

EMPLOYEE Benefits Guide

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BENEFITS

for city Employees



The City of Grand Prairie understands that the path to making health care decisions for you and your family can be difficult. The city's goal is to offer competitive benefits and choices to make the decision process easy for you.

In the following pages, we highlight the benefits available to you and guide you to further tools and resources to help you make the best choices for your own budget, preferences and needs.

We also understand that life moves fast, which can change your needs and preferences. Each year, the city reviews our benefit plans and costs, and may make changes as well.

It is important that you review your benefits both as a new hire and again annually during enrollment to determine which choices fit your current needs.

Eligibility



Full-time employees and eligible dependents may enroll in benefit plans. Eligible dependents include:

- Natural, step or adopted children under age 26 (they do not have to be full-time students) married or unmarried
- Legal spouse (common-law not allowed on benefits)
- Unmarried children of any age if mentally or physically incapable of self-care or self-support (requires annual review by carriers and proof of disability)
- Grandchildren are only eligible if the employee provides evidence of court appointed guardianship.

Not sure if all of your eligible dependents are listed in Lawson? Go to “Personal Information” and then click on the “Dependents” link. You may add dependent names that you plan to enroll in benefits. This keeps them listed in Lawson, should you need to enroll them in the future. To remove a dependent, you must contact Human Resources. Human Resources may require proof to demonstrate dependent relationship.

Family Status Change

What is a Family Status Change?

A family status change is a life event that allows you to make benefit changes consistent with the event. A family status change does not allow you to change your medical, dental, or vision plan choice, but does allow certain qualifying changes to dependents. Family status changes are effective the date of the event if you notify Human Resources within 30 days of the event date.

Eligible Family Status Changes

Adoption
Birth
Child losing eligibility
Child reaching age of 26*
Court or administrative order
Death
Divorce
Marriage
Spouse’s gain or loss of other coverage or employment



*Child is terminated from the system automatically on the last day of the month in which they turn 26.

Enrolling in Benefits



The city offers you the opportunity to enroll or change benefits only for the following reasons:

- 1** New Hire or Rehire
- 2** Annual Enrollment
- 3** Family Status Change
- 4** Promoting to Full Time

Deadline to Enroll	How to Change	Effective Date of Change
Annual Enrollment		
As communicated each year	Use Lawson	January 1 each year
New Hire		
30 days from hire	Use Lawson	1 st of month following hire
Rehire		
30 days from rehire	Contact Human Resources	1 st of month following rehire
Family Status Change		
30 days from event	Contact Human Resources	Effective date of event
Loss of Dependent Eligibility (reaching age 26, etc.)		
30 days from event	Contact Human Resources	Effective date of event

If you do not make your benefit selections within 30 days of eligibility as a new hire or rehire, benefits will be automatically defaulted. Defaulted plans include city provided Basic Life insurance, Long-term Disability, Employee Assistance Program (EAP), and Texas Municipal Retirement System (TMRS). All other plans, including medical, will be waived. Benefit selections, whether selected or defaulted, remain in effect for the remainder of the calendar year.

Plans or dependents may not be changed during the year unless you experience a qualifying family status change and make your selections within 30 days of that event.

Every year you must make enrollment choices during “Annual Enrollment.” This ensures you select the plans, options and covered dependents that you need on the plans each year. Also, if you are enrolled in the Flexible Spending Accounts or Health Savings Accounts these require annual selections to continue participation.



BlueCross BlueShield
of Texas

Don't Understand Your Options?

Call Your Benefits Value Advisor



A Benefits Value Advisor is like a tour guide, helping to point you in the right direction.

What can a Benefits Value Advisor (BVA) do?

A BVA can tell you about online educational tools, lower cost options and quality care. When needed, a BVA can also:

- Simplify complex benefit options, making them easier to understand
- Help you use your benefits more wisely and get a better value

Maximize Your Benefits!

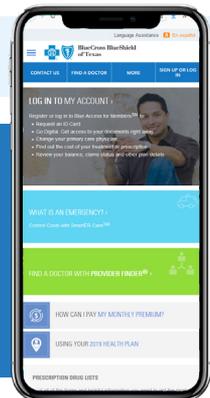
You'll get guidance for benefits such as medical, pharmacy and other available coverage so you only need one call to get support. BVAs can also help you:

- Get cost estimates for various providers and procedures
- Help to schedule appointments
- Assist with referrals to clinical staff/programs
- Help with preauthorization

To contact your Benefits Value Advisor, please contact Blue Cross Blue Shield at 1-800-521-2227.

Go Mobile with BCBSTX

At bcbstx.com, log into or create your Blue Cross Blue Shield Member Account. You can stay linked to your claims activity, member ID card and coverage details. It's also where to see prescription refill reminders and health tips by text messages. **To learn more see page 17.**





Medical Plan Terms

What do these terms mean?

Co-pay

A co-pay is the fixed amount you pay for covered services at the time care is provided. Under the EPO plan, doctor visits, specialist visits, urgent care visits, and prescriptions have a fixed co-pay so that you know exactly what you'll have to pay at the time of the visit.

Out-of-Pocket Maximum

An out-of-pocket maximum is the most you will have to pay during the plan year (January through December) for medical costs before the plan covers everything for the rest of the calendar year at 100%. This is built-in protection for you.

In-Network vs. Out-of-Network

Whether you choose the EPO or the HDHP, you can only use the doctors and hospitals or facilities in the network for the plan to cover those costs (this network through Blue Cross Blue Shield of Texas is the same for both EPO and HDHP plans). *There is generally NO coverage if you go to a doctor or facility that is out-of-network. You will be responsible for the entire cost. Under BCBSTX, the network is the BlueChoice PPO.*

Co-insurance

Co-insurance is a set percentage of medical costs for services that you must pay after you have paid your deductible.

Deductible

A deductible is the amount you are responsible to meet before the city begins to pay any part of the cost. You are only required to meet the deductible once per calendar year. Once your deductible is met, you pay only the co-insurance. Under the EPO plan, only major medical expenses count toward your deductible (co-pays do not count). Under the HDHP plan, all eligible out-of-pocket expenses count toward your deductible.

Medical Plan Options

The city offers you the following plan options so that you may select the best fit for your financial and personal situation:

1. **HDHP** (High Deductible Health Plan)
2. **EPO** (Exclusive Provider Organization)
3. **Opting-Out** of the city's medical plan

If you have medical coverage under a different plan, you may choose to opt out of the city's medical plans. When you choose to not participate, you are "opting out." Other coverage could be your spouse's plan; a government insurance program (like Tricare); other group insurance; or an individual policy. If you opt out of the city's medical plans, you still have the choice of opting in for a Flexible Spending Account.

HDHP High Deductible Health Plan

The HDHP allows you to have the most control over your health care expenses. This plan is much different than an EPO because you are responsible for paying 100% of the cost of care and treatment you seek until you meet your deductible. This means most doctor visits, MRIs, and prescriptions will be your responsibility and also count towards your deductible. Once the deductible is met, the plan will share costs with you.

HDHP Plan Highlights

HIGHER

Deductible

LOWER

Monthly Premium

NO CO-PAYS

All services subject to deductible and coinsurance

OUT OF POCKET MAXIMUM Deductible & coinsurance will apply

HSA Health Savings Account

If you choose the HDHP, you will also receive a Health Savings Account (HSA), which allows you to pay for eligible health care expenses with pre-tax dollars – money deducted from your paycheck before taxes are calculated. If you have HSA money in a different bank, you may transfer the funds to the city's current HSA bank. Contact Human Resources for more information.

HSA Account Highlights

All eligible health care expenses are tax-free.

The city may contribute a defined amount at the beginning of the year* for HDHP participants that meet city defined requirements.

You choose how much of your own money to deposit pre-tax from your paycheck up to allowable limits.

You can make additional post-tax deposits on your own, up to the total allowed maximum per year.

Balance rolls over each year.

The HSA is yours to keep—even if you leave employment with the city or retire.

You are automatically enrolled in an HSA when you sign up for the HDHP.

To be eligible for an HSA, you must be enrolled in an HDHP.



HSA *Annual Preventive Wellness Visit

The only way to receive the city’s contribution into the Health Savings Account (HSA) for HDHP participants will be to complete an annual, preventive wellness visit between January 1 and September 30 of the year prior to open enrollment. The city determines annually if city provided funds will be deposited into qualifying employee’s HSA accounts. Those that do not qualify will not be eligible to receive city funds.

HSA IRS Guidelines

There are limits as to how much money you can contribute to your health savings account each year.

If you have a spouse enrolled in an HDHP with an HSA, even with another employer, the total includes his or her contributions and their employer’s contribution as well. So, plan your deposits carefully.

If you are over 55, you can put in an additional \$1,000 over the annual HSA limit. This is a total of your contribution and the city’s contribution.

By federal law, if you have an HSA, you cannot have a health care Flexible Spending Account (FSA) at the same time.

You cannot have secondary coverage with a High Deductible Health Plan (HDHP).

You cannot enroll in a Health Savings Account if you are enrolled in any government medical programs including: CHIPS, Medicare, Medicaid, or Tricare.

You cannot be claimed as a dependent on someone else’s tax return.

HSA Account Deposits

Deposit Limits	Employee	Employee + Family Member
Your Annual Minimum	\$0	\$0
Total Annual Maximum Allowed <i>If you qualify for city HSA funding, you must reduce the maximum amount by the city-funded amount.</i>	\$3,550	\$7,100

For HSA account information, please contact Discovery Benefits Customer Service at, 1-866-451-3399 or customerservice@discoverybenefits.com

EPO Exclusive Provider Organization

An Exclusive Provider Organization (EPO) plan has a higher monthly premium, but offers less risk, or “cost,” when you or your family seek care during the year. This is because things like doctor visits, specialist visits, urgent care visits, and prescriptions have a fixed co-pay so that you know exactly what you’ll have to pay at the time of the visit. Also, this plan offers a lower deductible for you and your family. On an EPO plan, your co-pays do not apply toward your deductible. They will, however, go towards your out-of-pocket maximum.

EPO Plan Highlights

LOWER

Deductible

HIGHER

Monthly Premium

FIXED CO-PAYS

co-pays do not apply toward deductible

OUT OF POCKET MAXIMUM Deductible & coinsurance will apply

FSA Flexible Spending Account

If you choose the EPO or if you have opted out of the city’s medical plans, you have the option of signing up for a Flexible Spending Account (FSA). An FSA allows you to pay for eligible health care expenses with pre-tax dollars — money deducted from your paycheck before taxes are calculated. For an expense to be eligible, you must receive the service in the same year that you made the contribution to the account and while you were actually participating. You will be issued a benefit card from NAVIA that works much like a debit card.

FSA Account Highlights



All eligible health care expenses are tax-free.

You choose how much of your own money to deposit pre-tax from your paycheck (the city does not contribute money into the account).

Balance does NOT roll over each year.

You do NOT keep your FSA if you leave employment with the city or retire.

You must re-enroll each year for this benefit if you want to continue participating.

You cannot have an FSA if you have an HSA.

FSA Account Deposits *Rates may be updated annually in November

Deposit Limits

Flexible Spending Account

Annual Minimum

\$120 (\$5 per pay period)*

Annual Maximum

\$2,700 (individual or family)*

For FSA account information, please contact Navia Benefits Customer Service at 1-800-669-3539 or visit www.naviabenefits.com.

Dependent Care Account Option

A Dependent Care Account is a type of FSA that can be used to reimburse yourself for certain dependent care expenses.

Dependent Care Account Eligible Expenses

Care for children under age 13 who qualify as dependents on your federal tax return

Care for your spouse or child of any age who is physically or mentally incapable of taking care of himself or herself

Care for other family members who are physically or mentally incapable of self-support and who qualify as dependents on your federal tax return

Expenses you submit for reimbursement must be for care provided so you (and your spouse, if you're married) can work, look for work, or attend school on a full-time basis



Dependent Care Account Deposits

Deposit Limits	Dependent Care Account Deposits
Annual Minimum	\$120 (\$5 per pay period)
Annual Maximum	\$5,000 (\$2,500 if married and filing separate returns)

For Dependent Care Account information, please contact Navia Benefits Customer Service at 1-800-669-3539 or visit www.naviabenefits.com.

Dependent Care Account Reimbursement Process

To pay for services with your FSA, you will need to submit claims electronically at www.naviabenefits.com to receive reimbursement. Through direct deposit, Navia can provide reimbursement directly to your designated bank account after the claim is submitted.

Summary of Plan Benefits

Plan Features	HDHP	EPO
Deductible	\$3,000 individual \$6,000 family	\$1,500 individual \$3,000 family
What applies toward deductible?	All eligible out of pocket expenses (medical & pharmacy)	Major medical expenses (hospital & surgeries)
Co-insurance <i>(amount you pay after meeting deductible)</i>	20%	20%
Out-of-Pocket Maximum <i>(includes deductible)</i>	\$6,000 individual \$12,000 family	\$6,000 individual \$12,000 family
Preventive Services	\$0	\$0
Virtual Visit (MDLive)	deductible & 20% co-insurance	\$25 co-pay
Primary Care Office Visit	deductible & 20% co-insurance	\$35 co-pay
Specialist Office Visit	deductible & 20% co-insurance	\$60 co-pay
Lab / X-Ray (outpatient)	deductible & 20% co-insurance	deductible or 20% co-insurance
Urgent Care	deductible & 20% co-insurance	\$75
Emergency Services	deductible & 20% co-insurance	\$300 co-pay & deductible or 20% co-insurance
Out of Network benefits?	No	No
Pharmacy Deductible	N/A	\$100 individual \$300 family
Prescription Drugs Retail (30-Day Supply)		
Generic	deductible & 20%	\$10
Preferred Brand	deductible & 20%	\$40
Non-Preferred Brand	deductible & 20%	\$65
Specialty High-cost	deductible & 20%	\$150
Prescription Drugs Mail Order (90-Day Supply)		
Generic	deductible & 20%	\$30
Preferred Brand	deductible & 20%	\$120
Non-Preferred Brand	deductible & 20%	\$195
Specialty High-cost	deductible & 20%	\$450

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions about the benefits, limitations or exclusions for your plan, please consult Human Resources.

Medical Plan Rates



HDHP High Deductible Health Plan

Plan	Monthly Cost	Eligible Spending Account
Employee Only	\$35	Health Savings Account (HSA) <i>for HDHP participants only</i> You determine monthly amount up to maximums allowed
Employee + Spouse	\$210	
Employee + Child(ren)	\$125	
Employee + Family	\$345	

EPO Exclusive Provider Organization

Plan	Monthly Cost	Eligible Spending Account
Employee Only	\$85	Flexible Spending Accounts (FSA) <i>for EPO participants only</i> You determine monthly amount up to maximums allowed
Employee + Spouse	\$340	
Employee + Child(ren)	\$245	
Employee + Family	\$485	

Nicotine or Tobacco Users

Add \$30 to Monthly Medical Contribution

If you are a nicotine or tobacco user, and on the city's health plan, you will pay a monthly surcharge of \$30 added to your medical premium. Attestations are completed annually. If you fail to complete the annual attestation, the surcharge will automatically apply.

To remove this surcharge, you must complete Alere's Quit 4 Life program and be nicotine and tobacco free for 90 days after program completion.

To learn more about Tobacco Cessation Programs, visit Raving Fans or call Human Resources at 972-237-8192.

Other resources available to help you become "Tobacco Free"

American Lung Association

1-800-586-4872 or lungusa.org

1-800-Quit-NOW

Free service to help you quit smoking

SmartER Care Program



SmartER Care helps guide you to know where to go for medical care and can make a big difference in cost and time. The 24/7 Nurseline helps identify options when you or a family member has a health problem or concern.

How Your Options Compare	Average Wait Times	Examples of Health Issues
Virtual Visits Convenient and lower cost	 20 mins or less	<ul style="list-style-type: none"> Allergies Cold & flu Nausea Sinus infections Asthma Pinkeye
Your Doctor's Office Your doctor knows your medical history best	 18 mins or less	<ul style="list-style-type: none"> Fever, sore throat Minor burns Stomach ache Ear or sinus pain Physicals Shots
Retail Health Clinic Convenient, low-cost care in stores and pharmacies	 15 mins or less	<ul style="list-style-type: none"> Infections Flu shots Skin problems Sore & strep throat Minor injuries/pain Allergies
Urgent Care Clinic Immediate care for issues that are not life-threatening	 16-24 mins or less	<ul style="list-style-type: none"> Animal bites Abdominal pain Sprains or strains Cuts / Stitches Urinary tract infection Migraines or headaches
Hospital Emergency Room For serious or life-threatening conditions	 4 hours, 7 mins	<ul style="list-style-type: none"> Chest pain, stroke Seizures Head or neck injuries Severe pain Uncontrolled bleeding Problem breathing Broken bones

For medical advice please contact the SmartER 24/7 Nurseline at 1-800-581-0393.
On hand 24 hours a day, seven days a week; bilingual nurses available.

Urgent Care or Freestanding Emergency Room

Urgent care centers and freestanding ERs can be hard to tell apart. Freestanding ERs treat most major injuries, except for trauma, but costs may be higher. Unlike urgent care centers, freestanding ERs are often out of network and may charge patients up to 10 times more for the same services.

Ways to know if you are at a freestanding ER:

- Look like urgent care centers, but have the word "Emergency" in their name or on the building
- Are open 24 hours a day, seven days a week
- Are not attached to and may not be affiliated with a hospital
- Are subject to the same ER member share which may include a copay, coinsurance and applicable deductible

Need to find an Urgent Care?

Text URGENTX to 33633.

Pharmacy Benefits



Local Pharmacy Benefit

Use this benefit to purchase a short-term or single 30-day prescription at a network pharmacy in your area such as Albertson's, Tom Thumb, Walgreens, etc. To see if a particular pharmacy is in the network, visit bcbstx.com and log into Blue Access for members (BAM) for online pharmacy resources.



AllianceRx Walgreens Prime

AllianceRx Walgreens Prime delivers your long-term (or maintenance) medicines right where you want them. No driving to the pharmacy. No waiting in line for your prescriptions to be filled.

Online and Mobile

Visit alliancerxwp.com/home-delivery

Follow the instructions to create a new account or sign in with your Walgreens.com username and password.

Over the Phone

Call **1-877-357-7463**, 24/7, to refill, transfer a current prescription or get started with home delivery. Please have your member ID card, prescription information and your doctor's contact information ready.

Through the Mail

To send a prescription order through the mail, visit bcbstx.com and log in to Blue Access for MembersSM (BAM). Complete the mail order form. Mail your prescription, completed order form and payment to AllianceRx Walgreens Prime.

Talk to Your Doctor

Ask your doctor to write a prescription for up to a 90-day supply of each of your long-term medicines. You can ask your doctor to send your prescription electronically to AllianceRx Walgreens Prime (*AllianceRx Walgreens Prime-MAIL AZ*), or fax a prescription request to 1-800-332-9581.

If you need to start your medicine right away, request a prescription for up to a one-month supply you can fill at a local retail pharmacy.

To Enroll

Visit bcbstx.com or call the phone number on the back of your member ID card.

Dental Coverage

You have three options for your city-sponsored dental coverage



Dental HMO (Cigna)

The Cigna Dental HMO plan requires you to use an in-network dentist and offers the following:

- No deductible and no claims to file
- Pay pre-determined co-pays only
- No annual or lifetime max
- Orthodontia covered for children and adults

Dental PPO (Cigna)

The Cigna Dental PPO plan allows you to use the dentist of your choice and offers the following:

- Preventive Services: 100% covered
- Annual Max: \$1,500
- General Services: 80% covered
- Ortho Lifetime Max: \$1,500
- Major Services: 50% covered
- Annual Deductible: \$50 individual/\$150 family
- Orthodontia: 50% covered

Cigna Rates

Monthly Premiums	Dental HMO (Cigna)	Dental PPO (Cigna)
Employee Only	\$6.84	\$40.64
Employee + Spouse	\$13.00	\$80.28
Employee + Children	\$15.06	\$84.24
Employee + Family	\$22.26	\$145.66

For a list of Cigna providers, contact Cigna at 1-800-244-6224 or mycigna.com

QCD (Quality Care Dental)

QCD is a plan designed to provide you with dental benefits at a discounted rate (This is not an insurance company). You must use QCD network dentists, including specialists. When you go to the dentist, you will be charged a fee for each procedure done in accordance to the schedule of benefits.

QCD Rates

Monthly Premiums	Quality Care Dental (QCD)
Employee Only	\$0.00
Employee + 1	\$8.00
Employee + 2	\$12.00

For a list of QCD providers, contact QCD at 1-800-229-0304 or qcdofamerica.com

Vision Coverage



Each eligible employee may elect to participate in a Superior Vision Plan. You can receive services from one of Superior’s in-network eye care professionals or choose to receive care outside of the Superior network (but you will save money when you use an in-network provider). The city offers two plans through Superior Vision.

Basic Vision Plan

The Basic Superior Vision Plan includes one exam every 12 months.

Buy-Up Vision Plan

The Buy-Up Superior Vision Plan includes exam and materials:

Benefits	In-Network	Copays	
Eye Exams (MD)	Covered In Full	Exams	\$10
Eye Exam (OD)	Covered In Full	Materials	\$25
Frames	\$130 Retail Allowance	Contact Lens Fitting	\$25
Contact Lens Fitting (Standard)	Covered In Full		
Contact Lens Fitting (Specialty Lenses (Standard) per pair	\$50 Retail Allowance		
Single Vision	Covered In Full		
Bifocal	Covered In Full		
Trifocal	Covered In Full		
Progressive (Standard)	Covered In Full		
Polycarbonate for Dep.Children	Covered In Full		
Factory Scratch Coat	Covered In Full		
UV Coating	Covered In Full		
Contact Lenses	\$120 Retail Allowance		
		Services/ Frequency	
		Exam	12 Months
		Frames	12 Months
		Contact Lens Fitting	12 Months
		Contact Lenses	12 Months

Vision Rates

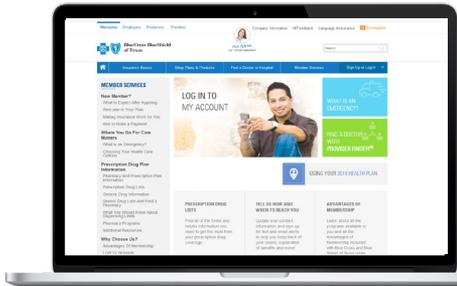
Monthly Premiums	Basic Vision	Buy-Up Vision
Employee Only	\$1.98	\$7.24
Employee + Spouse	\$3.94	\$14.56
Employee + Children	\$3.58	\$12.72
Employee + Family	\$5.90	\$21.36

For a list of vision providers, contact Superior Vision at 1-800-507-3800 or www.superiorvision.com.



Blue Access for Members (BAM)

Blue Cross and Blue Shield of Texas (BCBSTX) helps you get the most out of your health care benefits with Blue Access for Members (BAM). You and all covered dependents age 18 and up can create a BAM account.



With BAM, you can

- Use our Provider Finder® tool to search for a health care provider, hospital or pharmacy
- Request or print your ID card
- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Use our Cost Estimator tool to find the price of hundreds of tests, treatments and procedures
- Download an app
- Sign up for text or email alerts

It's Easy to Get Started!

1. Go to bcbstx.com/member
2. Click [Log Into My Account](#)
3. Use the information on your BCBSTX ID card to sign up

Or, text **BCBSTXAPP** to **33633** to get the BCBSTX App that lets you use BAM while you're on the go.

BAM Provider Finder®

Spend less time looking for a doctor and more time enjoying your life

- Find in-network providers, hospitals, laboratories and more
- Search by specialty, ZIP code, language spoken, gender and more
- See clinical certifications and recognitions
- Estimate the out-of-pocket costs of more than 1,600 health care procedures, treatments and tests
- Use quality awards such as Blue Distinction® Center (BDC), BDC+ or Blue Distinction® Total Care to inform your choices
- See side-by-side provider or facility quality ratings and patient reviews

Well onTarget Portal

The Well onTarget Member Wellness Portal at wellontarget.com provides you with tools to help you set and reach your wellness goals. The portal is user-friendly, so you can find everything you need quickly and easily.

Explore your wellness world to find a wide variety of health and wellness resources including:

Health Tools and Trackers

The tracker lets you record how much sleep you get, your stress levels, your blood pressure readings and your cholesterol levels. It also offers a symptom checker and helps you decide if you should see a doctor.

Fitness Tracking

You can see where you are today compared to where you were when you started. You can also read the latest health news, check your activity progress and more.

Self-Management Programs

These programs are interactive and include learning activities and content that focus on behavioral changes to reinforce healthier habits. Educational programs that inform about symptoms, treatment options and lifestyle changes.



Blue Points Rewards

Well onTarget understands how hard it can be to maintain a healthy lifestyle. Sometimes, you may need a little motivation. That's why we offer the Blue Points program. This program may help you get on track and stay on track to reach your wellness goals.

With the Blue Points program, you will be able to earn points for regularly participating in many different healthy activities. You can redeem these points in the online shopping mall, which provides a wide variety of merchandise.

It's Easy to Get Started!

Contact Customer Service at 1-877-806-9380 or go to www.wellontarget.com

Employee Benefits

Get the most out of your benefits and save money through our wellness programs.



Free Preventive Maintenance

On both city medical plans, EPO and HDHP, preventive maintenance and some preventive medications are covered 100%. This type of care, including annual wellness visits, vaccinations, and certain preventive maintenance medications, won't cost you a dime as long as you stay in network, whether you've met your deductible or not.

To learn more about Free Preventive Maintenance, please contact Blue Cross Blue Shield at 1-800-521-2227 or bcbstx.com/member

Virtual Visits

There's never a convenient time to get sick, but now you have access to a board-certified doctor around the clock for non-emergency health issues. Connect by mobile app, online video or telephone. Virtual visits typically cost less than going to the doctor.

To access Virtual Visits, register at MDLIVE.com/bcbstx or by calling 1-888-680-8646.

Surgery Plus

When your doctor recommends surgery, call Surgery Plus. They will help you find a board-certified surgeon with an extensive history of quality care, set up your initial consultation, and walk you through each step of the planning process. Surgery Plus negotiates all costs before you have surgery, then coordinates the payment for you. They offer pre-negotiated, bundled rates, ultimately lowering costs up to 50% of what you and the city might have paid. The bonus? Your co-insurance is waived if you use Surgery Plus!

To learn more about Surgery Plus, visit gptx.surgeryplus.com. Click "Register Now" and then complete all necessary fields along with the access code: *Raving Fans!*

Airrosti

The city invites medical plan members who suffer from back, neck, or other chronic pain or injuries to try Airrosti for aches, pains and muscle pulls. This may reduce the likelihood of surgery, pharmaceuticals, or injections. Airrosti is a non-surgical rapid recovery treatment designed to eliminate pain and soft tissue injuries in an average of three treatments (based on historical outcomes). For City of Grand Prairie employees, dependents and retirees on the BCBSTX health plan, Airrosti visits are set at a \$20 co-pay for EPO plan members and subject to deductible and co-insurance for HDHP members.

To learn more about Airrosti, call 1-800-404-6050 or visit airrosti.com

Kannact

Kannact has a better way to manage health risks related to high blood pressure, high cholesterol, diabetes, prediabetes, and cardiovascular risk. It's an optional, no-cost benefit for city employees and their covered dependents. When you enroll, you will get:

- A dedicated, certified health coach to help you self-manage your condition
- A blood pressure monitor, a glucometer and a mobile app that automatically uploads your readings to a secure, private cloud
- Free testing supplies delivered to your door when you need them



To learn more about Kannact,
contact 1-503-837-7220 or
support@kannact.com.

CVE Fitness Room

City employees are welcome to use the workout facility inside the Charles V. England Public Safety Training Complex at 310 College St. (behind City Hall). Fitness room hours are 5 a.m. to 8 p.m. Monday through Friday for all employees with the exception of 8:30 a.m. to 9:30 a.m. when the room is restricted for use by Police Academy participants only.

Peerfit

Peerfit is an online platform that gives you access to fitness classes at local studios — a comprehensive offering that lets you find something that works for you, no matter your fitness level. The city pays for 16 Peerfit credits each month, which you use to take the classes you want at studios in the Peerfit Premium Studio Network. These credits renew every month for you to continue reserving the classes of your choice through your online Peerfit dashboard.



**All full time employees are
required to sign up using their
City of Grand Prairie email
address at www.peerfit.com**

Compass

The City of Grand Prairie has hired Compass to serve as your personal health care advisor and help you understand the full value of your health care benefits. Call or email Compass for help with medical, dental or vision benefits, as well as bill or prescription reviews.

Contact

Jeff Haecker

1-800-513-1667, ext. 409

jeffrey.haecker@compassphs.com

Naturally Slim

Offered only once annually, Naturally Slim is a new way of losing weight — there are no foods to buy and no points to count. The secret to Naturally Slim is quite easy and the method for success simply involves learning new techniques about how and when to eat. Naturally Slim offers methods to help you create changes in your behavior and specifically:

- Fights metabolic syndrome by focusing on weight loss and maintaining a healthy lifestyle
- Enables you to develop a lifestyle of eating your favorite foods while still improving health and losing weight
- Teaches you to identify personal eating habits, recognize the difference between true hunger and psychological hunger and practice ways to minimize fat storage
- Addresses how exercise, stress and your environment affect weight loss

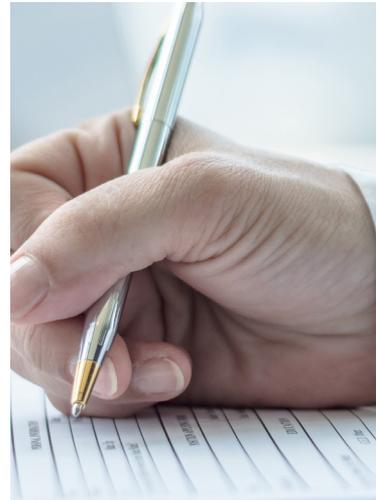


To learn more about Naturally Slim, visit the Raving Fans Intranet.

Deer Oaks Employee Assistance

The Employee Assistance Program (EAP) can assist you and your family in many different ways. Among these are stress, depression, anxiety, workplace difficulties, substance abuse, marital problems, family or parenting conflicts, violence and unhealthy lifestyles. The EAP can also provide assistance, tools and referrals for:

- Financial and legal issues
- Childcare and eldercare resources with referrals
- Free interactive online will
- Retiree assistance
- Moving resources
- Credit report
- Reimbursed ride (Cab, Uber, Lyft, etc.)



To find and access resources, download the Deer Oaks iConnectYou app or visit www.deeroakseap.com

ConnectYou Passcode: 140893

Website Username & Password: GPTX

Toll Free: 1-866-317-2400

Deer Oaks is available 24/7, 365 days a year



The Hartford

From everyday issues like job pressures, relationships and retirement planning to highly impactful issues like grief, loss, or a disability, Ability Assist is your resource for professional support.

You and your family, including spouse and dependents can access Ability Assist at any time, as long as you are covered under Disability insurance, Voluntary insurance or Leave Management Services with The Hartford.

The service includes up to three face-to-face emotional or work-life counseling sessions per occurrence per year. This means you and your family members won't have to share visits. You can each get counseling help for your own unique needs. Counseling for your legal, financial, medical and benefit-related concerns is also available by phone.

Emotional or Work-Life Counseling

- Job pressures
- Relationship/marital conflicts
- Stress, anxiety and depression
- Work/school disagreements
- Substance abuse
- Child and elder care referral services

Financial Information and Resources

- Managing a budget
- Retirement
- Getting out of debt
- Tax questions
- Saving for college
- Child and elder care referral services

To receive assistance please visit, www.guidanceresources.com click on Register tab.

1. Organization Web ID: *HLF902*
2. Company Name: *ABILI (located at the bottom of personalization page)*
3. After selecting "Ability Assist Program", create username and password

For access over the phone, call toll-free 1-800-96-HELPS (1-800-964-3577)

Travel Assistance and ID Theft Protection Services

You and your family have access to Travel Assistance Services provided by Generali Global Assistance, Inc. With a local presence in 200 countries and territories around the world, and numerous 24/7 multilingual assistance centers, they are available to help you anytime, anywhere.

- Emergency Medical Assistance
- Pre-Trip Information
- Emergency Personal Services
- Identity Theft Assistance

To learn more about Travel Assistance & Theft Protection, contact The Hartford at 1-800-243-6108. Travel Assistance ID Number: *GLD-09012* Policy Number: *681457*

Beneficiary Assist Counseling and HealthChampion

Competent professionals can help you or your beneficiaries cope with emotional, financial and legal issues that can arise after a loss. Includes unlimited phone contact for legal advice, financial planning and emotional counseling, and five face-to-face sessions for up to a year from the date a claim is filed.

HealthChampion offers support if you've become disabled from an accident or are diagnosed with a critical illness. You'll receive guidance on care options, helpful resources and help with timely and fair resolution of issues.

To learn more about HealthChampion, contact The Hartford at 1-800-411-7239.

Funeral Concierge Services

Offers a suite of online tools to help guide you through key decisions. It allows for pre-planning, documentation of wishes, and even offers cost comparisons of funeral-related expenses. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers – often resulting in significant savings. Express Pay guarantees beneficiaries can receive payment in as little as 48 hours.

To learn more about Funeral Concierge Services, contact The Hartford at 1-866-854-5429 or visit www.everrestfuneral.com/hartford. Use code: *HFEVLC*

EstateGuidance Will Services

Helps you protect your family's future by creating a will online – backed by online support from licensed attorneys. Just follow the instructions to create a will that's customized and legally binding.

To learn more about Estate Guidance Will Services, contact The Hartford at www.estateguidance.com. Use code: *WILLHLF*.

Disability Coverage



Long-Term Disability Coverage

Most illnesses or injuries prevent you from working for only a few days but more serious conditions could keep you out of work for weeks, months or even years. Fortunately, the city provides you with a source of income during these difficult times. The Long-Term Disability (LTD) Plan helps protect you and your family.

Plan Features

Monthly Benefit

50% of your monthly earnings (offset by other income, Social Security and TMRS). The monthly benefit is a minimum of \$100 or the greater of 10% of your gross monthly benefit, and the maximum is \$6,600.

Benefit Eligibility

Eligibility begins after 60th day of employment. If your claim is approved, you may receive benefits for up to two years while you are disabled from working in your occupation. Your benefits may continue for a longer period if you are disabled from working in any occupation. Your case will be reviewed annually for continued benefits.

Benefits Begin

Your benefits start after you've been unable to work for 180 days, and you've used up your sick and vacation leave once your claim is approved.

Benefits End

Your benefits will end at age 65, if you become disabled before age 61. Benefits continue for a set period of time if you are disabled after age 61. Benefits also end when you are able to return to work, if your absence lasted one year or less.

If you have any questions about Long-Term Disability, call 972-237-8192. For a specific plan document visit the Raving Fans intranet.

Life Insurance



Basic Life Insurance

Life insurance is an important financial benefit for your family in the event of your death. The city provides eligible employees with basic life insurance coverage equal to 2x your annual base pay.

Election Option	2x Base Salary	Max Limit	\$500,000	Employee Cost	City Paid	Evidence of Insurability	No
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Employee Optional Life Insurance

You may purchase additional life insurance as a new hire or during annual enrollment. Optional life insurance premiums are paid by you on an after-tax basis and based on your age and salary as of January 1 each year. Any increase to employee optional life is not in effect until approved by the carrier and Human Resources has updated coverage and premiums.

Election Option	1x - 5x Base Pay	Max Limit	\$500,000	Employee Cost	Varies based on age and salary as of 1/1	Evidence of Insurability	<u>New Hire</u> any amount >\$350,000 <u>All Others</u> any increase in the multiplier 1x to 5x
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Employee Accidental Death and Dismemberment

AD&D also provides some partial benefits if you are severely injured or die in an accident based on the nature of your qualifying injury in accordance with plan guidelines. You do not have to show proof of good health to elect this coverage as a new hire or to increase coverage during annual enrollment. You do not have to own Employee Optional Life to elect this benefit.

Election Option	1x - 5x Base Pay	Max Limit	\$500,000	Employee Cost	\$.02 per \$1,000	Evidence of Insurability	No
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Child Life

Child Life Insurance is an additional benefit you may purchase that will pay you if your covered child dies. Child life applies to your eligible child(ren) (under 26 years of age). Additionally, if your spouse is also a City of Grand Prairie employee with children, only one of you may cover the child(ren) through the “Child Life” option.

Election Option	Increments of \$1,000	Max Limit	\$20,000	Employee Cost	\$.08 per \$1,000	Evidence of Insurability	No
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Spouse Life Insurance

You may insure your eligible spouse for up to 100% of your combined basic + optional life, in increments of \$1,000 not to exceed \$350,000. Cost is based on your spouse's age as of January 1. Proof of good health is required when, as a new hire, you elect coverage over \$50,000 or if you elect to increase spouse life insurance during annual enrollment. If your spouse is also a City of Grand Prairie employee, you may not insure each other through "Spouse Life."

Election Option	Increments of \$1,000	Max Limit	Lesser of 100% of Employee Basic + Optional Life election or \$350,000
Employee Cost	Varies based on age as of 1/1	Evidence of Insurability	<u>New Hire</u> any amount over \$50,000 <u>All Others</u> any increase to current election

Spouse Accidental Death and Dismemberment

This benefit does not require Spouse Life or Employee Life coverage. It may be selected independently.

Election Option	Increments of \$1,000	Max Limit	\$350,000	Employee Cost	\$.02 per \$1,000	Evidence of Insurability	No
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How to apply for increases in life insurance

Any increase you request on optional life or spouse life (going from 1x to 2x, etc.) during enrollment requires completion of an Evidence of Insurability (proof of good health). Forms are sent to the carrier for review. Increase requests can be approved, denied or may require additional tests. You will be notified by the carrier if any additional information is needed to consider the request. Increases are not effective until approved by the insurance carrier and the city receives notification of the approval. Any increase in premium is effective the first payroll check following notification. Additions or increases to Child Life or addition of AD&D do NOT require proof of good health. They will be effective on the eligibility date for which the coverage is elected.

When does coverage end?

Life insurance coverage ends on the day in which your city employment ends. However, you may port or convert any or all of your life insurance coverage in order to take the coverage with you. You must contact the insurance company directly and arrange for this opportunity within 31 days of your separation date. The city cannot arrange this conversion to an individual policy for you.

Does life insurance coverage decrease after a certain age?

Life insurance coverage reduces on January 1 following your 65th and 70th birthday.

Age 65 Reduces to 65% of eligible amount **Age 70** Reduces to 50% of eligible amount

Additional Options

Employees may elect for additional benefit insurance options.



Accident Insurance



Most traditional insurance doesn't cover every medical expense, leaving you to pay out-of-pocket expenses such as deductibles, office visit co-payments, and transportation and lodging costs. Colonial's Accident Insurance is designed to help see you through the different stages of care. This plan provides benefits for initial care and treatment, in addition to the follow-up care you may need.

Critical Illness Insurance



Colonial's Critical Illness Insurance pays a lump sum benefit upon diagnosis of a specified critical illness for you to use where it's needed most. Coverage is available for you, your spouse or your dependent children. Conditions include heart attack (myocardial infarction), transplant as the result of heart failure, stroke and bypass surgery as the result of coronary artery disease.

Cancer Care Insurance



You can help protect yourself and your family from the high cost of cancer treatment with Group Cancer Insurance from Colonial Life & Accident Insurance Company (Colonial) so that you can concentrate on what is most important—your care. Indirect costs associated with cancer care that Colonial may help cover:

- Loss of wages or salary
- Deductibles or co-insurance
- Child care
- Travel expenses to and from treatment centers
- Lodging and meals

To learn more about Colonial Insurance options, please contact Colonial Insurance at 214-392-5259.

Pet Insurance

My Pet Protection is offered by Nationwide Insurance exclusively to employees and gives your pet superior protection at an unbeatable price.



Nationwide®

Step 1: Choose Your Reimbursement Level

90%
Reimbursement

70%
Reimbursement

50%
Reimbursement

Both plans feature a \$250 annual deductible and have a maximum annual benefit of \$7,500. Pre-existing conditions are not covered. Any illness or injury a pet had prior to start of policy will be considered pre-existing.*

Step 2: Choose Your Plan

my pet protectionSM with wellness **my pet protectionSM**

	my pet protection SM with wellness	my pet protection SM
Accidents, poisonings and allergic reactions	●	●
Injuries, cuts, sprains and broken bones	●	●
Serious/chronic illnesses, cancer & diabetes	●	●
Hereditary and congenital conditions	●	●
Surgeries and hospitalization	●	●
X-rays, MRIs and CT scans	●	●
Prescription medications & therapeutic diets	●	●
Common illnesses, ear infections, vomiting & diarrhea	●	●
Wellness exams	●	
Vaccinations	●	
Spay/neuter	●	
Flea and tick prevention	●	
Heartworm testing and prevention	●	
Routine blood tests	●	

Step 3: Sign-Up Anytime

Sign-up anytime year-around and take advantage of preferred pricing.

To Enroll for Pet Insurance, please visit petinsurance.com/gptx or call Nationwide Insurance at 1-877-738-7874.

Retirement and Saving



Texas Municipal Retirement System (TMRS)

The city participates in TMRS, a statewide retirement system, effective the first day of employment for employees who are scheduled to work in a position budgeted to work more than at least 1,000 hours annually. Employees are required to contribute 7% of salary on a pre-tax basis. The city's plan provides five-year vesting and 2-to-1 matching of contributions (the city's contribution is 14%).



Retirement at Any Age

with 20 years of creditable service (or age 60 with at least 5 years of creditable service)



Partial Lump-Sum

distribution at retirement

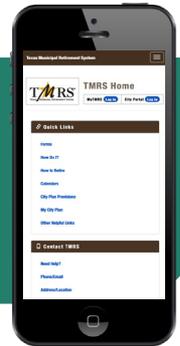


Disability Retirement

for those disabled from their position

www.tmrs.com

- See the balance of your TMRS account (does not include city contribution)
- View and update your beneficiaries
- See date you are eligible to retire
- See your total months of service
- View and update your address



Medical Benefits for Retirees

Medical benefits are only available to employees and their spouses under the age of 65 at the time of retirement. Upon attainment of age 65, the retiree or covered spouse must move off of the city's medical benefits and onto Medicare. Dental or vision benefits may be continued by retirees regardless of age as long as premiums are paid. If the covered spouse of a retiree is not yet 65, he/she may continue on the city's plan but will pay the appropriate rate at that time. The spouse must then move off the plan at the time he/she reaches age 65. Eligibility for retiree benefits requires that the employee retires through TMRS for an effective date immediately following separation, with no gap in months.

NOTE: Retiree rates, rules, structures and eligibility are subject to change at any time as deemed necessary by the city. Plans/rates are considered each year as are all other benefits as part of the budget process. **For dependents to be eligible on retiree insurance, they must have been covered under the employee's plan for at least two full years prior to the retirement date.**



RETIRED

Turning 65

I am a current city of Grand Prairie employee and turning 65. What do I need to do?

You need to register for Medicare at least 3 months before turning 65. Your insurance with the city will continue to be primary until you retire and then you will no longer be covered under the city's medical plan. If you wait to enroll in Part B you may be eligible for a Special Enrollment Period once you leave employment.

What about my covered spouse and dependents?

As long as you are employed by the City of Grand Prairie and in a position eligible for benefits, your spouse and dependent children may be covered for as long as you carry them on your plan. Your children, however, lose coverage when they reach age 26 and will have the option of continuing benefits through COBRA.

Dependents

It is very important that if you are considering covering dependents in retirement, that you ensure they are covered on the plan AT LEAST two years prior to your retirement date. If that is not met, coverage will only be continued for retirees who meet the other eligibility guidelines. Ineligible dependents who did not meet this rule will have the option to continue their benefits at COBRA rates and within COBRA guidelines.

Planning for Retirement

When you plan on retiring, contact Human Resources for a retirement packet and to obtain the current retiree rates. You may apply for retirement up to 90 days in advance of your expected retirement date. To review your TMRS retirement options go online at tmrs.com or call 1-800-924-8677 to request an estimate.

Deferred Compensation Plans (457)

You may also choose to save for the future with a 457 deferred compensation retirement plan. Employees may choose from two different deferred compensation plans including Nationwide Retirement Solutions and ICMA Retirement Corporation. Packets of information about these plans are available in the Human Resources Department.

Nationwide Retirement Solutions

With nearly 30 years experience in group retirement, Nationwide Retirement Solutions provides variable and fixed tax-deferred group annuities, mutual funds and stable value options for public employees.

To learn more about Nationwide Retirement, call Will Angus, Retirement Specialist at 817-371-1870 or email angusw1@nationwide.com. Nationwide Customer Service: 1-877-677-3678 or visit nrsforu.com

ICMA Retirement

The ICMA Retirement Corporation is a not-for-profit corporation founded by public service employees. ICMA-RC is an investment advisor registered with the Securities and Exchange Commission. ICMA-RC also offers traditional rollover and Roth IRA's

Other ICMA services include:

- Daily valuation of asset balances
- 24-hour access to account information via toll-free telephone and the Internet
- Ability to transfer assets and allocate future contributions over the phone and the Internet
- Internet site at icmarc.org
- Competitive fees, no hidden fees. Free fund-to-fund transfers among investment options
- Personalized service, including assistance in enrollment and retirement planning
- Quarterly account statements, performance summaries and newsletters

To learn more about ICMA Retirement Corporation, call Eunice Brogdon, Retirement Plans Specialist, at 972-306-0701 or email ebrogdon@icmarc.org. ICMA Customer Service: 1-877-313-8316 or visit icmarc.org



ICMA-RC's VantageBroker

The VantageBroker program provides you with access to additional investment options, including more than 13,000 mutual funds. Your plan sponsor may make available specific types of investments in your retirement plan. Please contact ICMA-RC if you have questions. Brokerage services are provided by TD Ameritrade, a registered broker-dealer and member of FINRA/SIPC.

Eligibility Requirements

Before you can open a VantageBroker account, you must have a total account balance (across all of your ICMA-RC plans combined) of at least \$35,000. This total balance, which excludes any assets you may have invested in VantageBroker, is referred to as your "core" account balance.

Opening an Account

Enroll online through the ICMA-RC website

- Log in to your account at www.icmarc.org/login
- Select your account from the *Access my Accounts* menu option at the top of the page
- Click *Investments* from the left-hand menu
- Click on *Brokerage* and then *Open a Brokerage Account*

To learn more about ICMA-RC's VantageBroker account, please call TD Ameritrade at 1-866-766-4015, Monday through Friday, from 8 a.m. to 7 p.m. Eastern Time. Fees and charges may apply.

COBRA

(Consolidated Omnibus Budget Reconciliation Act)



The city offers continuation of coverage (COBRA) to employees or dependents that experience a COBRA qualifying event resulting in a loss of city provided benefits.

These may include medical, dental, vision, Employee Assistance Program, and health flexible spending accounts. COBRA benefits are the same as your active employee benefits, but the cost is much more because you do not get the city's contribution. You pay the full cost, plus a 2 percent fee.

An initial notice is provided to you upon hire or rehire to notify you of COBRA rights.

Upon experiencing a COBRA event, you and/or your affected dependent will receive a notification letter to advise you of options, guidelines and costs at that time.

You only have 60 days from the date of notification to make elections and 45 days from the election date to pay. COBRA benefits are not reinstated until the election and first payment are received. Costs vary annually and are provided at the time of the event in the letter.

There may be other coverage options for you and your family. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.



HUMAN RESOURCES CONTACTS

Contact Human Resources

972-237-8192

benefits@gptx.org

Airrosti

1-800-404-6050 or airrosti.com

Benefits Value Advisor

Blue Cross Blue Shield 1-800-521-2227

Blue Cross Blue Shield

Call the phone number on the back of your insurance ID card

Cigna

1-800-244-6224 or mycigna.com

COBRA

1-877-920-9675 or cobra@naviabenefits.com

Colonial Insurance

214-392-5259

Compass (Medical, Dental, Vision Plans)

1-800-513-1667 ext. 409 or jeffrey.haecker@compassphs.com

Deer Oaks

1-866-327-2400 or deeroakseap.com

Dependent Care Account

1-866-669-3539 or www.naviabenefits.com

Flexible Spending Account (FSA)

1-866-669-3539 or www.naviabenefits.com

Health Savings Account (HSA)

1-866-451-3399 or customerservice@discoverybenefits.com

ICMA Retirement Corporation

1-877-313-8316 or ebrogdon@icmarc.org

Life Insurance (Basic, Optional, AD&D) Questions

972-237-8192

Long-Term Disability Questions

972-237-8192

Nationwide Retirement Solutions

1-877-677-3678 or www.nrsforu.com

Pet Insurance

1-877-738-7874 or www.petinsurance.com/gptx

Quality Care Dental

1-800-228-0304 or www.qcdoamerica.com

Superior Vision

1-800-507-3800 or www.superiorvision.com

Surgery Plus

Visit gptx.surgeryplus.com Access Code: *RavingFans!*

Texas Municipal Retirement System (TMRS)

1-800-924-8677 or tmrs.com

The Hartford

1-800-964-3577

Virtual Visits

1-888-680-88646 or www.mdlive.com/bcbstx

Grand
Prairie
TEXAS