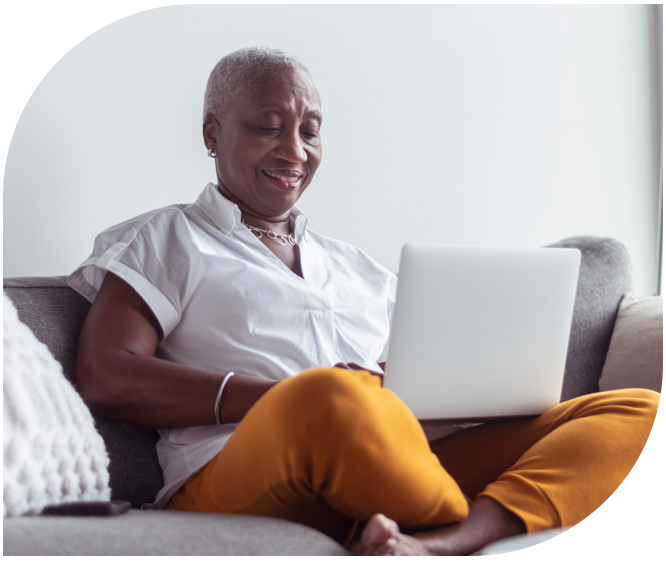
### Dependent Coverage

If you elect coverage for yourself, you may also elect coverage for your dependents.

- Spouse/Domestic Partner only: 60% of your voluntary AD&D coverage amount.
- Children only: 20% of your voluntary AD&D coverage amount, up to a maximum of $50,000 per child.
- Spouse/Domestic Partner and Children: 50% of your voluntary AD&D coverage amount for your spouse/domestic partner and 15% of your voluntary AD&D coverage amount for each child. The amount of coverage for your children may not exceed $50,000 per child.

### Benefit Amount

The amount of this AD&D insurance benefit for other covered losses is a percentage of the amount payable for Additional AD&D insurance coverage on the date of the accident.



| TYPE OF LOSS | PERCENTAGE PAYABLE |
|---|---|
| LIFE[1] | 100% |
| ONE HAND OR FOOT[2] | 50% |
| SIGHT IN ONE EYE | 50% |
| AUDIBLE SPEECH | 50% |
| HEARING IN BOTH EARS | 50% |
| TWO OR MORE OF THE LOSSES LISTED ABOVE | 100% |
| THUMB AND INDEX FINGER OF THE SAME HAND[3] | 25% |
| QUADRIPLEGIA[4] | 100% |
| HEMIPLEGIA[4] | 50% |
| PARAPLEGIA[4] | 75% |
| UNIPLEGIA[4] | 25% |
| COMA | * |

1. This benefit includes loss of life due to exposure or disappearance. Disappearance must be caused directly by an accident that could have reasonably resulted in death and must occur independently of all other causes continuing for a period of 365 days after the date of the accident despite reasonable search efforts.
2. This benefit is payable whether or not the hand or foot is surgically reattached.
3. This benefit is not payable if an AD&D insurance benefit is payable for the loss of the entire hand.
4. This benefit is not payable for loss of function of a hand or foot if an AD&D insurance benefit is payable for Quadriplegia, Hemiplegia, Paraplegia or Uniplegia involving that same hand or foot.

* Payments for coma is 1% per month of the remainder of the AD&D insurance benefit payable for loss of life after reduction by any AD&D insurance benefit paid for any other loss as a result of the same accident. Payments for coma will not exceed a maximum of 11 months.

# Features

- **Air Bag Benefit** – Provides an additional benefit in the event of a covered automobile accident for which a Seat Belt Benefit is payable.
- **Family Benefits Package** – Eligible family members may be entitled to receive additional financial help for child care, college, or career training. Included are the Child Care Benefit, Higher Education Benefit, and Career Adjustment Benefit.
- **Paralysis Benefit** – Provides a portion of your AD&D benefit if you suffer an accident that results in quadriplegia, hemiplegia, or paraplegia.
- **Public Transportation Benefit** – Provides an additional benefit in the event of death as a result of an accident that occurs while you are riding as a fare-paying passenger on public transportation.
- **Seat Belt Benefit** – Provides an additional benefit in the event of a covered automobile accident.
- **Adaptive Home and Vehicle Benefit** – Provides an additional benefit if you suffer a loss, other than loss of life, and is a one-time benefit in which accommodations may be made to your principal residence or automobile.
- **Line of Duty Benefit** – Additional benefit for Public Safety Officers who suffer an AD&D loss. Lesser of $50,000 or 100% of the AD&D benefit.

# Premium Examples (Under Age 70)

Below you will find the actual cost per pay period, based on the benefit amount you elect.

| EMPLOYEE ONLY | | EMPLOYEE+FAMILY | |
|---|---|---|---|
| **BENEFIT AMOUNT** | **BI-MONTHLY RATE** | **BENEFIT AMOUNT** | **BI-MONTHLY RATE** |
| $25,000 | $0.313 | $25,000 | $0.500 |
| $50,000 | $0.625 | $50,000 | $1.000 |
| $75,000 | $0.938 | $75,000 | $1.500 |
| $100,000 | $1.250 | $100,000 | $2.000 |
| $125,000 | $1.563 | $125,000 | $2.500 |
| $150,000 | $1.875 | $150,000 | $3.000 |
| $175,000 | $2.188 | $175,000 | $3.500 |
| $200,000 | $2.500 | $200,000 | $4.000 |
| $225,000 | $2.813 | $225,000 | $4.500 |
| $250,000 | $3.125 | $250,000 | $5.000 |

# Active Work Requirements

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until you complete one day of active work as an eligible employee.

# Age Reductions

Under this policy, insurance coverage reduces to 65% at age 70, 45% at age 75, 30% at age 80, and 15% at age 85.

# Limitations

The loss must occur solely by an accident and independently of all other causes, within 365 days after the accident. Loss of life must be evidenced by a certified copy of the death certificate. All other losses must be certified by a physician in the appropriate specialty, as determined by The Standard.

# Disability Insurance

Disability benefits can help injured or ill employees meet their financial obligations, such as mortgage or rent payments — expenses that Medical insurance does not cover. Coverage through the City of Dallas can give you access to affordable rates and comprehensive services, including assistance when you are returning to your job.

## Short-Term Disability (STD) Insurance

The Short-Term Disability (STD) Plan, administered by The Standard, provides income protection if you become disabled and cannot work due to a non-work-related illness or accidental injury. This benefit is voluntary; you pay the full cost of coverage if you choose to enroll.

| OVERVIEW OF YOUR SHORT-TERM DISABILITY BENEFITS | |
|---|---|
| MONTHLY BENEFIT AMOUNT | 60% of the first $2,500 of your weekly insured pre-disability earnings, reduced by deductible income |
| MONTHLY BENEFIT MINIMUM/MAXIMUM | • $15 minimum<br>• $1,500 maximum |
| BENEFIT WAITING PERIOD | 14 days* |
| MAXIMUM BENEFIT PERIOD | 90 days |

* If you elect coverage after your initial eligibility period, an extended benefit waiting period of 60 days will apply for the first 12 months of coverage.

### DEFINITION OF DISABILITY

You will be considered disabled if, as a result of physical disease, injury, pregnancy, or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation; and
- You suffer a loss of at least 20% in your pre-disability earnings (PDE) when working in your own occupation; and
- You are not disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

**Please note:** Evidence of Insurability (EOI) may be required if you elect coverage after your initial enrollment period.

### RESOURCES FOR EMPLOYEES

- Reasonable Accommodation Expense Benefit (if you are on the job): The purchase of equipment or tools for an employee to use in the workplace may be covered through The Standard's Reasonable Accommodation Expense Benefit. You do not need to have an active claim to qualify.

### More Information

Are you interested in Short-Term or Long-Term Disability insurance? Contact the Benefits Service Center at **(214) 671-6947** (option 1) for rates and additional details.

# Long-Term Disability (LTD) Insurance

Beginning January 1, 2026, the Employer Paid Long Term Disability will no longer be offered. To have Long-Term Disability, you must enroll in the Voluntary Long-Term Disability plan.

| OVERVIEW OF YOUR VOLUNTARY LONG-TERM DISABILITY BENEFITS | |
|---|---|
| MONTHLY BENEFIT AMOUNT | 60% of the first $8,333 of your insured pre-disability earnings, reduced by deductible income. |
| MONTHLY BENEFIT MINIMUM/MAXIMUM | • $100 minimum<br>• $5,000 maximum |
| BENEFIT WAITING PERIOD | 90 days |
| MAXIMUM BENEFIT PERIOD | • If you become disabled before age 62, LTD benefits may continue until age 65 or to SSNRA, or 3 years 6 months, whichever is longest.<br>• If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins. |

Please note: Evidence of Insurability (EOI) may be required if you elect coverage after your initial enrollment period.

## DEFINITION OF DISABILITY

For the benefit waiting period and the first 24 months for which LTD benefits are payable, being unable — as a result of physical disease, injury, pregnancy, or mental disorder — to perform with reasonable continuity the material duties of your own occupation and suffering a loss of at least 20% of pre-disability earnings when working in your own occupation.

After that, being unable — as a result of physical disease, injury, pregnancy, or mental disorder — to perform with reasonable continuity the material duties of any occupation:

- That you are able to perform, due to education, training, or experience,
- That is available at one or more locations in the national economy, and
- In which you can be expected to earn at least 60% of pre-disability earnings within 12 months of returning to work, regardless of whether you are working in that, or any other, occupation.

## RESOURCES FOR EMPLOYEES

- **Reasonable Accommodation Expense Benefit (if you are on the job):** The purchase of equipment or tools for an employee to use in the workplace may be covered through The Standard's Reasonable Accommodation Expense Benefit. You do not need to have an active claim to qualify.

# Supplemental Health Products

## Hospital Indemnity Insurance

**A CASH BENEFIT WHEN YOU NEED IT!**

Even the best budgeters can forget to set aside money for medical expenses. Hospital Indemnity insurance provides a way to cover unexpected out-of-pocket expenses when you end up in the hospital. It also allows you to:

- **Choose how to spend your benefit.** It's your money — spend it however you want, whether it's to pay for your groceries, rent, or medical bills.
- **Get a break from paying premiums during long hospital stays.** If you are in the hospital for more than 30 days, you will be able to stop making premium payments until you're discharged.
- **Take it with you.** If you leave your job, you can take your coverage with you.
- **Receive a benefit for taking care of your health.** You can get a Health Maintenance Screening Benefit of $50 once a calendar year just for going to the doctor for a covered wellness exam, such as a bone density screening or mammogram — routine preventive visits that typically cost you nothing under your Medical plan.

| HOSPITAL INDEMNITY BI-MONTHLY RATE | |
|---|---|
| EMPLOYEE ONLY | $6.25 |
| EMPLOYEE + SPOUSE | $13.28 |
| EMPLOYEE + CHILD(REN) | $11.88 |
| EMPLOYEE + FAMILY | $20.14 |

## Accident Insurance

**HELP ENSURE YOUR FINANCIAL PLANS STAY HEALTHY EVEN WHEN YOU'RE NOT**

In the event of a covered accident, your Accident insurance will pay a benefit directly to you. You can use this money wherever you need it most — whether that's to help with your deductible, copays, and other medical bills, or your daily expenses while you recover. Just a couple of the many benefits of this plan include:

- **Affordable group rates.** Because you'll be buying this insurance through City of Dallas, you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck. Your rates will not increase as you grow older — meaning you'll pay the same premium for the life of the policy, even if you continue your coverage after your employment with the City of Dallas ends (this is known as portability).
- **Health maintenance screening benefit.** You can get a Health Maintenance Screening Benefit of $75 each year just for going to the doctor for a covered wellness exam, such as a stress test or lipid panel — a routine preventive visit that typically costs you nothing under your Medical insurance.

| HOSPITAL INDEMNITY BI-MONTHLY RATE | |
|---|---|
| EMPLOYEE ONLY | $7.33 |
| EMPLOYEE + SPOUSE | $11.57 |
| EMPLOYEE + CHILD(REN) | $13.82 |
| EMPLOYEE + FAMILY | $21.62 |

## Supplemental Health Provides More Coverage

Supplemental Health Products, including Hospital Indemnity insurance, Accident insurance, and Critical Illness insurance, can help you pay for medical expenses not covered by Medical insurance!

# Critical Illness Insurance

## AN EXTRA LAYER OF PROTECTION

- **Update your coverage as needed.** As your life circumstances change, increase* or decrease your coverage.
- **Lock in your rate.** For example, if you're 35 when your coverage becomes effective, you'll pay a 35-year-old's rate for as long as you have the coverage. If you increase your coverage amount at age 45, you will continue to pay a 35-year-old's rate for that increased coverage amount for so long as you have that increased coverage amount.
- **Take it with you.** If you leave your job, you can take your coverage with you.
- **Pick and choose how to spend your benefit.** Spend your lump-sum benefit however you want.
- **Protect your loved ones.** Cover your spouse up to $30,000. Your kids are automatically covered at 50% of the amount elected for yourself for the same critical illnesses that you are. Kids are also covered for 21 additional childhood diseases, including cystic fibrosis, Down syndrome, muscular dystrophy, spina bifida, and cerebral palsy.
- **Receive a benefit for taking care of your health.** You and your covered loved ones receive a Health Maintenance Screening benefit of $50 once per calendar year when visiting the doctor for a covered wellness exam, such as a cholesterol screening (part of a lipid panel) or mammogram — routine preventive visits that typically cost you nothing under your Medical insurance.
- **Receive additional benefits.** If you are diagnosed with a covered illness again after a treatment-free period of 12 months, you will receive 100% of the original benefit amount. If you are diagnosed with a different and subsequent covered illness at least 90 days after the diagnosis of the first critical illness, you will receive an additional Critical illness benefit.

* Evidence of good health may be necessary in some cases. Contact the Benefits Service Center for more information.

| | NON-TOBACCO BI-MONTHLY ISSUE AGE PREMIUMS | | | | | TOBACCO BI-MONTHLY ISSUE AGE PREMIUMS | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| COVERAGE AMOUNT | AGE BAND | | | | | AGE BAND | | | | |
| | < 30 | 30–39 | 40–49 | 50–59 | 60–70 | < 30 | 30–39 | 40–49 | 50–59 | 60–70 |
| $5,000 | $1.60 | $2.78 | $4.75 | $9.18 | $16.48 | $2.20 | $4.58 | $9.18 | $19.95 | $37.53 |
| $10,000 | $3.20 | $5.55 | $9.50 | $18.35 | $32.95 | $4.40 | $9.15 | $18.35 | $39.90 | $75.05 |
| $15,000 | $4.80 | $8.33 | $14.25 | $27.53 | $49.43 | $6.60 | $13.73 | $27.53 | $59.85 | $112.58 |
| $20,000 | $6.40 | $11.10 | $19.00 | $36.70 | $65.90 | $8.80 | $18.30 | $36.70 | $79.80 | $150.10 |
| $25,000 | $8.00 | $13.88 | $23.75 | $45.88 | $82.38 | $11.00 | $22.88 | $45.88 | $99.75 | $187.63 |
| $30,000 | $9.60 | $16.65 | $28.50 | $55.05 | $98.85 | $13.20 | $27.45 | $55.05 | $119.70 | $225.15 |
| $35,000 | $11.20 | $19.43 | $33.25 | $64.23 | $115.33 | $15.40 | $32.03 | $64.23 | $139.65 | $262.68 |
| $40,000 | $12.80 | $22.20 | $38.00 | $73.40 | $131.80 | $17.60 | $36.60 | $73.40 | $159.60 | $300.20 |
| $45,000 | $14.40 | $24.98 | $42.75 | $82.58 | $148.28 | $19.80 | $41.18 | $82.58 | $179.55 | $337.73 |
| $50,000 | $16.00 | $27.75 | $47.50 | $91.75 | $164.75 | $22.00 | $45.75 | $91.75 | $199.50 | $375.25 |

# Pet Insurance

Pet Insurance through MetLife can help cover the costs of your cat or dog's unexpected vet expenses due to covered accidents or illnesses. You treat your pet like family; why not protect them like family, too!

To learn more, visit **www.metlife.com/getpetquote**, scan the QR code, or call **(800) 438-6388**.

# Legal Plan

MetLife's Legal Plan provides legal guidance when you need it most and peace of mind when you don't.

Choose from two plan options: **Legal Plan and Legal Plan Plus LifeStages Premium Identity Protection and Restoration**.

Both plans provide legal guidance for popular legal matters, including traffic and criminal matters, civil lawsuits, family and personal issues, estate planning, home and real estate, money matters, and elder-care issues.

To get started, scan the QR code, or visit **www.members.legalplans.com,** or call **(800) 821-6400**.

| LEGAL PLAN BI-MONTHLY RATE | |
|---|---|
| LEGAL | $5.63 |
| LEGAL PLUS | $7.13 |

# Retirement Savings Plans (401K and 457B)

Everyone wants to be financially secure in retirement. At the City of Dallas, we're here to help by offering you the exceptional opportunity to save for retirement through our 401(k) or 457(b) plans. After all, it's never too early to start saving.

## Why Invest?

| | |
|---|---|
| CONVENIENCE | Your contributions are automatically deducted regularly from your paycheck. |
| TAX SAVINGS NOW | Your pretax contributions are deducted from your pay before income taxes are taken out. This means that you can actually lower the amount of current income taxes you pay each period. It could mean more money in your take-home pay versus saving money in a taxable account. |
| ROTH OPTIONS | You may make after-tax contributions and take any associated earnings tax-free* at retirement — as long as the distribution is a qualified one. Additionally, converting to a Roth can be beneficial if you expect your tax rate to increase in the future, because you pay taxes on the money you convert now. |
| TAX-DEFERRED SAVINGS OPPORTUNITIES | You pay no taxes on any earnings until you withdraw them from your account, enabling you to keep more of your money working for you now. |
| PORTABILITY | You can rollover eligible savings from a previous employer into this plan. You can also take your plan vested account balance with you if you leave the City. |
| INVESTMENT OPTIONS | You have the flexibility to select from investment options that range from more conservative to more aggressive, making it easy for you to develop a well-diversified investment portfolio. |

* A distribution from a Roth account is tax free and penalty free, provided the five-year aging requirement has been satisfied and one of the following conditions is met: age 59 1/2, disability, qualified first-time home purchase, or death.

## Key Features

- You can contribute up to 99% of your gross annual pay, up to the annual IRS dollar limits.
- You are always 100% vested in your own contributions.
- You decide how you invest your savings by choosing from a portfolio of investment options.
- You receive account statements and have 24-hour access to your account information.

## Enrolling and More Information

If you are ready to enroll or would like more information, log on to Fidelity NetBenefits at **www.netbenefits.com/enroll** or call a Fidelity Retirement Representative at **(800) 343-0860**.

### Need More Help?

Schedule a complimentary one-on-one appointment with a Fidelity Retirement Planner by calling **(800) 642-7131** or go to **www.mysavingsatwork.com/atwork.htm**.

# If You Are Turning 65 or Are Over 65 and Retiring

## Medicare & Supplemental Insurance

**1. ENROLL IN MEDICARE PARTS A AND B**

Three months (90 days) before you become Medicare eligible, contact your local Social Security Administration Office to enroll in Medicare Parts A and B.

- Retirees and/or their covered spouses must enroll in Medicare Parts A and B upon becoming Medicare eligible as a requirement of Medical coverage through the City's benefit programs. Contact the Benefits Service Center if you were hired prior to April 1, 1986, and are not qualified for premium-free Medicare Part A coverage due to quarters earned through your employment or your spouse's employment.
- Retirees must pay the full cost of the monthly premium for Medicare Part B. Medicare may charge a penalty to retirees who delay enrollment in Medicare Part B at the time of initial eligibility.
- If a retiree waives coverage in a City-sponsored health plan, the retiree will not be eligible for inclusion of Medicare Part A premium payments to be made on their behalf by the City of Dallas. Contact your local Social Security Administration office or go to **www.ssa.gov** to enroll and determine eligibility.

**2. ENROLL IN A MEDICAL SUPPLEMENT PLAN**

Once you have enrolled in Medicare Parts A and B, and become Medicare eligible, you are no longer eligible to participate in the City's regular health plans. You may instead enroll in one of the Medicare Advantage plans offered by the City or another Medicare plan offered through a private insurance carrier. Both plans offered by the City include prescription coverage — you do not need to enroll in a separate Medicare Part D plan in addition to a Medical Supplement plan if you choose one of the City-sponsored options.

## Health Advocate

Health Advocate helps navigate health care options for those considering retirement, those who are a current pre-65 or post-65 retiree, or those transitioning to post-65. See page 17 for more details.

## How to Enroll for New Retirees After Open Enrollment

If you are planning to retire in 2025, call the Benefits Service Center before your retirement date to discuss retiree enrollment options and payroll deductions.

You must enroll within 30 days of your date of retirement. You may be asked to pay half a month or one-half and a full month of retiree health premiums in advance, depending on the date of retirement. If you do not enroll within 30 days of your retirement date, the Benefits Service Center will presume that you have waived your retiree coverage with the City of Dallas. You will not be eligible to participate in the City's health coverage in the future.

If you enroll in retiree coverage, that coverage is effective on the first day of the month following your retirement date with the City. Upon retirement, all Life insurance benefits will end unless you exercise your right to convert your coverage to an individual plan.

Please contact the Benefits Service Center for additional information.

### Important Information

To be eligible for coverage under the BCBS Group Medicare Advantage (PPO) plans, you must be enrolled in Medicare Parts A and B. You must also continue paying your Medicare Part B premium.

Medicare also requires certain information in order to process your enrollment:

- A permanent street address (**this cannot be a P.O. Box**)
- Your Medicare ID card number

If you are not enrolled in Medicare Parts A and B, you should contact your local Social Security Administration office.

# Important Contacts

For 2026 benefits and enrollment questions, please reach out to HR Benefits via email at **hrbenefits@dallas.gov** or call **(214) 671-6971** (option 1). For all other questions, such as general HR, payroll, or work-related questions, please call **(214) 671-6971** and follow the prompts.

| RESOURCE | CARRIER | PHONE | WEBSITE/EMAIL |
|---|---|---|---|
| CITY OF DALLAS BENEFITS SERVICE CENTER | N/A | (214) 671-6947 | hrbenefits@dallas.gov |
| MEDICAL PLAN | BlueCross BlueShield of Texas (BCBSTX) | (855) 756-4445<br>Group# 297755 | www.bcbstx.com/member |
| TELEMEDICINE | MDLive | (888) 680-8646 | www.mdlive.com |
| EMPLOYEE ASSISTANCE PROGRAM | ComPsych GuidanceResources | (844) 213-8968 | www.guidanceresources.com<br>(Web ID: BCBSTXEAP) |
| HEALTH ADVOCACY | Health Advocate | (866) 799-2731 | answers@HealthAdvocate.com<br>www.HealthAdvocate.com/members |
| WELLNESS PORTAL | Navigate | N/A | www.wellbeingfirstabalancedyou.com |
| DIABETES MANAGEMENT | Kannact | (855) 722-5513 | www.kannact.com/cityofdallas |
| PHARMACY PLAN | BCBSTX-Prime Therapeutics | (855) 756-4445<br>Group# 297755 | www.myprime.com |
| VISION PLAN | Davis Vision by MetLife | (833) 393-5433<br>Group# 118274 | www.mybenefits.metlife.com |
| DENTAL PLAN | Delta Dental | DPPO: (800) 521-2651<br>DPPO Group# 21015<br>DHMO: (800) 422-4234<br>DHMO Group# 79345 | www.deltadentalins.com |
| HSA/FSA/DCAP | Vendor Information Coming Soon | | |
| BASIC AND ADDITIONAL LIFE INSURANCE | The Standard | (800) 628-8600<br>Group# 649116 | www.standard.com |
| VOLUNTARY AD&D INSURANCE | The Standard | (800) 628-8600<br>Group# 649116 | www.standard.com |
| HOSPITAL INDEMNITY, ACCIDENT INSURANCE, CRITICAL ILLNESS | The Standard | (866) 851-5505<br>Group# 649116 | www.standard.com |
| PET INSURANCE | MetLife | (800) 438-6388 | www.metlife.com/getpetquote |
| LEGAL ASSISTANCE | MetLife | (800) 821-6400 | www.members.legalplans.com |
| SHORT-TERM DISABILITY | The Standard | (800) 368-2859 | www.standard.com |
| LONG-TERM DISABILITY | The Standard | (800) 368-1135 | www.standard.com |
| 401(K) AND 457B PLANS | Fidelity | (800) 343-0860 | mysavingsatwork.com/atwork.htm |
| EMPLOYEE RETIREMENT FUND | N/A | (214) 580-7700 | www.dallaserf.org |
| DALLAS POLICE & FIRE PENSION | N/A | (800) 638-3861 | www.dpfp.org |
| COBRA | Vendor Information Coming Soon | | |

# Health Coverage Notices

## FOR YOUR FILES

This guide contains legal notices for participants in group health plans sponsored by The City of Dallas. The notices included in this guide 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.
- COBRA 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 & 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.
- Patient Protection Disclosure that explains who you and your family can designate as a primary care provider under the health care plans and rules around access to obstetrical/gynecological care.
- Wellness Program and Reasonable Alternatives Notice that informs employees of what information will be collected, how it will be used, who will receive it, and what will be done to keep it confidential, as well as options for those who have a medical condition that makes wellness program participation difficult.
- 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. Please see pages 46 and 47 for more details.**

## 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 9.96% 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 City of Dallas Benefits Service Center at (214) 671-6947 (option 1).

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.

### 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**<br>City of Dallas | | **4. Employer Identification Number**<br>75-6000508 |
| **5. Employer Address**<br>1500 Marilla Street, 1DS | | **6. Employer Phone**<br>(214) 671-6947 Option 1 |
| **7. City**<br>Dallas | **8. State**<br>TX | **9. Zip Code**<br>75201 |
| **10. Who can we contact about employee health coverage at this job?**<br>The City of Dallas Benefits Service Center, Room 1DS | | |
| **11. Phone Number (if different from above)** | | **12. Email Address**<br>**hrbenefits@dallas.gov** |

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 permanent employees, permanent part-time employees and variable-hour employees who intend to work at least 30 hours per week on average.

With respect to dependents, we do offer coverage. Eligible dependents are:

- A spouse, children up to age of 26 years, and grandchildren

[X] 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 1/1/2026.

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

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 the City of Dallas 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.

**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:

City of Dallas
1500 Marilla St, Room 1DS
Dallas, Tx 75201
**Hrbenefits@dallas.gov**

**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 the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above 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 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 the City of Dallas 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. **The City of Dallas has determined that the prescription drug coverage offered by the City of Dallas 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 Dallas coverage will be affected. If you do decide to join a Medicare drug plan and drop your current City of Dallas 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 Dallas 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 the City of Dallas 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).

City of Dallas
1500 Marilla St, Room 1DS
Dallas, Tx 75201
**Hrbenefits@dallas.gov**

## IMPORTANT NOTICE 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 the City of Dallas 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

**There are three 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. **The City of Dallas has determined that the prescription drug coverage offered by the plan is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.**

**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.

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

Since the coverage under the plan is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

If you are enrolled in a City health plan; that coverage pays for medical expenses in addition to prescription drug expenses which are included the plan's design. As a retiree, if you decide to join a non-City of Dallas sponsored Medicare drug plan, your current City of Dallas coverage will be affected as you cannot be enrolled in two plans. If you decide to join a Medicare drug plan as a retiree that is not sponsored by the City of Dallas and drop your current City of Dallas coverage, be aware that you and your dependents will not be able to get this coverage back. See pages seven through nine of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at **www.cms.hhs.gov/CreditableCoverage**), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current City of Dallas coverage, be aware that you and your dependents will be able to get this coverage back.

**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 the City of Dallas 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 the "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).

August 2025
City of Dallas
The City of Dallas Benefits Service Center
1500 Marilla St, Room 1DS
Dallas, Tx 75201
**Hrbenefits@dallas.gov**

## 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.
- Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:
- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

#### When Is COBRA Coverage Available?

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

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

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the contact identified at the end of this disclosure.**

### 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 your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) 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**

August 2025
City of Dallas
Benefits Service Center
1500 Marilla Street ,1D South, Dallas, Tx 75201
(866) 747-0048

## OTHER NOTICES

**WELLNESS PROGRAM AND REASONABLE ALTERNATIVES NOTICE**

The City of Dallas has a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete If you choose to participate in the wellness program you will be asked to complete an online health assessment that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease); an annual physical or age appropriate screening with your physician; and a biometric screening with your physician (or at a City of Dallas onsite event, if applicable), which includes height, weight, waist circumference, and a blood test for cholesterol, glucose levels, and triglyceride levels. You are not required to participate in the wellness program or complete any of the activities mentioned above.

However, employees who choose to participate in the wellness program will receive an incentive for completing the steps outlined above. Although you are not required to participate, only employees who do so and are enrolled in a City of Dallas medical plan will receive the incentive.

If you are unable to participate in any of the health-related activities needed to earn an incentive, you may be entitled to reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Benefits Service Center at (214) 671-6947 (option 1) or **hrbenefits@dallas.gov**.

The information from your health assessment and the results from your screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services, such as diabetes management or tobacco cessation. You also are encouraged to share your results or concerns with your own doctor.

**Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the City of Dallas may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in

connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are health coaches or other wellness program representatives in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

**Reasonable Alternatives**

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all eligible employees. If you think you might be unable to meet a standard for a reward under the wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Benefits Service Center at (214) 671-6947 (option 1) or **hrbenefits@dallas.gov**, and we will work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Benefits Service Center at (214) 671-6947 (option 1) or **hrbenefits@dallas.gov**.

## PATIENT PROTECTION DISCLOSURE

The City of Dallas generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Benefits Service Center at (214) 671- 6947 (option 1).

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the City of Dallas or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Benefits Service Center at (214) 671- 6947 (option 1).

## 60-DAY SPECIAL ENROLLMENT PERIOD

In addition to the qualifying events listed in the enrollment guide, 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 the City of Dallas's 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 the City of Dallas's 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. To request special enrollment or obtain more information, contact the Benefits Service Center at (214) 671- 6947 (option 1).

## 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, call your plan administrator at (800) 736-1364.

City of Dallas