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BENEFITS for Retirees



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 annually to determine which is best for your current needs.

Eligibility



Retiree rates, rules, structures and eligibility requirements are subject to change at any time as deemed necessary by the city. Plans, rates and benefits are considered each year as part of the city's budget process.

Eligibility for retiree benefits with the city requires:



1 The retiree must retire through TMRS immediately following City of Grand Prairie employment.



2 The retiree must be under the age of 65 upon retirement from the city.



3 Your dependents may be covered through retiree insurance into retirement only if they were covered for two full years immediately prior to retirement on the plan(s) selected or the dependents are eligible for coverage in accordance with plan guidelines.

Turning 65

Medicare has certain enrollment periods, deadlines and requirements to sign up for Part A, Part B, Part C and Part D prior to turning 65.

Research your options at: <https://hhs.texas.gov/services/health/medicare>

The Texas Health Information, Counseling and Advocacy Program through Medicare can help you enroll, find information and provide counseling about your options. They partner with the Texas Health and Human Services system, Texas Legal Services Center and the Area Agencies on Aging to train and oversee these counselors across Texas. Counselors through this program help you understand the fine print and apply a plan that works for you. Additionally, they advocate for you with these programs and help you get the services you need.

To obtain services through this agency as you are nearing 65, call 1-800-252-9240.

Benefit Rules

Plan rules are a little different for retirees and their covered dependents versus an employee. It is important that you understand these rules on our plans:

Retiree Rules



- If you meet the eligibility requirements, you may continue medical, dental and/or vision benefits into retirement for you and any eligible dependents
- Upon initial retirement, you may only select the current plans for which you are covered at the time of retirement. You may not add coverage that you did not have, nor can you add any dependents that weren't already covered
- If you decline coverage for medical, dental and/or vision, you can never re-elect that coverage at any time in the future
- Coverage will continue as long as the premium is paid. Premiums that are more than 60 days delinquent are subject to coverage cancellation and may not be reinstated
- If you are a retiree on the plan, and your spouse worked for the city and has retiree coverage on their own city plan, you may not combine in the future onto one plan. Each remains covered separately based on their eligibility at the time of retirement, years of service, etc.
- Retirees on the city's medical plan, who attain the age of 65, must move off of the medical plan on the first day of the month in which they turn 65. Dental and/or vision may be continued until death or cancellation of coverage

Dependent Rules



- To carry dependents into retirement, they must have been covered by the employee on the selected plan(s) for at least two full years immediately prior to the retirement date
- Dependents who do not meet the two year requirement, may select continuation coverage on their own through COBRA benefits, duration and guidelines in accordance with federal law. COBRA rates and coverage are independent from retiree coverage and may be provided by Human Resources
- Dependents may not be added to retiree coverage at any time in the future for any reason (such as for marriage, adoption, gaining custody of grandchildren, etc.)
- Spouses on the retiree's medical plan, who attain the age of 65, must move off of the medical plan on the first day of the month in which they turn 65. Spouses may remain covered on the retiree's dental and/or vision plan after 65
- If a retiree moves off of the medical plan due to death or turning 65, and the spouse remains eligible (under 65), he/she may continue coverage on the city's medical plan as a spouse only, for themselves, or family only, if eligible children are also covered

Need Help?

For retirement benefits account information, please contact TMRS.

Texas Municipal Retirement System

Toll Free: 1-800-924-8677

Monday - Friday

8:00 a.m. to 5:00 p.m. (CST)

Can I change my option after retirement?

If you marry after retirement, you may be eligible to change your payment plan to provide a survivor benefit for your new spouse. To be eligible for this change, you must have selected the Retiree Life Only Benefit or a Guaranteed Term option at retirement. You only have one year after the date of your post-retirement marriage to notify TMRS in writing that you wish to change your retirement option. If you retired under a Lifetime Survivor Option, your beneficiary dies, and you remarry, you may also make this change. This change can be made only once and cannot be made online. Call TMRS for assistance.

Changing your option does not increase the total benefit you and your spouse will receive. Depending on the new option you choose and the age of your beneficiary, your monthly payment will be reduced to pay the cost of the additional survivor benefit. If you divorce after retirement, you may be eligible to change your retirement option. Please contact TMRS regarding eligibility for option reselection.

What If my beneficiary dies?

If your beneficiary dies, contact us as soon as possible. Some retirement options that provide a lifetime survivor benefit include a “pop-up” feature. If your designated beneficiary dies before you, your benefit will “pop up” to the amount of the Retiree Life Only benefit. It is always important to keep your beneficiary information current with TMRS.

What happens to MyTMRS benefit when I die?

At your death, your retirement benefits will be paid to your chosen beneficiary, depending on the retirement option you chose. Your personal representative or a family member needs to notify TMRS at the time of your death. We will advise your designated beneficiary in writing of the proper forms to submit.



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!

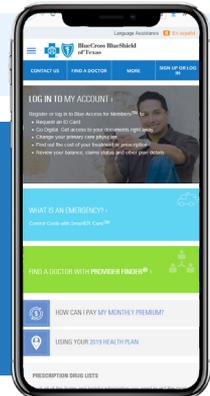
You'll get guidance for benefits such as medical, pharmacy and other available coverage so you only need one call to get support. BVAs can also help you:

- 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.**





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

1. **EPO** (Exclusive Provider Organization)
2. **HDHP** (High Deductible Health Plan)
3. **No Coverage** of the city’s medical plan

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

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. 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* and 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 retiree'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	Retiree	Retiree + 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

Medical Plan Terms and Summary

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.



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.



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.*

Summary of Plan Benefits

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

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. 12

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)
Retiree Only	\$6.84	\$40.64
Retiree + Spouse	\$13.00	\$80.28
Retiree + Children	\$15.06	\$84.24
Retiree + 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)
Retiree Only	\$0.00
Retiree + 1	\$8.00
Retiree + 2	\$12.00

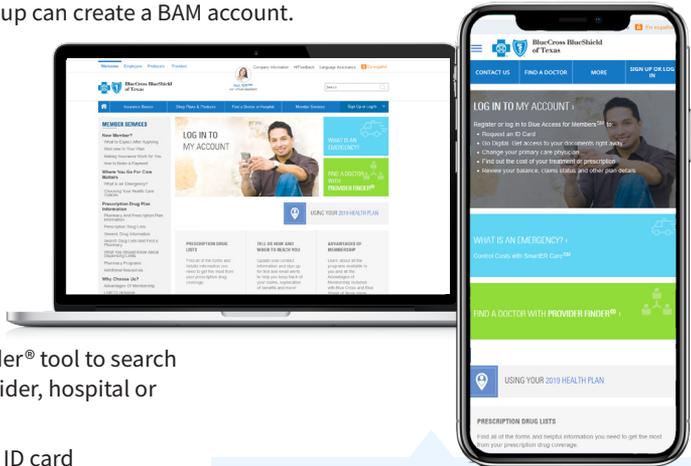
For a list of QCD providers, contact QCD at 1-800-229-0304 or qcdofamerica.com

Blue Cross Blue Shield Resources



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](tel:33633) 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

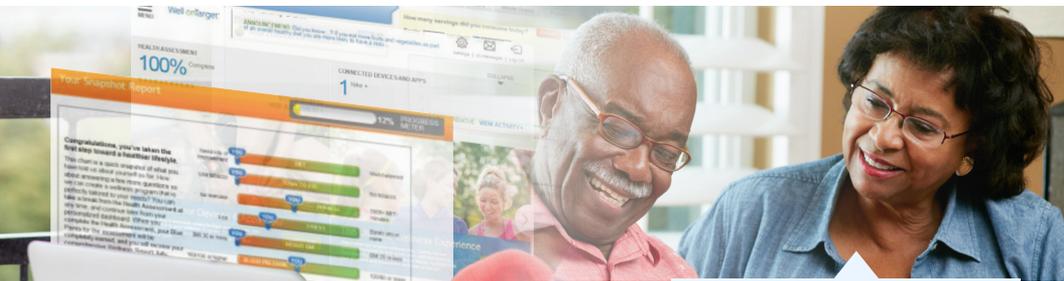
The tracker lets you record how much sleep you get, your stress levels, your blood pressure readings and your cholesterol levels. It also offers a symptom checker and helps you decide if you should see a doctor.

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

Retiree 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 retirees, 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 retirees 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.

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

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

Compass (Medical, Dental, Vision Plans)

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

Health Savings Account (HSA)

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

Quality Care Dental

1-800-228-0304 or www.qcdofamerica.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

Virtual Visits

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

Grand
Prairie
TEXAS