

CITY OF NEW BRAUNFELS

BENEFITS GUIDE

2025-26

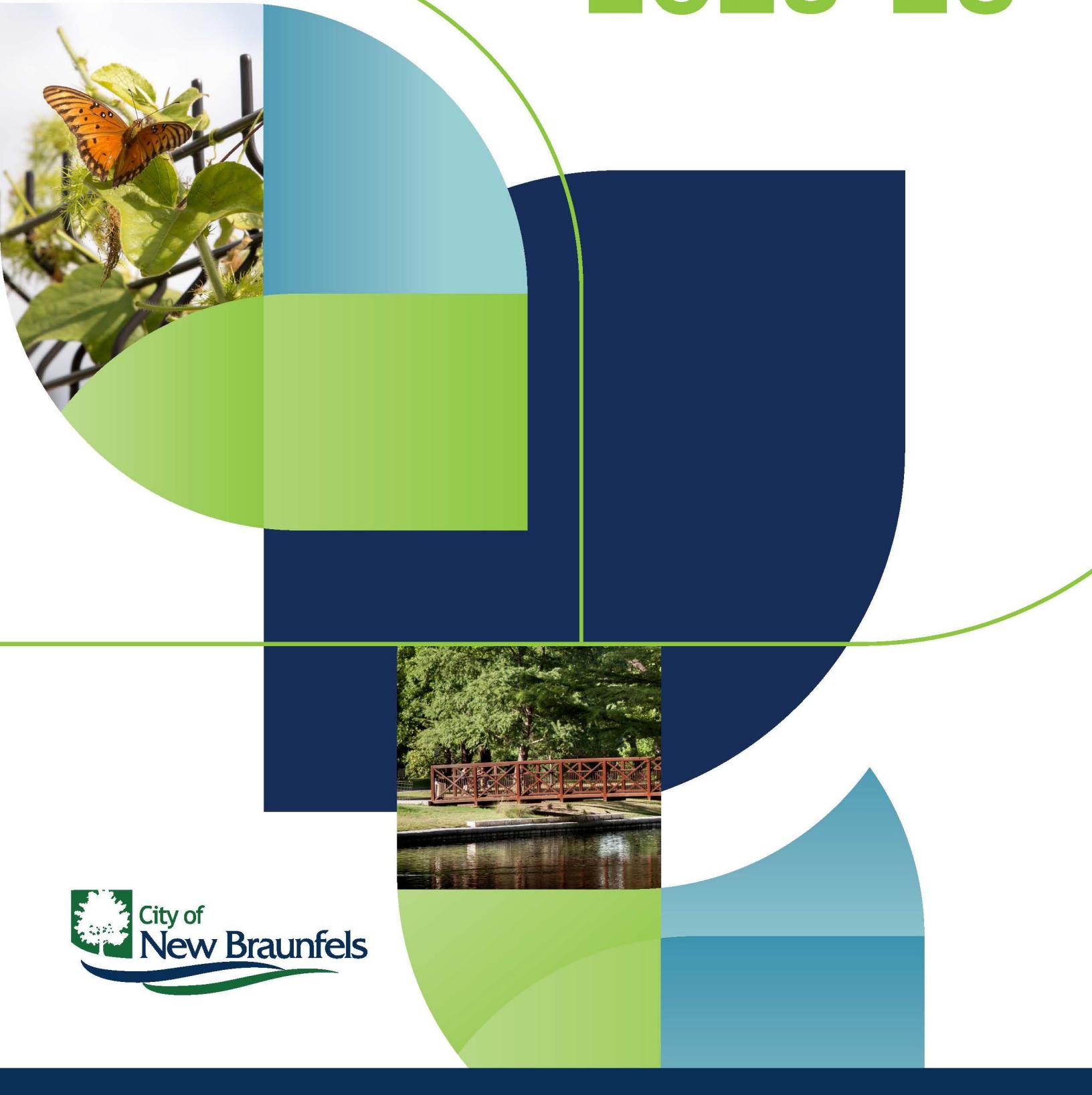


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WELCOME

At the City of New Braunfels, it's our team members who make the difference in our success. That's why, each year, we are proud to present you with the opportunity to choose from a variety of benefits that can make an impact in your and your loved ones' everyday lives.

We offer a broad range of benefits, including health care, life insurance, disability insurance, retirement savings and much more! You can elect benefits to fit your personal needs and goals.

This guide provides a summary of the benefits available.

Please review it carefully and make your elections. No changes will be allowed during the plan year unless you have a Qualified Life Event (e.g. birth, death, divorce, marriage).

If you have any questions about your benefits choices or about how to enroll, please contact Human Resources for answers and to ensure you have the benefits you need for the plan year.

Human Resources
(830) 221-4390
Humanresources@newbraunfels.gov



Benefit Offerings & Important Contacts

Save these
contacts for
later!

Benefit	Contact	Phone	
Medical & Prescription Drug	Blue Cross Blue Shield	(800) 521-2227	www.bcbstx.com
Specialty Pharmacy	Accredo Pharmacy	(833) 721-1619	www.Accredo.com
Health Care Concierge	Benefits Value Advisor	(800) 521-2227	Ask for a Benefits Value Advisor
Health Savings Account	Proficient Benefit Solutions	(888) 659-8151	www.proficientbenefits.com
Flexible Spending Account	Proficient Benefit Solutions	(888) 659-8151	www.proficientbenefits.com
Dental	Blue Cross Blue Shield	(800) 521-2227	www.bcbstx.com
Vision	The Standard/VSP	(800) 877-7195	www.vsp.com
Basic Life and AD&D	Mutual of Omaha	(800) 228-7104	www.mutualofomaha.com
Voluntary Life and AD&D	Mutual of Omaha	(800) 228-7104	www.mutualofomaha.com
Voluntary Disability	Mutual of Omaha	(800) 228-7104	www.mutualofomaha.com
Voluntary Accident, Critical Illness, Hospital Indemnity	Mutual of Omaha	(800) 228-7104	www.mutualofomaha.com
Employee Assistance Program	ComPsych	(844) 213-8968	www.guidanceresources.com Web ID Code: TXEAP
Tania Glenn & Associates (FD & PD)	Tania Glenn & Associates	(512) 323-6994	www.taniaglenn.com
LegalShield & IDShield	LegalShield	(855) 572-7653	clientsupport@pplsi.com
457 Retirement Plan	HUB TCG, Dominick Zucconi	(512) 600-5342	dominick.zucconi@hubinternational.com
TMRS		(800) 924-8677	www.tmrs.com
COBRA	Proficient Benefit Solutions	(888) 659-8151	www.proficientbenefits.com
All Plans	HUB, Alice Hensley	(210) 298-7138	alice.hensley@hubinternational.com

Waiving Coverage

If you have medical coverage under another plan, you may choose to decline (waive) the City's medical plans and other benefits.

Team members will still need to participate in the enrollment process to waive all coverages.

Eligibility & Enrollment

When Can I Enroll or Change My Benefit Elections?

Current Team Members	During an annual Open Enrollment period
New Hires or Newly Eligible Team Members	Upon hire (benefits start the 1 st day of the month following 30 days after date of hire)
Change in Status/Qualifying Event	Within 30 days of the change in status

Once you have made your benefit elections, you will not be able to change them until the next open enrollment period unless you have a **qualified life event**.

Qualified Life Events

Qualified life events include:

- marriage or divorce
- birth or adoption of a child
- changes in dependent eligibility
- death of a spouse, child, or other qualified dependent
- change in residence due to an employment transfer for you or your spouse
- commencement or termination of adoption proceedings
- change in spouse's benefits or employment status
- loss of coverage in the Children's Health Insurance Program (CHIP)
- loss or gain of coverage in Medicaid by team member and/or dependents

↳ *If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal Law gives you more choices about your prescription drug coverage. See Important Notice, Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families for details.*

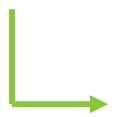
Qualified Life Event	Possible Documentation Needed
Change in marital status	
Marriage	Copy of marriage certificate
Divorce	Copy of divorce decree
Death	Copy of death certificate
Change in number of dependents	
Birth or adoption	Copy of birth certificate or copy of legal adoption papers
Stepchild	Copy of birth certificate plus a copy of the marriage certificate between team member and spouse
Death	Copy of death certificate
Change in employment	
Change in your eligibility status (i.e. full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage

Eligible Dependents

While all components of our benefit offerings are available to eligible team members, some allow enrollment of eligible dependents, including your spouse and/or children up to the age of 26.

As administrators of our health and welfare program, we must validate dependent eligibility. To this end, you will be required to provide proof of eligibility for your dependents through Workday. This requirement applies to new hires and any existing team members looking to add dependents to our qualified health plans per qualifying event.

Dependent Type	Documentation Needed
Spouse	Copy marriage certificate
Common Law Spouse	Contact HR for Common Law Spouse Attestation
Child	Copy of birth certificate or copy of legal adoption papers
Disabled Dependent	Contact HR for Disable Dependent requirements



If adding a new dependent, be prepared to upload dependent verification in Workday!

How to Enroll

Workday: Log in from home or work at any time during your enrollment period to select the coverage that's right for you and your family.

Log in using the Workday App or use the URL

<https://wd12.myworkday.com/newbraunfels/login.html>

- For Open Enrollment, New Hires, and Position Changes, you will have a task in Workday available to start your enrollment.
- If you are requesting a benefit change, navigate to Benefits & Pay under the menu. Select Change Benefits to begin the process.

The Workday system lets you:

- Elect your benefits coverage
- Update personal information
- Assign beneficiaries
- Print a confirmation statement of elections
- Request mid-year changes

Need Help Logging In?

Contact IT at 830-221-4330 or service.desk@newbraunfels.gov

Medical & Prescription Drugs

Blue Cross Blue Shield of Texas | Policy #369628 (Gold/Silver) /369629 (Bronze)

The chart below compares services your plan includes and the amount **YOU** are responsible to pay. Please refer to your Summary Plan Description (SPD) for a complete listing of covered services under each plan. SPD's can be found at www.newbraunfels.gov/benefits

In-Network Benefits	Gold Plan	Silver Plan	Bronze Plan
Plan Type	PPO	PPO	HDHP
Preventive Services	0%	0%	0%
Plan Year Deductible	<i>Starts over October 1st</i>	<i>Starts over October 1st</i>	<i>Starts over October 1st</i>
- Individual	\$2,000	\$3,000	\$3,300
- Family	\$6,000	\$9,000	\$9,000
Coinsurance	20%	20%	20%
Out of Pocket Max	<i>Includes copays & deductibles</i>	<i>Includes copays & deductibles</i>	<i>Includes copays & deductibles</i>
- Individual	\$4,000	\$6,000	\$6,000
- Family	\$12,000	\$13,000	\$13,000
Office Visit			
- Primary Care	\$30 copay	\$40 copay	20% after deductible
- Specialist	\$70 copay	\$80 copay	20% after deductible
Virtual Visits	\$0 copay	\$0 copay	Up to \$48
Coinsurance	20%	20%	20%
Emergency Room	20% after \$250 copay	20% after \$250 copay	20% after deductible
Urgent Care (facility only)	\$50 copay	\$50 copay	20% after deductible
Inpatient Hospital	20% after deductible	20% after deductible	20% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	20% after deductible
Airrosti	\$30 copay	\$40 copay	20% after deductible
Behavioral Health (office)	\$30 copay	\$40 copay	20% after deductible
Diagnostic Lab & X-ray			
- Physician Office Visit	0%	0%	20% after deductible
- All Other Facilities & ER	20% after deductible	20% after deductible	20% after deductible
Advanced Imaging	20% after deductible	20% after deductible	20% after deductible
Prescriptions			
- Retail (30 days)	\$10/\$40/\$70 copay	\$10/\$40/\$70 copay	20% after deductible
- Mail Order (90 days)	\$20/\$80/\$140 copay	\$20/\$80/\$140 copay	20% after deductible
- Specialty	20% with a \$100 copay maximum	20% with a \$100 copay maximum	20% after deductible

Out-of-Network Benefits	Gold Plan	Silver Plan	Bronze Plan
Plan Type	PPO	PPO	HDHP
Out-of-Network Deductible			
- Individual	\$10,000	\$10,000	\$10,000
- Family	\$20,000	\$20,000	\$20,000
Out-of-Network Out-of-Pocket			
- Individual	\$20,000	\$20,000	\$20,000
- Family	\$40,000	\$40,000	\$40,000

 **Important!** The prescription plan includes **mandatory generics**, meaning if a generic drug is available and you choose to receive the brand name drug, you will have to pay the copay of the brand name drug plus the difference in cost between the generic and brand name drug. However, if your doctor indicates “**Dispense as Written**” on your prescription you will receive that specific drug, even if a generic equivalent is available. As a result, you will be charged the applicable brand-name copay or coinsurance amount and you will not be responsible for the cost difference between the brand-name and generic. If you discover at the pharmacy that your doctor gave you a “**Dispense as Written**” prescription, you can ask the pharmacist to contact your doctor for approval of a generic equivalent.

 **Important!** This plan also includes **step therapy** and **requires pre-certification on certain prescriptions**.

Your Cost per Paycheck (Semi-Monthly)

Medical Rates	Gold Plan	Silver Plan	Bronze Plan
Employee Only	\$49.35	\$12.60	\$7.50
Employee + Spouse	\$329.70	\$173.78	\$72.45
Employee + Children	\$219.45	\$117.08	\$48.83
Employee + Family	\$404.25	\$236.78	\$98.70

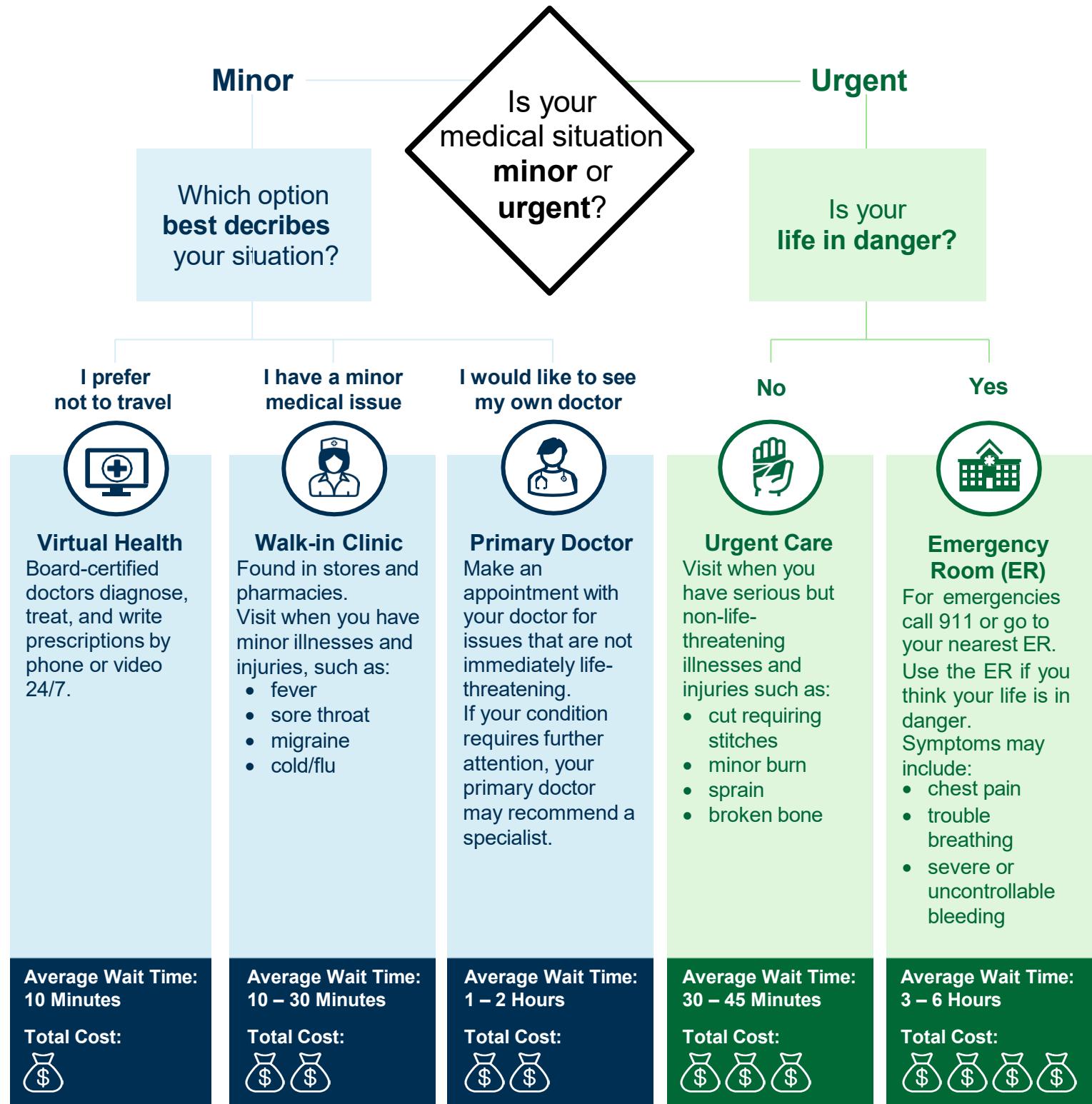
Medical Perks

- BCBSTX App
- Virtual visits with MDLIVE
- Wellness portal

More information on the following pages!

Deciding Where to Go for Healthcare

Knowing your options when it comes to health care can mean big savings when it comes to cost and time.



NOTE: Ambulance services are always subject to coinsurance and deductible. Check your official health plan documents to see what services and providers are covered by your health plan. The information and estimates provided are for general informational and illustrative purposes only and is not intended to be nor should be construed as medical advice or a substitute for your doctor's care.

BCBSTX Resources & Wellness

Blue Access for Members (BAM)

Online tool for health and insurance information. You can also use BAM from your mobile device, web browser, or download the app at bcbstx.com. BAM can give you access to your plan details anytime, anywhere. BAM benefits include:

- Claims
- Wellness Benefits
- Print, download, or re-order your member ID Card
- Find a provider
- & More!

Benefit Value Advisors (BVA)

Benefit Value Advisors make it easier to use your health plan while helping you save time and money. Benefit Value Advisors will help you:

- Find a doctor or facility
- Get cost estimates for procedures and services
- Schedule appointments
- Set up prior authorizations (if needed)

Call the number on the back of your member ID card and ask for a Benefits Value Advisor via live chat in Blue Access for Members (bcbstx.com) or in the BCBSTX App, which you can quickly download by texting BCBSTXAPP to 33633.

Virtual Visits

\$0* virtual visits are available through MDLIVE. This is a convenient alternative for treatment of more than 80 health conditions. Receive 24/7 non-emergency care from a board-certified doctor by phone, online video or mobile app from the privacy and comfort of your own home. Common services include:

- Allergies
- Cold/Flu
- Sinus/ear infections

Behavior health conditions treated include online counseling, child behavior/learning issues, and stress management.

***MDLIVE Visits are a \$0 copay under the Gold & Silver plans.** For the Bronze (HDHP), general health visits are \$48, Therapy approximately \$90, and Psychiatry is \$250.

Activate your MDLIVE account today by going to MDLIVE.com/bcbstx. You will need your BCBSTX Member ID when signing up.

Wellness Resources

Well onTarget

Well onTarget has tools and resources to help you manage your health:

- Health Assessments to help you measure your health.
- Digital Self-Management Programs, lessons, and challenges to help you reach your wellness goals.
- With the Blue Points program, you can earn points by completing activities and reaching goals. These points can be redeemed online for rewards.
- Track healthy habits, sync your fitness and nutrition devices with the Well onTarget portal or download the app.

Ovia Health

Ovia Health™ offers support for reproductive health, starting a family, having a healthy pregnancy, balancing life as a parent and managing menopause. Ovia Health apps are included in your health plan benefits, offered through Blue Cross and Blue Shield of Texas (BCBSTX).

To start receiving support:

1. Download the app that's right for you
2. Select "I have Ovia Health as a benefit" during signup
3. Enter your health plan
4. Enter your employer name (optional)
5. Explore **Ovia Health!**

Find more Wellness Resources by logging into your Blue Access for Members account under My Health and Wellness.



Find what you need at Blue Access for MembersSM

Blue Access for Members (BAMSM) is your online tool for health and insurance information. You can also use BAM from your mobile device, web browser, or download the app at bcbstx.com. BAM can give you access to your plan details anytime, anywhere.

My Coverage

Check your health care benefits and those for covered members of your family.

My Health

Make informed choices by reading about health topics and researching specific conditions.

Claims Center

View and arrange details such as payments, dates of service, claims status and more.

Providers & Hospitals

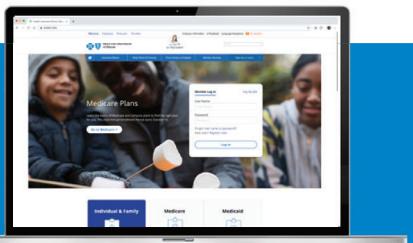
Find health care providers, hospitals and urgent care clinics near you.

Forms & Documents

Use the form finder to get medical, dental, pharmacy and other forms quickly.

Member ID Card

Print, download (through our app) or re-order your member ID Card.



Sign Up For BAM Today!

To register, get the group and member numbers found on your Blue Cross and Blue Shield of Texas ID card and go to bcbstx.com.



BlueCross BlueShield of Texas



Benefits Value Advisors¹ are available to help you 24/7!²

Our Benefits Value Advisors make it easier to use your health plan, while helping you save time and money. They will explain your benefits and provide guidance on how to use them.

In addition, Benefits Value Advisors will help you:

- Find a doctor or facility
- Get cost estimates for procedures and services
- Schedule appointments
- Set up prior authorizations (if needed)

Call the number on the back of your member ID card anytime – day or night – and ask for a Benefits Value Advisor! You can also connect with a Benefits Value Advisor via live chat in Blue Access for MembersSM (bcbstx.com) or in the BCBSTX App, which you can quickly download by texting* BCBSTXAPP to 33633.

Want to know more?

Scan this QR code to watch a short video.



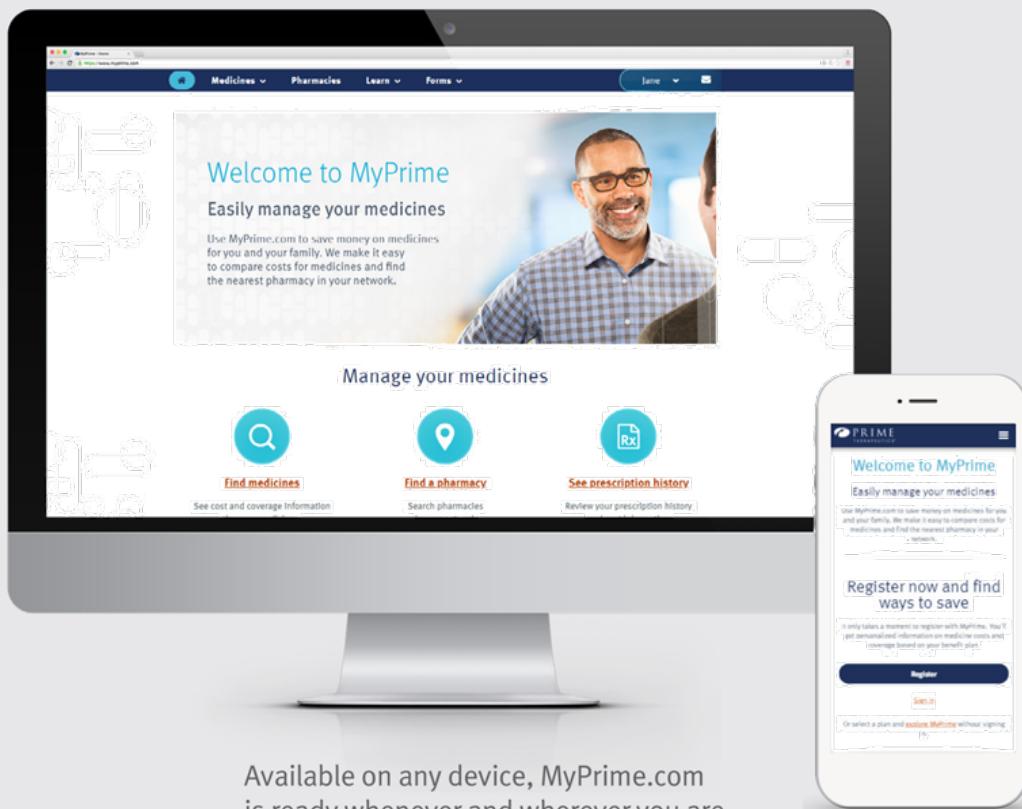
1. Benefits Value Advisors offer cost estimates for procedures and services from various providers and facilities. Lower pricing and cost savings are dependent on the provider or facility you choose. Benefits Value Advisors do not give medical advice. Talk to your doctor or health care professional about any health questions or concerns.

2. Excludes major U.S. holidays.

* Message and data rates may apply. Terms, conditions and privacy policy at bcbstx.com/mobile/text-messaging.

MyPrime.com helps you manage your pharmacy benefits when you're at home or on the go

Use MyPrime.com to find information about your current medicines, prescription history, ways to save and forms you may need.



REGISTER TODAY AND START MANAGING YOUR MEDICINES ANYTIME, ANYWHERE.

- ➡ Check medicine cost and coverage.
- ➡ See your prescription history.
- ➡ Find in-network pharmacies and compare pricing.
- ➡ See how much you can save by switching to Express Scripts® Pharmacy home delivery.
- ➡ Learn about drug interactions, possible side effects and more.



A home delivery (mail order) pharmacy service you can trust.

Express Scripts® Pharmacy 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.

Savings and Convenience

- Express Scripts® Pharmacy delivers up to a 90-day supply of long-term medicines.¹
- Prescriptions are delivered to the address of your choice, within the U.S., with free standard shipping.
- You can order from the comfort of your home — through your mobile device, online or over the phone. Your doctor can fax, call or send your prescription electronically to Express Scripts® Pharmacy.
- Tamper-evident, unmarked packaging protects your privacy.

Support and Service

- You can receive notices by phone, email or text — your choice — when your orders are placed and shipped. You will be contacted, if needed, to complete your order. To select your notice preference, register online at express-scripts.com/rx or call **833-715-0942**.
- 24/7 access to a team of knowledgeable pharmacists and support staff.
- Choose to receive refill reminder notices by phone or email.
- Multiple pharmacy locations are located across the U.S., for fast processing and dispensing.



Medicines may take up to 5 business days to deliver after Express Scripts® Pharmacy receives and verifies your order.

Getting Started with Express Scripts® Pharmacy Mail Order

Online and Mobile

You have more than one option to fill or refill a prescription online or from a mobile device:

- Visit express-scripts.com/rx. Follow the instructions to register and create a profile. See your active prescriptions and/or send your refill order.
- Log in to myprime.com and follow the links to Express Scripts® Pharmacy.

Over the Phone

Call **833-715-0942**, 24/7, to refill, transfer a current prescription or get started with mail order. 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 (BAMSM). Complete the mail order form. Mail your prescription, completed order form and payment to Express Scripts® Pharmacy.

Talk to Your Doctor

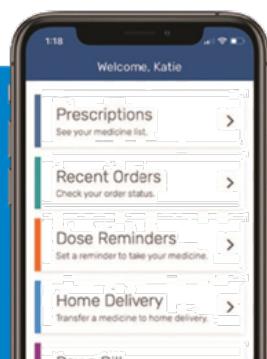
Ask your doctor for a prescription for up to a 90-day supply of each of your long-term medicines.¹ You can ask your doctor to send your prescription electronically to Express Scripts® Pharmacy, call **888-327-9791** for faxing instructions or call the pharmacy at **833-715-0942**. If you need to start your medicine right away, request a prescription for up to a one-month supply you can fill at a local retail pharmacy.

Refills Are Easy

Refill dates are shown on each prescription label. You can choose to have Express Scripts® Pharmacy remind you by phone or email when a refill is due. Choose the reminder option that best suits you.

Questions?

Visit bcbstx.com. Or call the phone number listed on your member ID card.



Use the mobile app to manage your prescriptions

- Refill prescriptions
- Track your order
- Make payments
- Set reminders to take medicines and more

1. Prescriptions of up to a 90-day supply, or the most amount allowed by the benefit plan.

Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Texas. The relationship between Express Scripts® Pharmacy and Blue Cross and Blue Shield of Texas is that of independent contractors. Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

Prime Therapeutics LLC is a pharmacy benefit management company, contracted by BCBSTX to provide pharmacy benefit management and related other services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC. MyPrime.com is an online resource offered by Prime Therapeutics, LLC.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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Virtual Visits: Get 24/7 Care, Anywhere

Call your doctor's office first. They also may offer telehealth consultations by phone or online video.

With Virtual Visits, the doctor is always in. Get 24/7 non-emergency care from a board-certified doctor by phone, online video or mobile app from the privacy and comfort of your own home.

Don't risk crowded waiting rooms, expensive urgent care or ER bills, or waiting weeks or more to see a doctor, when you can speak with a Virtual Visits doctor within minutes.

Virtual Visits, provided by Blue Cross and Blue Shield of Texas (BCBSTX) and powered by MDLIVE®, are a convenient alternative for treatment of more than 80 health conditions, including:

- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus infections

Virtual Visits with licensed behavioral health therapists are available by appointment. Get virtual care for:

- Anxiety
- Depression
- Stress management
- And more

Virtual Visit doctors can even send an e-prescription to your local pharmacy.



Activate your MDLIVE account today:

- Call MDLIVE at 888-680-8646
- Go to MDLIVE.com/bcbstx
- Text BCBSTX to 635-483
- Download the MDLIVE app



Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Texas. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Create an account for fast, hassle-free health care. Anytime. Anywhere.

MDLIVE offers reliable 24/7 health care by phone or video for hundreds of medical and mental health needs.

HOW TO CREATE AN ACCOUNT THROUGH THE MDLIVE WEBSITE



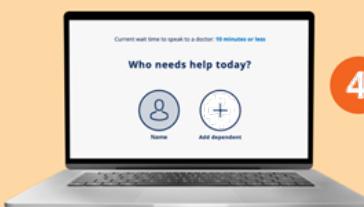
1 Visit [mdlive.com/bcbstx](https://www.mdlive.com/bcbstx) and click "Activate Now."



2 Enter your BCBSTX member ID number and date of birth. If you're a dependent, enter the **primary policy holder's ID information** and **your date of birth**. Click "Continue."



3 Create your username and password and then complete your profile. Please enter your name exactly as shown on your member ID card. Click "Submit."



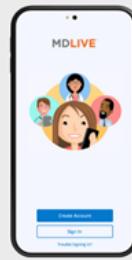
4 Your secure MDLIVE account is now created. We'll send you an email; just click "Sign In To Your Account" to load your MDLIVE dashboard.



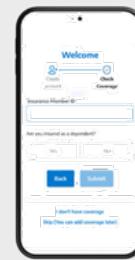
Meet Sophie, your MDLIVE personal assistant. Sophie can guide you in creating your account. Text BCBSTX to 635483 to get started.

HOW TO CREATE AN ACCOUNT THROUGH THE MDLIVE APP

1 Get the MDLIVE app in the App Store or Google Play Store.



2 Click "Create Account." Enter your email address and create a password. Then complete your profile information on the next page. Click "Submit."



3 Enter the required information as shown on your BCBSTX member ID card and verify your coverage. If you're a dependent, enter the **primary policy holder's information**.



4 Your secure MDLIVE account is now created. We'll send you an email; just click "Sign In To Your Account" to load your MDLIVE dashboard.

Create your account today.
[mdlive.com/bcbstx](https://www.mdlive.com/bcbstx) | (888) 680-8646

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Health Savings Account

Administrator	Proficient Benefit Solutions	
Eligible Members	Team members participating in the HDHP (Bronze Plan)	
Maximum Annual Contribution	<u>2025</u>	<u>2026</u>
- Individual	\$4,300	\$4,400
- Family	\$8,550	\$8,750
Catch-up Contributions	\$1,000 per calendar year for individuals 55 years or older	
How it Works	You can use the funds in your account to pay for current qualified medical expenses, including expenses that your insurance may not cover, or save the money in your account for future needs.	
Things to Know	The money in the account belongs to the employee and has no 'use or lose' provision.	
Additional Information	There may be tax implications if money is taken for non-medical expenses.	

 **Important!** If you are enrolled in Medicare Part A only or Parts A & B, you can no longer contribute to your health savings account. However, you may withdraw money from your HSA after you enroll in Medicare to help pay for medical expenses (deductibles, premiums, copays, or coinsurances). If you are Medicare eligible but not enrolled in Parts A & B, you will need to purchase Medicare Part D because the drug card on the HSA plan offered is not credible.

Flexible Spending Account

Administrator	Proficient Benefit Solutions
Eligible Members	Team members participating in the Gold or Silver plans
Plan Types Offered	Flexible Spending Account (FSA), Dependent Care Account (DCA)
Flexible Spending Account	Allows you to set aside money on a pre-tax basis to pay for qualified health expenses (i.e., medical, dental, and vision expenses)
Dependent Care Account	Allows you to set aside money on a pre-tax basis to pay for childcare expenses for dependent children under the age of 12
Maximum Annual Contribution	
- FSA	\$3,300
- Dependent Care	\$5,000 if you are a single or married filing jointly or \$2,500 if you are married and filing separately
Grace Period to Use FSA	2 ½ month grace period after the end of the plan year
How it Works:	Contributions to your FSA are deducted from your paycheck before any taxes are taken out. This means you don't pay federal income taxes and Social Security taxes on the portion of your paycheck you contribute to your FSA. You have the opportunity to pay for out-of-pocket medical, dental, vision, and dependent care expenses with pre-tax dollars saving approximately 25% of each dollar spent on these expenses when you participate in a FSA.

 **Important!** If you do not use the money you contributed, it will not be refunded to you or carried forward to a future plan year. This is a use-it-or-lose-it rule.

Dental

Blue Cross Blue Shield of Texas | Policy #369630

Below is a listing of **IN-NETWORK** services your plan includes and the amount **YOU** are responsible to pay.

In-Network Benefits	Low Plan	High Plan
Deductible	<i>Deductible starts over October 1st</i>	<i>Deductible starts over October 1st</i>
- Individual	\$50	\$50
- Family	\$150	\$150
Annual Maximum Benefit	\$1,000	\$2,000
Preventive Services	0% - deductible waived	0% - deductible waived
- Services Covered	2 cleanings per year (1 every 6 months), x-rays, emergency care to relieve pain, sealants, space maintainers	2 cleanings per year (1 every 6 months), x-rays, emergency care to relieve pain, sealants, space maintainers
Basic Services	20% after deductible	20% after deductible
- Services Covered	Resin based composite fillings, amalgams, non-surgical extractions	Resin based composite fillings, amalgams, non-surgical extractions, endodontics, periodontics, oral surgery
Major Services	Not Covered	50% after deductible
- Services Covered	Not Covered	Inlays and onlays, implants, crowns, bridges, and dentures
Orthodontia	Not Covered	50%
- Lifetime Maximum	N/A	\$2,000
- Covered Individuals	N/A	Adults and Child(ren)
Waiting Periods	None	None
Out-of-Network Reimbursement	Maximum Allowable Charge (MAC)	90 th percentile UCR

Maximum Allowable Charge (MAC): *The same fee BCBS would pay in-network or a covered service.*

90th percentile UCR: *The amount paid for a medical service in a geographic area based on what providers in that area usually charge for the same or similar service.*

Your Cost per Paycheck (Semi-Monthly)

Dental Rates	Low plan	High Plan
Employee Only	\$5.76	\$20.94
Employee + Spouse	\$11.52	\$42.22
Employee + Child(ren)	\$12.96	\$47.49
Employee + Family	\$18.71	\$68.59

To search for an in-network Dentist go to:

<https://www.bcbstx.com/find-care/providers-in-your-network/find-a-dentist>

Choose: *BlueCare Dental*

Vision

The Standard/VSP | Policy #160-164708

Below is a listing of **IN-NETWORK** services your plan includes and the amount **YOU** are responsible to pay.

In-Network Benefits	Vision Plan	
Examination	\$0 copay	
Frames	\$150 retail allowance	
Lenses	<i>Additional cost may apply for lens options (e.g., progressive, coatings, UV protection, etc.)</i>	
- Single Vision	\$0 copay	
- Bifocal	\$0 copay	
- Trifocal	\$0 copay	
Contact Lenses	<i>In lieu of frames and spectacle lenses</i>	
- Medically Necessary	0% - prior authorization is required	
- Elective	\$150 allowance	
- Fitting & Evaluation	\$60 copay	
Benefit Frequency	<i>Based on date of service</i>	
- Vision Exam	Once every 12 months	
- Lenses	Once every 12 months	
- Frames	Once every 12 months	
- Contact Lenses	Once every 12 months	
Lasik	Discounts available	
Out-of-Network Allowances (Reimbursement)	Eye Exam: up to \$45 Frames: up to \$70 Necessary Contact Lenses: up to \$210 Elective Contact Lenses: up to \$120	Single Lenses: up to \$30 Bifocal Lenses: up to \$50 Trifocal Lenses: up to \$65 Lasik: Not covered

Your Cost per Paycheck (Semi-Monthly)

Vision Rates	Vision
Employee Only	\$4.22
Employee + Spouse	\$8.02
Employee + Child(ren)	\$8.44
Employee + Family	\$12.44

To search for an in-network provider, go to: www.vsp.com

Life and AD&D

Mutual of Omaha | Policy #GOOCDFH

100% Employer-Paid Basic Life & AD&D

Benefits Details	Employee
Basic Life Benefit Amount	\$10,000
AD&D Benefit Amount	Same as Basic Life amount
Benefit Reduction Schedule	At age 70, benefit reduces to 50%.
Your Cost per Paycheck	This plan is paid 100% by your employer.

Voluntary Employee-Paid Life and AD&D

Benefits Details	Employee	Spouse	Child(ren)
Life Benefit Amount	Increments of \$10,000	Increments of \$5,000	\$10,000
AD&D Benefit Amount	Same as Life amount	Same as Life amount	Same as Life Amount
Benefit Reduction Schedule	At age 75, benefit reduces to 50%	At age 75, benefit reduces to 50%	Terminates at age 26
Plan Maximum	5 x annual salary, up to \$500,000	100% of employee's benefit up to \$100,000	\$10,000
Guarantee Issue	5 x annual salary up to \$200,000	100% of employee's benefit up to \$50,000	\$10,000
Evidence of Insurability (EOI)	EOI required if you do NOT enroll when you are first eligible		

Your Cost per Paycheck: (Semi-Monthly) (Due to rounding, the amount deducted from your paycheck may vary slightly.)

Age (on renewal date)	Employee Rate per \$1,000	Spouse Rate per \$1,000 (based on employee's age)	Child(ren) per \$1,000
<= 29	\$0.071	\$0.055	\$0.080
30 - 34	\$0.075	\$0.059	
35 - 39	\$0.084	\$0.068	
40 - 44	\$0.107	\$0.091	
45 - 49	\$0.148	\$0.132	
50 - 54	\$0.215	\$0.199	
55 - 59	\$0.295	\$0.279	
60 - 64	\$0.375	\$0.359	
65 - 69	\$0.446	\$0.430	
70 - 74	\$1.377	\$0.691	
75+	\$1.580	\$0.793	

! **Important!** You must purchase voluntary life for yourself if you want to purchase voluntary life for your spouse and/or dependent children.

How to Calculate Your Cost per Paycheck

$$\frac{\$ \text{_____} \times \$ \text{_____}}{\text{Benefit Amount} \quad \text{Rate}} \div 1,000 = \$ \text{_____}$$

Semi-Monthly

Example: 35-year-old employee requesting \$100,000 with a 32 year old spouse requesting \$50,000 and 3 children with \$10,000 each

$$\$100,000 \times \$0.084 \div \$1,000 = \$8.40 \quad (\text{Employee's Cost})$$

$$\$50,000 \times \$0.084 \div \$1,000 = \$4.20 \quad (\text{Spouse's Cost} - \text{rates are based on employee's age})$$

$$\$10,000 \times \$0.080 \div \$1,000 = \$0.80 \quad (\text{Children's Cost})$$

Disability

Mutual of Omaha | Policy #GOOCDFH

Benefit Details	Short-Term Disability (STD)	Long-Term Disability (LTD)
Benefits Begin (waiting period)	Option 1: 7 days of an illness or injury Option 2: 14 days of an illness or injury	90 days
Percentage of Income Replaced	60% of your weekly pre-disability earnings.	60% of your monthly pre-disability earnings.
Maximum Benefit Amount	\$2,500	\$12,000
Benefit Duration	Option 1: 12 weeks Option 2: 11 weeks	Social Security Normal Retirement Age
Pregnancy Limitation	6 weeks for normal delivery / 8 weeks for c-section (less the waiting period)	N/A
Own Occupation Period	N/A	2 Years
Pre-Existing Limitation	None	12 months prior / 12 months insured
Evidence of Insurability (EOI)	Required for this plan if you did NOT enroll when you were first eligible.	Required for this plan if you did NOT enroll when you were first eligible.
Additional Information	Benefit is not taxable	Benefit is not taxable

 **Important!** You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

 **Important!** Rates are based on your age and the type of disability plan elected. Please refer to the table below. Workday will automatically calculate your payroll deduction when enrolling.

Your Cost per Paycheck: (Semi-Monthly)

(Note: Due to rounding, the amount deducted from your paycheck may vary slightly.)

Age (on renewal date)	STD Option 1	STD Option 2	LTD
<= 20	\$0.195	\$0.155	\$0.065
20 - 24	\$0.195	\$0.155	\$0.075
25 - 29	\$0.195	\$0.155	\$0.110
30 - 34	\$0.200	\$0.160	\$0.155
35 - 39	\$0.205	\$0.160	\$0.210
40 - 44	\$0.210	\$0.165	\$0.290
45 - 49	\$0.210	\$0.170	\$0.415
50 - 54	\$0.265	\$0.210	\$0.660
55 - 59	\$0.320	\$0.250	\$0.825
60 - 64	\$0.370	\$0.290	\$0.885
65 - 69	\$0.420	\$0.330	\$0.930
70+	\$0.470	\$0.370	\$0.975

How to Calculate Your Cost per Paycheck

$$\begin{array}{r}
 \$ \text{_____} \quad \times \quad \$ \text{_____} \quad \times \quad .60 \quad \div \quad 10 \quad = \quad \$ \text{_____} \\
 \text{Weekly Salary} \qquad \qquad \text{STD Rate} \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \text{Semi-Monthly Cost}
 \end{array}$$

$$\begin{array}{r}
 \$ \text{_____} \quad \times \quad \$ \text{_____} \quad \div \quad 100 \quad = \quad \$ \text{_____} \\
 \text{Monthly Salary} \qquad \qquad \text{LTD Rate} \qquad \qquad \qquad \qquad \qquad \qquad \qquad \text{Semi-Monthly Cost}
 \end{array}$$



When Are You Disabled?

To be considered disabled and eligible for LTD benefits, you must be approved by Mutual of Omaha and seeing a doctor regularly for treatment. In addition:

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

An Example: How STD and LTD Can Work Together

Let's say you have an accident on the ski slopes and you are unable to work due to your injuries. Here's how your disability benefits would work:

- For the first 14 calendar days you miss work, you may use your accrued paid leave and receive your regular pay.
- For the next 11 weeks, you would receive STD benefits equal to 60% of your pay, up to \$2,500 per week.
- If you are out longer than 11 weeks and cannot perform your job, LTD benefits would begin and would replace 60% of your pay, up to a maximum of \$12,000 per month. These benefits would continue until you no longer meet the definition of disabled as defined by Mutual of Omaha.

How STD and LTD Work Together

First 14 Days

Your sick/vacation leave may be used and you receive your regular pay



Next 11 Weeks

Approved STD replaces 60% of your weekly pay



After 90 Days

LTD begins if approved

Voluntary Supplemental Benefits



Accident: Mutual of Omaha

Pays benefits for specific injuries and events resulting from a covered accident which occurs on or after the coverage effective date. Use benefit dollars how you choose — to help pay for everyday expenses like groceries, gas, utilities and more.

Your Cost per Paycheck: (Semi-Monthly)

Accident Rates	Low Plan	High Plan
Employee Only	\$2.86	\$7.54
Employee + Spouse	\$4.76	\$12.55
Employee + Children	\$5.64	\$14.88
Employee + Family	\$7.54	\$19.90



Critical Illness (with Cancer Benefit): Mutual of Omaha

Pays a lump-sum benefit upon the diagnosis of a covered disease or condition such as a heart attack or stroke on or after the coverage effective date. Use benefit dollars how you choose – for out-of-pocket medical and other expenses, including copays, deductibles, groceries, gas, utilities and more.

Your Cost per Paycheck: (Semi-Monthly)

Critical Illness Employee Rates					
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
0 - 29	\$2.40	\$4.80	\$7.20	\$9.60	\$12.00
30 - 39	\$3.00	\$6.00	\$9.00	\$12.00	\$15.00
40 - 49	\$5.40	\$10.80	\$16.20	\$21.60	\$27.00
50 - 59	\$15.45	\$30.90	\$46.35	\$61.80	\$77.25
60 - 64	\$26.46	\$52.90	\$79.35	\$105.80	\$132.25
65 - 69	\$35.15	\$70.30	\$105.45	\$140.60	\$175.75
70+	\$66.00	\$132.00	\$198.00	\$264.00	\$330.01

Your Cost per Paycheck: (Semi-Monthly)

Critical Illness Spouse Rates					
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
0 - 29	\$2.80	\$5.60	\$8.40	\$11.20	\$14.00
30 - 39	\$3.20	\$6.40	\$9.60	\$12.81	\$16.00
40 - 49	\$5.60	\$11.20	\$16.80	\$22.40	\$28.00
50 - 59	\$13.95	\$27.90	\$41.85	\$55.80	\$69.75
60 - 64	\$26.35	\$52.70	\$79.05	\$105.40	\$131.76
65 - 69	\$31.50	\$63.00	\$94.50	\$126.00	\$157.50
70+	\$51.05	\$102.10	\$153.15	\$204.20	\$255.26



Hospital Indemnity: Mutual of Omaha

Pays a fixed daily benefit to you for a covered stay in a hospital that occurs after your coverage becomes active. Use benefit dollars how you choose – including everyday expenses like gas and groceries.

Your Cost per Paycheck: (Semi-Monthly)

Hospital Indemnity Rates	
Employee Only	\$7.97
Employee + Spouse	\$16.38
Employee + Children	\$12.42
Employee + Family	\$20.83



Legal Shield / ID Shield: LegalShield

- **Legal Services** - Coverage offered for common personal legal matters with direct access to a dedicated provider law firm available to team members and dependents.
- **Identity Theft** - Coverage that provides identity theft and online privacy management consultation, full-service restoration, monitoring, and real-time alerts available to team members and dependents.

Your Cost per Paycheck: (Semi-Monthly)

Service Plan	
National Enhanced Legal Plan	\$11.43
Individual IDShield 3B	\$3.73
Family IDShield 3B	\$7.03
Legal + Individual IDShield	\$14.65
Legal + Family IDShield	\$17.45

Employee Assistance Program (EAP)

ComPsych | Web ID: TXEAP

Confidential counseling and referral services designed to help with any personal, job or family related problems available to team members and all family members residing in their household. This plan is paid 100% by your employer.

Assistance Available

- Legal Services
- Financial counseling
- Family caregiver support resources
- Online resource guides for various needs
- Online learning and support communities

Counseling and Well-being services

- 8 sessions with licensed network providers
- Telephonic or digital assessment by and referral to licensed clinicians
- Toll-free access 24/7/365 days a year
- Telephonic and in-person sessions
- Web portal and digital app
- Digital platform with online interactive tools, resources and services, including cognitive behavioral resources

 BlueCross BlueShield
of Texas

Tap into your Employee Assistance Program.

Get professional support for challenging life events. You have access to free therapy sessions, legal and financial help, referral services and more.

ComPsych Guidance Resources is an Employee Assistance Program included in your health plan. Call 844-213-8968 or visit guidanceresources.com (Use Web ID Code: BCBSTXEAP).

ComPsych Corp. is an independent company that has contracted with Blue Cross and Blue Shield of Texas to provide employee assistance services for members with coverage through BCBSTX. BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



Pet Insurance



wishbone
PET HEALTH INSURANCE

**YOUR BEST FRIEND.
THEIR BEST LIFE.**

**City of New Braunfels
is offering Wishbone Pet Insurance
to employees.**

Nobody wants to imagine their pet getting sick or injured - but when it comes to your pet's health, it's best to expect the unexpected.

Enroll in pet health insurance from Wishbone and receive 90% reimbursement on your pet's veterinary care. With a low deductible of \$250, protecting your pet's health and your finances has never been easier!

Wishbone Pet Insurance is accepted at any vet in the U.S., including emergency hospitals. Once you file a claim, expect fast reimbursement via mailed check. It's that easy!

POLICYHOLDERS ENJOY:



Optional Routine Care Plans



Fast Claims Processing



Easy-to-Use Member Account



Short Waiting Periods



Lost Pet Recovery Service from **ThePetTag**



24/7 Pet Telehealth from **AskVet**

Get a quote & enroll at www.wishboneinsurance.com/nbtexas

Wishbone Pet Insurance is a pet health insurance program administered by Odie Pet Insurance Marketing, Inc. and is underwritten by Clear Blue Insurance Group. Claims are processed by a third-party administrator, PrimeOne Insurance Co. Please visit <https://www.wishboneinsurance.com/terms-and-conditions> for more information.

Time Off

Vacation

Full-Time Team Members will earn PTO at the following accrual rate. Part-Time Regular (PTR) team members shall accrue vacation at 75% of Full-Time Team Members.

1. Vacation Accrual Schedule (Non-Civil Service Full-Time, Police Officers, and Classified Fire Personnel in Administration):

Years of Service	Accrual Per Pay Period	Annual Accrual	Maximum Accrual
0 – 10	4.615 hours	120 hours	240
11 – 15	5.230 hours	136 hours	272
16 and Above	6.153 hours	160 hours	320

2. Vacation Accrual Schedule (Fire Operations/Shift team members):

Years of Service	Accrual Per Pay Period	Annual Accrual	Maximum Accrual
0 – 10	6.923 hours	180 hours	360
11 – 15	7.846 hours	204 hours	408
16 and Above	9.230 hours	240 hours	480

Sick Leave

Full-Time Team Members will earn Sick Leave at the following accrual rate. Part-Time Regular (PTR) team members shall accrue vacation at 75% of Non-Civil Service Full-Time team members accruals.

Years of Service	Accrual Per Pay Period	Annual Accrual	Maximum Accrual
Full Time	3.6923 hours	96 hours	960
Police Officers and Classified Fire Personnel in Administration	4.6 hours	120 hours	No Maximum
Fire Operations/Shifts	6.9 hours	180 hours	No Maximum
Part-Time Regular (PTR)	2.7692 hours	72 hours	720

Holidays

- New Year's Day
- Martin Luther King Jr. Day
- New Braunfels Founders Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Patriots Day (Uniform Fire Only)
- Comal County Fair Day
(Excludes uniform FD)
- Veterans Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day

Volunteer Time-off

Full-Time team members are eligible to receive up to 16 hours of Volunteer Time-off each calendar year.

Paid Parental Leave

Full-Time team members are eligible to receive up to 80 hours of PPL every rolling 12 months.

Team Member Perks

Das Rec

Free Membership for Full-Time team members and \$9 per family add-on. Part-Time Regular and Part-Time team members receive 20% off their membership. Use the QR code to request your membership and go to Das Rec to finalize your account.



Team Member Perks

In addition to our benefit program, The City of New Braunfels offers additional perks around the community. Please view our Perk Page at www.newbraunfels.gov/perks to learn more!



Library

All team members may receive a free library membership. Use the QR code to request your free membership.



Tuition Reimbursement

Tuition Reimbursement is available for Full Time and Part Time Regular Team Members to pursue educational opportunities. For more information and how to apply scan the QR code to access the Tuition Reimbursement Policy.



Public Service Loan Forgiveness (PSLF)

The City of New Braunfels is a qualifying employer for this federal program. For more information, visit www.studentaid.gov.



AwardCo

AwardCo is our online recognition & award redemption platform. Visit AwardCo to access your service award and redeem your award points on hotels, tickets for vents and Amazon. You can also give and receive kudos on a job well done through this platform. Login with SSO using the QR code.



BeWell Rewards

The BeWell Rewards program is designed to incentivize team members at the City of New Braunfels to prioritize their physical and emotional well-being. By participating in wellness-related activities and events, team members can earn rewards while improving their health. Eligible team members will have the opportunity to receive a \$50 reward added to their paycheck once per plan year and will be entered in a quarterly drawing for 8 vacation hours.

Learn more at www.newbraunfels.gov/benefits and scroll down to the BeWell Rewards tab.

COMPLETE 2 PREVENTATIVE
SCREENINGS

ATTEND 3 BEWELL
EVENTS

COMPLETE THE BEWELL
FORM
(QR CODE BELOW)



EARN A \$50 REWARD
&
ENTER A QUARTERLY
DRAWING FOR 8 HOURS
OF VACATION TIME



BE WELL
NB

Retirement

Texas Municipal Retirement System

The City of New Braunfels provides retirement benefits for team members working in positions budgeted for at least 1,000 hours and above through TMRS. The City matches the team member's 7% contribution (required pre-tax automatic deduction) at two-to-one match that is used to calculate monthly retirement benefit amounts.

You can do the following with Texas Municipal Retirement System (TMRS) online:

- Change your address
- View your account balance
- Update your beneficiary designations
- Print account balance and annuity verification letters
- Run retirement estimate
- Download tax documents
- Keep track of your transactions
- Vested beneficiary and name changes must be made on TRMS forms available at TMRS.com

Register for
MyTMRS at
www.tmrs.com

Supplemental Death Benefits

The City also provides Supplemental Death benefits for members and retirees. Survivors of active team members receive an additional benefit approximately equal to the team member's annual salary. The Supplemental Death benefits paid to a retiree's beneficiary is \$7,500. The option to elect this coverage is included in the TRMS plan. Visit www.tmrs.com or call 800-924-8677

457(b) Deferred Compensation – HUB TCG

The City offers a Voluntary 457 Deferred Compensation Plan that can provide additional savings for retirement. This plan allows team members who retire before age 55 to avoid the 10% penalty and the plan's pre-tax option lowers taxable income at the end of the year.



Plan Highlights

- Plan is overseen by investment professionals with a legal fiduciary duty to act in your best interest
- Low, transparent fees
- Wide range of investments to choose from—including managed portfolios, target date funds, and self-directed options
- No 10% early distribution tax/penalty
- No surrender charges or hidden fees
- No product commissions
- Full control on starting/pausing contributions

You're getting rewarded for saving

Explore more of the exclusive benefits that come from being a RAMS 457(b) account holder!



FinPath
Financial Education



Estate Planning
Redeem a Free Will



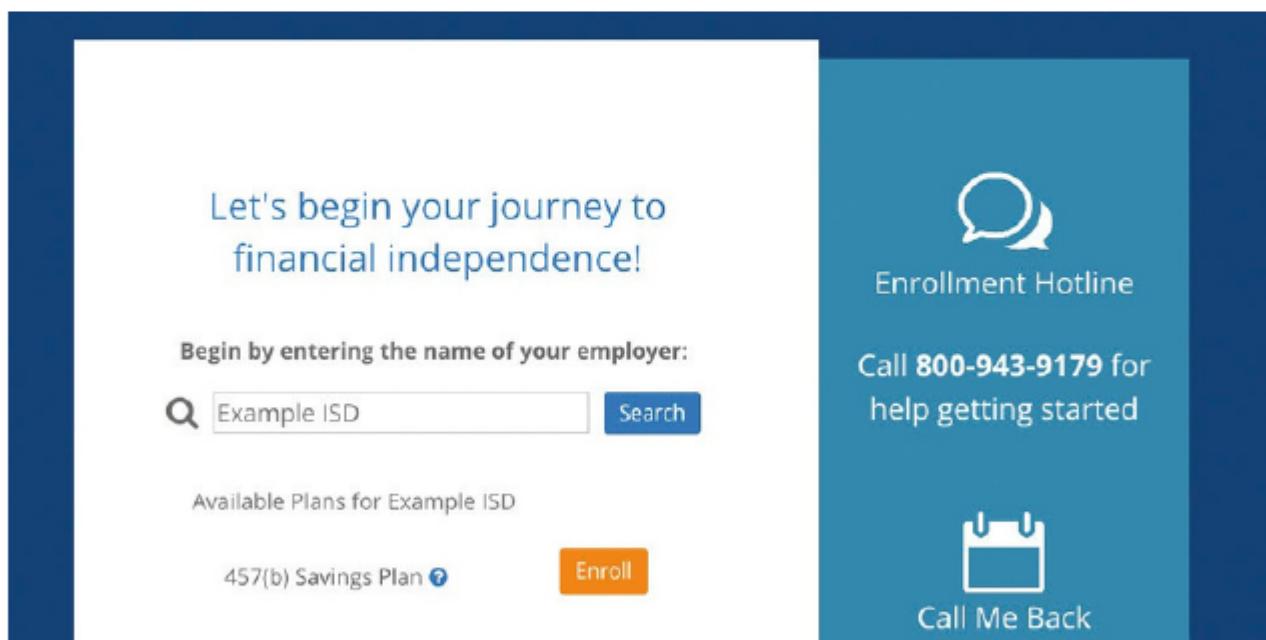
Tax Preparation
At No Cost

Note: HUB TCG representatives are available to assist you with enrollment and investment fund details. You may sign up to contribute to these accounts at any time and make changes to your contribution amount at any time during the year. Contribution changes can be made through your HUB TCG online account at www.tcgservices.com. City matching is not available for the 457 plans.

How to Register

Create your 457(b) account in minutes!

1. Start at www.tcgservices.com/enroll.
2. Enter the name of your employer and choose the 457(b) Savings Plan.
3. Follow the steps on screen to select your salary contribution and investment options. Don't forget to designate an account beneficiary.
Note: If you're unsure about which investment option to select, please contact us using the information below.
4. Continue until you get a confirmation notice, and you're done!



Let's begin your journey to financial independence!

Begin by entering the name of your employer:

Available Plans for Example ISD

457(b) Savings Plan ?

 Enrollment Hotline
Call **800-943-9179** for help getting started

 Call Me Back

Get started at www.tcgservices.com/457b

Enrollment assistance is available at www.tcgservices.com/telewealth
or by calling the Enrollment Hotline at 800-943-9179.



Important Notice

PREMIUM ONLY PLAN

A Premium Only Plan, also known as a POP plan, allows employees to pay for health insurance and other ancillary benefits with tax-free dollars. Participation in the plan is voluntary and may help you increase your take-home pay.

WOMEN'S HEALTH & 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 consultation with the attending physician, for:

- 1) All stages of reconstruction of the breast on which the mastectomy was performed;
- 2) Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- 3) Prostheses; and
- 4) Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to the other medical and surgical benefits provided under this plan. For more information, contact Human Resources.

NEWBORNS AND MOTHER'S HEALTH PROTECTION ACT (NEWBORN ACT)

Group health plans and health insurance issuers generally may not, under federal law, 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 section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE FOR OUTCOMES-BASED WELLNESS PROGRAMS

Our program is 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 a voluntary health risk assessment or "HRA" 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).

However, employees who choose to participate in the wellness program will receive an incentive in the form of Rally Coins that can be used to enter to earn rewards based on completing various wellness related activities throughout the plan year such as Missions, Challenges and Coaching programs. Although you are not required to complete the HRA only employees who do so will receive this incentive.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources or Blue Cross Blue Shield of Texas.

The information from your HRA and the results from your biometric 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 through the wellness program, such as chronic disease management. 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 City of New Braunfels may use aggregate information it collects to design a program based on identified health risks in the workplace, Blue Cross Blue Shield of Texas Rally 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. The only individual(s) who will receive your personally identifiable health information is "a registered nurse," "a doctor," or "a health coach" 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. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources.

MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, you can contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial **877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If it is determined that you or your dependents are eligible for premium assistance subsidy under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

You may be eligible for assistance paying your employer health plan premiums. You should contact your state for further information on eligibility.

TEXAS

WWW.GETHIPPTEXAS.COM
800-440-0493

For more information on special enrollment rights, you can contact either:

U.S. Department of Labor
U.S. Department of Health and Human Services
Employee Benefits Security Administration Centers for
Medicare & Medicaid Services
www.dol.gov/ebsa
www.cms.gov
866-444-EBSA (3272)
877-267-2323, Ext. 61565

IMPORTANT: If your child gains coverage through CHIP after open enrollment, you are not allowed to drop coverage for your child on the group plan.

Gaining coverage is NOT a qualified change in status. If your child loses CHIP coverage during the year, they are able to come on to the group plan within 30 days of the last day of coverage.

Who is Eligible for CHIP/Children's Medicaid?

Texas families with uninsured children may be eligible for health insurance through Children's Medicaid and the Children's Health Insurance Program (CHIP). Both programs offer healthcare benefits, including regular check-ups and dental care. You can apply online at www.chipmedicaid.org, or by phone 800-647-6558. If you qualify for CHIP, you may be subject to a yearly enrollment fee of \$0, \$35 or \$50 based on your monthly income.

CHIP and Children's Medicaid both offer a lot of benefits:

- choice of doctors, regular checkups, and office visits
- dentist visits, cleanings, and fillings
- prescription drugs and vaccines
- access to medical specialists and mental health care
- hospital care and services
- medical supplies, x-rays, and lab tests

- treatment of special health needs
- treatment of pre-existing conditions

A child must be 18 or younger, a Texas resident and a U.S. citizen or legal permanent resident.

Any adult who lives more than half the time with an uninsured child may apply. This includes parents, step-parents, grandparents, other relatives, legal guardians or adult brothers or sisters.

Income Guidelines must be met to be eligible:

Family Members (Adults plus children)	MEDICAID Monthly Family Income*	CHIP Monthly Family Income*
1**	\$1,735	\$2,622
2	\$2,345	\$3,543
3	\$2,954	\$4,464
4	\$3,564	\$5,386
5	\$4,173	\$6,307
6	\$4,783	\$7,228
7	\$5,393	\$8,149
8	\$6,002	\$9,071
For each additional person, add:	\$610	\$922

* Income is money you paid before taxes are taken out. Subject to change monthly.

** A family of one might be a child who does not live with a parent.

CREDITABLE COVERAGE NOTICE REGARDING YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of New Braunfels and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of New Braunfels has determined that the prescription drug coverage offered by Blue Cross Blue Shield of Texas 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 through 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 New Braunfels coverage will not coordinate with Part D coverage; for those individuals who elect Part D coverage, coverage under the City of New Braunfels plan will end for the individual and all covered dependents.

If you do decide to join a Medicare drug plan and drop your current City of New Braunfels coverage, be aware that you and your dependents will 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 New Braunfels 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 19 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: Zae Swor
Phone: 830-221-4392

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of New Braunfels

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 800-MEDICARE (800-633-4227). TTY users should call 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 800-772-1213 (TTY 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).

SPECIAL ENROLLMENT NOTICE FROM CITY OF NEW BRAUNFELS

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan 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 within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates his employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under our health plan.

Marriage, Birth, or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption.

Example: When you were hired by us, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 30 days from the date of your marriage.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired by us, your children received health coverage under CHIP, and you did not enroll them in our health plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this group health plan if you apply within 60 days of the date of their loss of CHIP coverage.

For More Information or Assistance

To request special enrollment or obtain more information, please contact:

City of New Braunfels
Zae Swor
550 Landa Street
New Braunfels, Texas 78130
830-221-4392

NOTICE OF PRIVACY PRACTICES

The Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the City of New Braunfels (the "Plan") to periodically send a reminder to participants about the availability of the Plan's Notice of Privacy Practices ("Privacy Notice") and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI. To obtain a copy of the Privacy Notice, contact Human Resources at 830-221-4392.

HIPAA 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.

City of New Braunfels sponsors certain group health plan(s) (collectively, the "Plan" or "We") to provide benefits to our employees, their dependents and other participants. We provide this coverage through various relationships with third parties that establish networks of providers, coordinate your care, and process claims for reimbursement for the services that you receive. This Notice of Privacy Practices (the "Notice") describes the legal obligations of the City of New Braunfels the Plan under HIPAA. Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice to you pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, which relates to:

- (1) Your past, present or future physical or mental health or condition;
- (2) The provision of health care to you; or
- (3) The past, present or future payment for the provision of health care to you.

Note: If you are covered by one or more fully insured group health plans offered by the City of New Braunfels you will receive a separate notice regarding the availability of a notice of privacy practices applicable to that coverage and how to obtain a copy of the notice directly from the insurance carrier.

Contact Information

If you have any questions about this Notice or about our privacy practices, please contact:

City of New Braunfels
Attention: Zae Swor
550 Landa Street
New Braunfels, Texas 78130

Effective Date

This Notice as revised is effective June 1, 2022.

Our Responsibilities

We are required by law to: Maintain the privacy of your protected health information; Provide you with certain rights with respect to your protected health information; Provide you with a copy of the Notice of our legal duties and privacy practices with respect to your protected health information; and Follow the terms of the Notice that is currently in effect. We reserve the right to change the terms of this Notice and to make new provisions regarding your

protected health information that we maintain, as allowed, or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices. Except as provided within this Notice, we may not disclose your protected health information without your prior authorization.

How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose protected health information will fall within one of the categories.

For Treatment

We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is inappropriate or dangerous for you to use.

For Payment

We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations

We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

The Plan is prohibited from using or disclosing protected health information that is genetic information about an individual or underwriting purposes.

To Business Associates

We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

As Required by Law

We will disclose your protected health information when required to do so by federal, state, or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert Serious Threat to Health or Safety

We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors

For the purpose of administering the Plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation

If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to

an organ donation bank, as necessary to facilitate organ or tissue donations and transplantation.

Military and Veterans

If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks

We may disclose your protected health information for public health actions. These actions generally include the following:

To prevent or control disease, injury, or disability; To report births and deaths; To report child abuse or neglect; To report reactions to medications or problems with products; To notify people of recalls of products they may be using; To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading disease or condition; To notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities

We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement

We may disclose your protected health information if asked to do so by a law enforcement official – In response to a court order, subpoena, warrant, summons or similar process; To identify or locate a suspect, fugitive, material witness, or missing person; About the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;

About a death that we believe may be the result of criminal conduct; About criminal conduct; and In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities

We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates

If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research

We may disclose your protected health information to researchers when:

(1) The individual identifiers have been removed; or
(2) When an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information and approves the research.

Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

Government Audits

We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You

When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Notification of a Breach

We are required to notify you in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information, as defined by HIPAA.

Personal Representatives

We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that; You have been, or may be, subjected to domestic violence, abuse or neglect by such person Treating such person as your personal representative could endanger you; or In the exercise or professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members

With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations

Other uses or disclosures of your protected health information not described above, including the use and disclosure of psychotherapy notes and the use or disclosure of protected health information for fundraising or marketing purposes, will not be made without your written authorization. You may revoke written authorization at any time, so long as your revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation. You may elect to opt out of receiving fundraising communications from us at any time.

Your Rights

You have the following rights with respect to your protected health information:

Right to Inspect and Copy

You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits.

To inspect and copy your protected health information, submit your request in writing to the Privacy Officer at the address provided above under Contact Information. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may have the right to request that the denial be reviewed, and you will be provided with details on how to do so.

Right to Amend

If you feel that the protected health information, we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at the address provided above under Contact Information. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: is not part of the medical information kept by or for the Plan; was not created by us, unless the person or entity that created the information is no longer available to make the amendment. is not part of the information that you would be permitted to inspect and copy; or is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosure

You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include (1) disclosure for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address provided above under Contact Information. Your request must state a time period of no longer than six years (three years for electronic health records) or the period the City of New Braunfels has been subject to the HIPAA Privacy rules, if shorter. Your request should indicate in what form you want the list (for example, paper or electronic). We will attempt to provide the accounting in the format you requested or in another mutually agreeable format if the requested format is not reasonably feasible. The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are

incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. We are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you. To request restrictions, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply – for example, disclosures to your spouse.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected health information could endanger you.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, telephone or write to the Privacy Officer as provided above under Contact Information.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office of Civil Rights of the United States Department of Health and Human Services. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W. Washington, D.C. 20201, calling 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

To file a complaint with the Plan, telephone or write to the Privacy Officer as provided above under Contact Information. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or with us. You should keep a copy of any notices you send to the Plan Administrator or the Privacy Officer for your records.

Glossary

This glossary has many commonly used terms, but it is not a full list. These terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs.

Co-insurance - Your share of the costs of a covered service, calculated as a percent of the allowed amount for the service. You pay co-insurance plus any deductibles you owe.

Co-payment - A fixed amount you pay for a covered service, usually due when you receive the service. The amount can vary by the type of covered service.

Deductible - The amount you owe for services your plan covers before your plan begins to pay. The deductible may not apply to all services.

DFSA - Dependent Care Flexible Spending Account. A type of savings account that lets you set aside money on a pre-tax basis to pay for childcare expenses for dependent children under the age of 12.

EOB - Explanation of Benefits. A document from the insurance carrier that explains how your medical, dental, or vision claim was processed.

FSA - Flexible Spending Account. A type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses.

HDHP - High Deductible Health Plan. A plan with a higher deductible than a traditional insurance plan.

HSA - Health Savings Account. A type of savings account that lets you set aside money on a pre-tax basis to pay for qualified health expenses.

In-network Co-insurance - The percentage you pay of the allowed amount for covered services to providers who contract with your insurer or plan. In-network co-insurance usually costs you less than out-of-network co-insurance.

In-network Co-payment - A fixed amount you pay for covered services to providers who contract with your insurer or plan. In-network co-payments usually are less than out-of-network co-payments.

Network - The facilities, providers, and suppliers your insurer or plan has contracted with to provide services.

Non-Preferred Provider - A provider who doesn't have a contract with your insurer or plan to provide services to you. You'll pay more to see a non-preferred provider.

Out-of-network Co-insurance - The percentage you pay of the allowed amount for covered services to providers who do not contract with your insurer or plan. Out-of-network co-insurance usually costs you more than in-network co-insurance.

Out-of-network Co-payment - A fixed amount you pay for covered services from providers who do not contract with your insurer or plan. Out-of-network copayments usually are more than in-network copayments.

Out-of-Pocket Maximum - The most you pay during a policy period before your plan begins to pay 100% of the allowed amount. Some plans don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

PPO - Preferred Provider Organization. A type of health plan that contracts with medical providers, such as hospitals and doctors to create a network of participating providers.

Preauthorization - A decision by your insurer or plan that a service, treatment plan, prescription drug or durable medical equipment is medically necessary; sometimes called prior authorization, prior approval or precertification. Your insurer or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Preferred Provider - A provider who has a contract with your insurer or plan to provide services to you at a discount.

Primary Care Physician - A physician who directly provides or coordinates a range of health care services for a patient.

UCR (Usual, Customary and Reasonable) - The amount paid for a service in a geographic area based on what providers in the area usually charge for the same or similar service.

Urgent Care - Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

Notes



City of
New Braunfels



The information in the enrollment guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your guide, contact the Human Resources Department.

