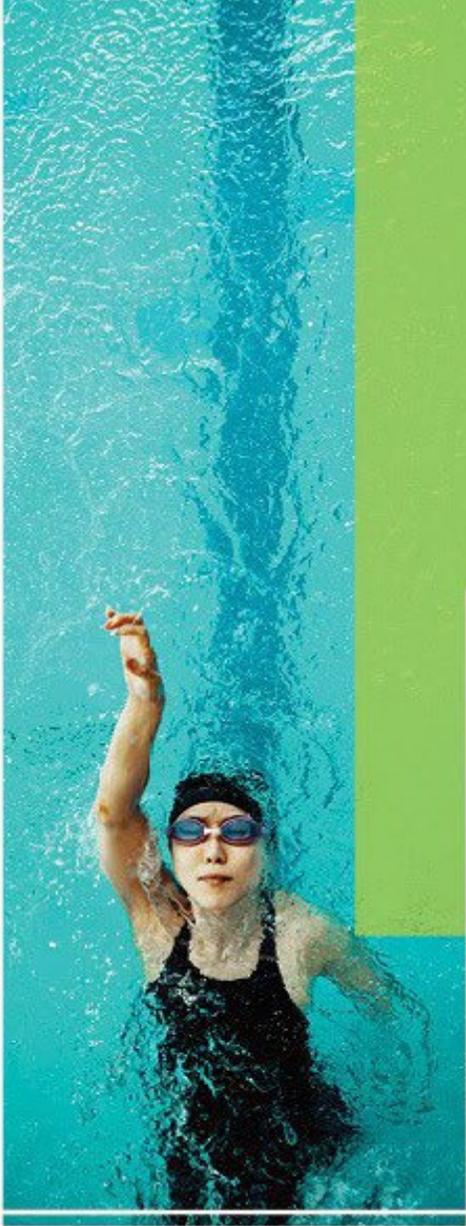


CITY OF BELLMEAD



# 2023—2024 BENEFITS GUIDE

October 1, 2023—September 30, 2024

HEALTH • FINANCIAL • WORK-LIFE



*The information in this 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 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 the guide, please contact your HR department.*





# PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

The City of Bellmead strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you’re getting the most out of our benefits—that’s why we’ve put together this Open Enrollment Guide.

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all the different benefits the City of Bellmead offers, so you can identify which offerings are best for you and your family.

Elections you make during open enrollment will become effective on **October 1, 2023**. If you have questions about any of the benefits mentioned in this guide, please don’t hesitate to reach out to the Finance Department.

## TABLE OF CONTENTS

- Eligibility ..... 4
- Making Changes ..... 5
- Medical Insurance .....6-7
- Blue Cross Blue Shield App .....8
- Health Savings Account HSA.....9
- Dental Insurance.....10
- Vision Insurance ..... 11
- Life Insurance .....12
- Voluntary Life.....13-15
- Voluntary Short-Term Disability.....16
- Long-Term Disability.....17
- Health Joy.....18
- Required Notices.....19-20



## WHO IS ELIGIBLE?

You are eligible to enroll in the City’s benefit plans if you are a regular, full-time employee scheduled to work at least 30 or more hours per week. As a regular, full-time employee, you are eligible for benefits on the beginning of the month after your first 30 days of employment.

## DEPENDENT ELIGIBILITY

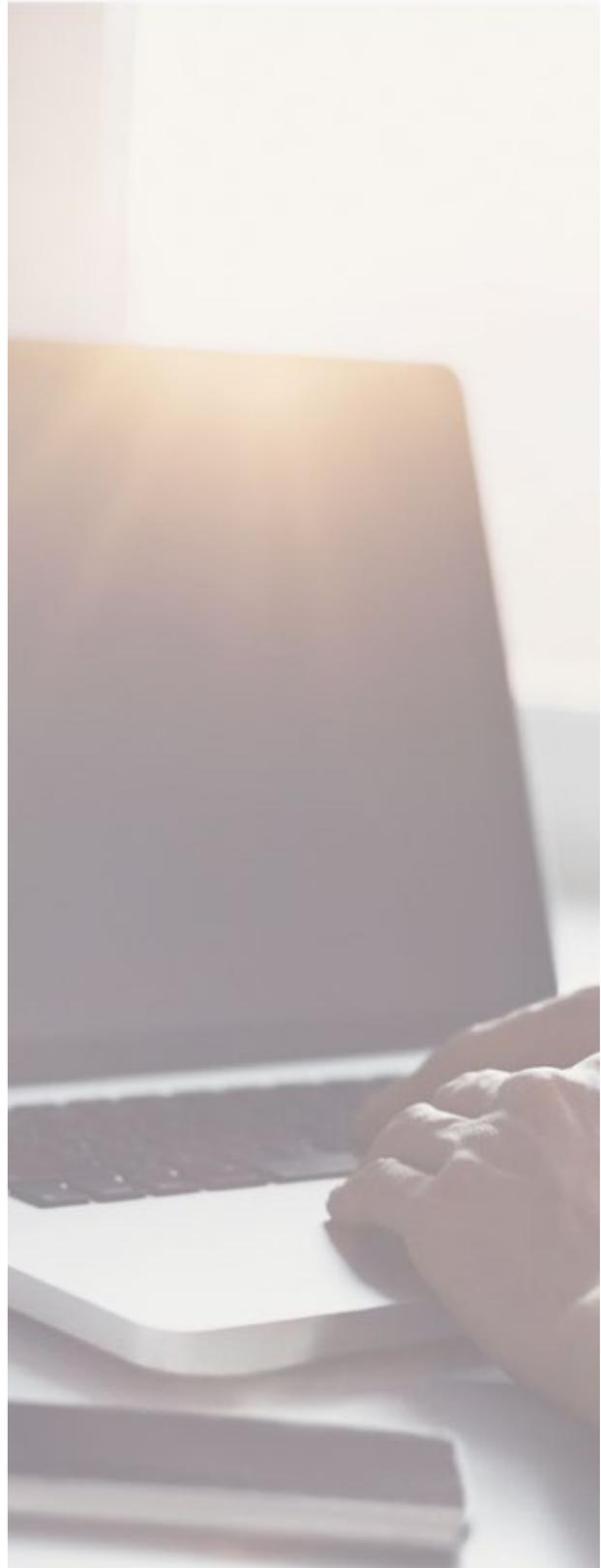
You may also cover your eligible dependents, including:

- Your legal spouse (as defined by the federal IRS tax code)
- Domestic Partner and Domestic Partner’s Children
- Your dependent child (up to age 26); A child under the age of 26 who is your natural child, stepchild, legally adopted child, or child for whom you have obtained legal guardianship.
- Disabled Children (over age 26; Unmarried children over the age of 26 who are not able to support themselves due to mental disability, physical disability, mental illness, or developmental disability)

## ANNUAL OPEN ENROLLMENT

During annual Open Enrollment, you may change insurance elections for coverage. This is the ONLY time throughout the year that you can make changes without a qualifying event.

Open Enrollment begins on September 15, 2023, and runs through September 22, 2023. The benefits you choose during open enrollment will become effective on October 1, 2023.





## HOW TO MAKE CHANGES

Unless you or your eligible dependents experience a life-changing qualifying event, you cannot make changes to your elected benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status (i.e., your child reaches the age limit for eligibility)
- Death of a spouse, child, or other qualified dependent
- Change in residence or workplace that changes your or your dependent's eligibility for coverage
- Change in employment status, such as starting or ending employment, or a change in coverage under another employer-sponsored plan
- Employment Termination
- Change in employment status (i.e., part-time vs. full-time)
- End of the maximum period for COBRA coverage
- Medicare eligibility



## SPECIAL ENROLLMENT RULES

If you choose not to enroll yourself or your dependents (including your spouse) because you have other coverage, you may be able to enroll yourself and your dependents at a later date if:

- You or your dependents lose Medicaid or Children's Health Insurance Program ("CHIP") coverage as a result of a loss of eligibility for such coverage, or
- If you or your dependents become eligible for a premium assistance subsidy under Medicaid or CHIP.



**You must enroll within 60 days of the qualified events shown in the "Special Enrollment Rules" above.**

If your dependent also had other health coverage and lost that coverage in the above situations, they may be added to your coverage. However, you will not be able to add yourself or your dependents to this coverage if the other coverage was terminated "for cause" (including failure to pay the required premiums on time).

In addition to the changes described above, you may enroll yourself and your spouse (with or without the new dependent) in the company health plan following marriage or the adoption, placement for adoption, or birth of a child, as long as you request enrollment within 30 days of the event.

**You must be enrolled to cover your dependents.**

If you have a special enrollment event and want to enroll for health coverage, contact Human Resources.



## BCBS MEDICAL INSURANCE

The City of Bellmead will continue to contribute 100% of the Employee Only cost of the MTBCP318H PLAN. All cost associated with adding spouses and/or dependents will be the responsibility of the employee and deducted via pre-tax payroll deduction.

The following chart compares our benefits that will take effect October 1st, 2023. To find a doctor in network, please visit [www.bcbstx.com](http://www.bcbstx.com)

	BCBS MTBCP318H PPO HSA	BCBS MTBCB014 PPO	BCBS MTBCP011 PPO
Physician Visit Specialist Visit	100% after deductible 100% after deductible	\$35 Copay \$70 Copay	\$30 Copay \$60 Copay
Member Coinsurance (in   out)	100%   70%	80%   50%	80%   60%
Urgent Care	100% after deductible	\$75 Copay	\$75 Copay
Deductible - Individual - Family	\$3,100 \$6,200	\$1,500 \$4,500	\$1,000 \$3,000
Hospitalization	100% After deductible	80% After Deductible	80% After Deductible
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Emergency Room	100% after deductible	80% after \$500 Copay	80% after \$500 Copay
Out-of-Pocket Max - Individual - Family	(Includes Deductible) \$3,100 \$6,200	(Includes Deductible) \$4,500 \$13,500	(Includes Deductible) \$4,000 \$12,000
Prescription Drugs - Tier 1 - Tier 2 - Tier 3 - Tier 4 - Tier 5 - Tier 6	100% after deductible 100% after deductible 100% after deductible 100% after deductible 100% after deductible 100% after deductible	\$10 copay \$20 copay \$70 copay \$120 copay \$150 copay \$250 copay	\$10 copay \$20 copay \$70 copay \$120 copay \$150 copay \$250 copay



# YOUR MEDICAL COST

EMPLOYEE SEMI-MONTHLY PAYROLL DEDUCTIONS (EFFECTIVE OCTOBER 1, 2023)				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
MTBCP318H	\$0.00	\$354.18	\$202.67	\$491.71
MTBCB014	\$3.60	\$362.94	\$209.22	\$502.46
MTBCP011	\$32.97	\$434.34	\$262.64	\$590.19



BlueCross BlueShield of Texas



# The BCBSTX App!



Stay connected with Blue Cross and Blue Shield of Texas (BCBSTX) and access important health benefit information wherever you are.

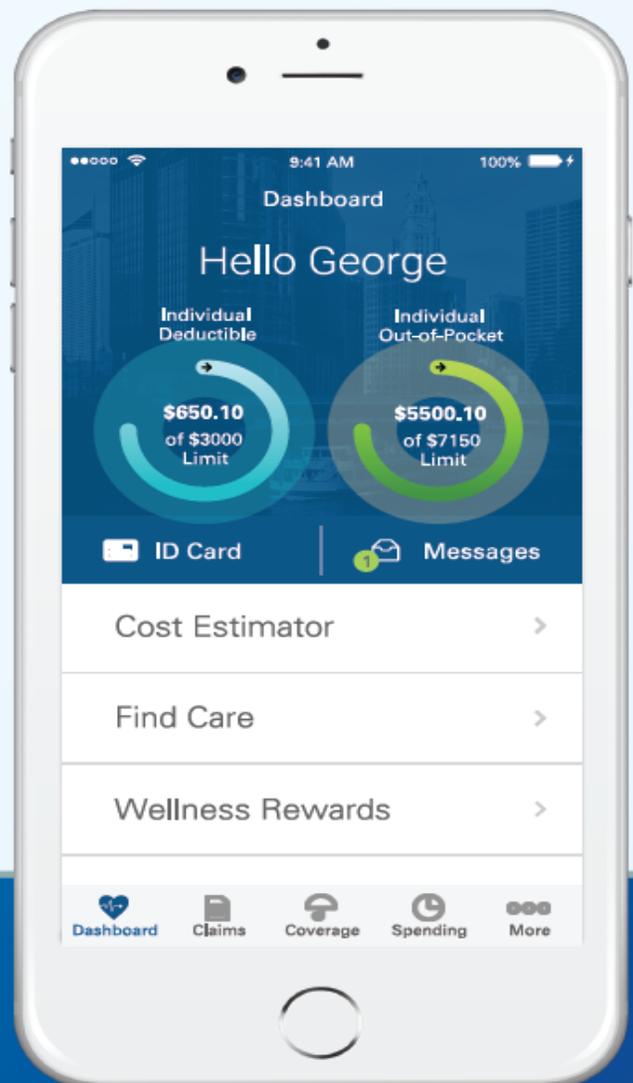
- Find an in-network doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- View and email your member ID card
- Log in securely with your fingerprint
- Access Health Care Accounts and Health Savings Accounts
- Download and share your Explanation of Benefits\*
- Get Push Notifications and access to Message Center\*

Available in Spanish

Text\*\* **BCBSTXAPP** to **33633** to get the app.

\* Currently only available on iPhone®. iPhone is a registered trademark of Apple Inc.

\*\* Message and data rates may apply. Terms and conditions and privacy policy at [bcbstx.com/mobile/text-messaging](http://bcbstx.com/mobile/text-messaging).



[bcbstx.com/mobile](http://bcbstx.com/mobile)



# HEALTH SAVINGS ACCOUNT (HSA)

If you participate in the high-deductible plan **MTBCP318H HSA**, you can set aside money in a Health Savings Account (HSA) before taxes are deducted to pay for eligible medical, dental and vision expenses. An HSA is similar to a flexible spending account in that you are eligible to pay for health care expenses with pre-tax dollars. There are several advantages of an HSA. For instance, money in an HSA can be invested much like 401(k) funds are invested. Unused money in an HSA account is not forfeited at the end of the year and is carried forward. Also, your HSA account is yours to keep which means that you can take it with you if you change jobs or retire. If you have any money remaining in your HSA after your retirement, you may withdraw the money as cash.

The City of Bellmead contributes \$50 to everyone's HSA and then matches up to another \$25 if the employee contributes.

The maximum amount that you can contribute to an HSA in 2023 is \$3,850 for individual coverage and \$7,750 for family coverage. Additionally, if you are age 55 or older, you may make an additional "catch-up" contribution of \$1,000.

## Eligibility for the HSA

The main requirement for opening an HSA is having a high-deductible health plan that meets IRS guidelines for the annual deductible and out-of-pocket maximum. To be an eligible individual and qualify for an HSA, you must also meet the following requirements.

- You are not covered by a non-HDHP health plan (such as a spouse's plan) or Medicare
- You have not received Veterans Administration (VA) benefits within the past three months.
- You cannot be claimed as a dependent on another person's tax return.
- You are not covered by a general-purpose health care flexible spending account (FSA) or health reimbursement account (HRA).

## Using your HSA

You may use funds in your health savings account to pay for an IRS-qualified medical expense (including dental and vision care). This may include expenses that apply toward your deductible, co-insurance, or even co-pays. Funds in the account can be used for yourself or any qualifying relative as defined by the IRS; the qualifying relative does not have to be enrolled on the high deductible health plan. For a complete list of IRS-qualified medical expenses, visit [irs.gov](https://www.irs.gov).

As long as the IRS-qualified medical expenses were incurred after your HSA was established, you can pay them or reimburse yourself with HSA funds at any time. You DO NOT have to submit receipts or show documentation of your expenses to the company to use your HSA. However, it's important that you keep sufficient records in the event you are audited by the IRS.

Should you choose to do so, you can take money out of your HSA for ineligible expenses. However, the IRS will tax these withdrawals and assess a 20% penalty.



## BCBS DENTAL INSURANCE

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

**The City of Bellmead is excited to offer a comprehensive dental plan to employees, in which they will contribute 100% of the employee only cost to the plan.** All cost associated with adding spouses and/or dependents will be the responsibility of the employee and deducted via pre-tax payroll deduction. The dental plan allows employees to visit Dentist in or out of network. To search for network providers please visit [www.bcbstx.com](http://www.bcbstx.com)

TYPE OF SERVICE	AMOUNT YOU PAY
Preventive Services	Exams, cleanings, X-rays— 100% Coinsurance
Deductible	Applies to basic and major services only— \$50 Individual / \$150 Family
Basic Services	Fillings, Stainless Steel Crowns—80% Coinsurance
Major Services	Root Canal, Crowns, Dentures, Anesthesia/Sedation— 50% Coinsurance
Annual Maximum	\$2,000 (Preventative does not accumulate towards Annual Limit)
Adult & Child Ortho	50% up to \$2,000 Lifetime Maximum
Out of Network Reimbursement	90 <sup>th</sup> % Usual, Customary & Reasonable Charges
Per Pay Period Payroll Deductions	Employee only—\$0.00 Employee & spouse—\$13.33 Employee & child(ren)—\$20.97 Family—\$38.91



## DEARBORN VISION INSURANCE

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

The City of Bellmead’s vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

**The Vision plan offered is 100% Voluntary. Employees will be responsible for 100% of the cost.** All cost associated with adding spouses and/or dependents will be the responsibility of the employee and deducted via pre-tax payroll deduction.

To search for participating providers please visit: [eyemedvisioncare.com/bcbstxvis](http://eyemedvisioncare.com/bcbstxvis) and then click ‘find an eye doctor’ in the top right-hand corner.

TYPE OF SERVICE	AMOUNT YOU PAY
Eye Exam	\$10 copay
Materials/Eyewear	\$25 copay
Standard Corrective Lens <ul style="list-style-type: none"> <li>- Single</li> <li>- Lined Bifocal</li> <li>- Lined Trifocal</li> </ul>	Covered under Materials copay
Contact Lenses	Covered under Materials copay
Frame Allowance	\$150 Allowance once every 24 months from date of service
Contact Lens Allowance	\$150 Allowance once every 12 months from date of service
Per Pay Period Payroll Deductions	Employee only—\$3.69 Employee & spouse—\$7.00 Employee & child(ren)—\$7.37 Family—\$10.83



# DEARBORN BASIC LIFE INSURANCE

Life insurance can help provide for your loved ones if something were to happen to you. The City of Bellmead pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums. Contact the Finance Department if you would like to update your beneficiary information.

Life Coverage	Dearborn pays
Benefit Amount All Employees	1 x salary to \$200k all Guaranteed Issue, with a minimum benefit of \$50,000.
Benefit Reduction	The Benefit Amount is reduced to a specified percentage of the <i>original</i> Benefit Amount when the covered person reaches a certain age. It is reduced to 35% at age 65 and 15% at age 70.
AD&D Coverage	Dearborn pays
Benefit Amount	1 x salary to \$200k all Guaranteed Issue, with a minimum benefit of \$50,000.
Loss of Life	100% of the Life Benefit Amount
Other Qualified Loss*	25% - 100% of the Life Benefit Amount

\*Refer to official plan documents for more specific information about Accidental Death & Dismemberment coverage.

Don't Forget to Update your Beneficiaries in HRConnect.

You can update these anytime during the year, you do not need a life event to update Beneficiaries.

Open Enrollment is the Perfect time to check!



## DEARBORN VOLUNTARY LIFE INSURANCE

The City of Bellmead offers all eligible employees the opportunity to elect Life and Accidental Death & Dismemberment (AD&D) coverage for themselves and their eligible dependents. Life coverage ensures that the beneficiary of your choice receives a payment upon the covered member's death. Accidental Death & Dismemberment coverage ensures that the beneficiary of your choice receives a payment should the covered member die or experience some other qualified loss (e.g. loss of a hand, paraplegia, loss of sight) as the result of an accident.

Participation is entirely voluntary, and employees are responsible for paying the full amount of the monthly premium for themselves and their enrolled dependents.

Life Coverage	Dearborn pays		
	Employee	Spouse	Child
Minimum Benefit Amount	\$10,000	\$5,000	\$10,000
Maximum Benefit Amount	\$500,000	\$250,000	\$10,000
Guarantee Issue*	\$100,000	\$25,000	\$10,000
Benefit Reduction	The Benefit Amount is reduced to a specified percentage of the original Benefit Amount when the covered person reaches a certain age. It is reduced to 35% at age 65 and 15% at age 70.		
Accelerated Benefit	For covered persons who are terminally ill and not expected to live for more than one year, the Accelerated Benefit allows for advanced payment of 80% of the Benefit Amount.		
AD&D Coverage	Dearborn pays		
Loss of Life	100% of the Life Benefit Amount		
Other Qualified Loss**	25% - 100% of the Life Benefit Amount		

You must enroll in Voluntary Life Coverage for yourself, to be eligible to enroll your spouse or dependents.



**Supplemental Life and AD&D**

Employee Benefit: **\$10,000 to \$500,000 in \$10,000 increments.**

Spouse Benefit: **\$5,000 to \$250,000 in \$5,000 increments.  
(not to exceed 100% of the employee benefit)**

Note: Spouse may not have coverage unless the employee has coverage.

*The Spouse amount may not exceed the amount for which the employee is eligible.*

**Guarantee Issue\***

Employee	<b>\$100,000, not to exceed 5 times salary</b>
Spouse	<b>\$25,000</b>

\*Assumes 53% participation

**Child Coverage**

Birth to 14 days:	<b>\$0</b>
15 days to 6 months:	<b>\$100</b>
6 months to age 26:	<b>\$10,000</b>

Life and AD&D benefits reduce by 35% of the original amount at age 65 and further reduce by 50% of the original amount at age 70.

**Supplemental Life and AD&D**

Premium Cost (Based on 24 payroll deductions per year)

Benefit Amount	ATTAINED AGE											
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$0.41	\$0.41	\$0.46	\$0.58	\$0.63	\$0.69	\$0.97	\$1.43	\$2.57	\$3.87	\$7.34	\$11.83
\$20,000	\$0.81	\$0.81	\$0.92	\$1.15	\$1.26	\$1.38	\$1.94	\$2.85	\$5.13	\$7.74	\$14.67	\$23.65
\$30,000	\$1.22	\$1.22	\$1.38	\$1.73	\$1.89	\$2.07	\$2.91	\$4.28	\$7.70	\$11.61	\$22.01	\$35.48
\$40,000	\$1.62	\$1.62	\$1.84	\$2.30	\$2.52	\$2.76	\$3.88	\$5.70	\$10.26	\$15.48	\$29.34	\$47.30
\$50,000	\$2.03	\$2.03	\$2.30	\$2.88	\$3.15	\$3.45	\$4.85	\$7.13	\$12.83	\$19.35	\$36.68	\$59.13
\$60,000	\$2.43	\$2.43	\$2.76	\$3.45	\$3.78	\$4.14	\$5.82	\$8.55	\$15.39	\$23.22	\$44.01	\$70.95
\$70,000	\$2.84	\$2.84	\$3.22	\$4.03	\$4.41	\$4.83	\$6.79	\$9.98	\$17.96	\$27.09	\$51.35	\$82.78
\$80,000	\$3.24	\$3.24	\$3.68	\$4.60	\$5.04	\$5.52	\$7.76	\$11.40	\$20.52	\$30.96	\$58.68	\$94.60
\$90,000	\$3.65	\$3.65	\$4.14	\$5.18	\$5.67	\$6.21	\$8.73	\$12.83	\$23.09	\$34.83	\$66.02	\$106.43
\$100,000	\$4.05	\$4.05	\$4.60	\$5.75	\$6.30	\$6.90	\$9.70	\$14.25	\$25.65	\$38.70	\$73.35	\$118.25
\$150,000	\$6.08	\$6.08	\$6.90	\$8.63	\$9.45	\$10.35	\$14.55	\$21.38	\$38.48	\$58.05	\$110.03	\$177.38
\$200,000	\$8.10	\$8.10	\$9.20	\$11.50	\$12.60	\$13.80	\$19.40	\$28.50	\$51.30	\$77.40	\$146.70	\$236.50
\$250,000	\$10.13	\$10.13	\$11.50	\$14.38	\$15.75	\$17.25	\$24.25	\$35.63	\$64.13	\$96.75	\$183.38	\$295.63
\$300,000	\$12.15	\$12.15	\$13.80	\$17.25	\$18.90	\$20.70	\$29.10	\$42.75	\$76.95	\$116.10	\$220.05	\$354.75
\$350,000	\$14.18	\$14.18	\$16.10	\$20.13	\$22.05	\$24.15	\$33.95	\$49.88	\$89.78	\$135.45	\$256.73	\$413.88
\$400,000	\$16.20	\$16.20	\$18.40	\$23.00	\$25.20	\$27.60	\$38.80	\$57.00	\$102.60	\$154.80	\$293.40	\$473.00
\$450,000	\$18.23	\$18.23	\$20.70	\$25.88	\$28.35	\$31.05	\$43.65	\$64.13	\$115.43	\$174.15	\$330.08	\$532.13
\$500,000	\$20.25	\$20.25	\$23.00	\$28.75	\$31.50	\$34.50	\$48.50	\$71.25	\$128.25	\$193.50	\$366.75	\$591.25

**Employee Supplemental Life/AD&D**  
Monthly rates per \$1,000

Age	Rates
Under 20	\$0.081
20-24	\$0.081
25-29	\$0.092
30-34	\$0.115
35-39	\$0.126
40-44	\$0.138
45-49	\$0.194
50-54	\$0.285
55-59	\$0.513
60-64	\$0.774
65-69	\$1.467
70+	\$2.365

**Dependent Life (Children)**  
Monthly Premium per Family  
Life/AD&D  
\$10,000 \$2.71



**Supplemental Life and AD&D**

Employee Benefit: **\$10,000 to \$500,000 in \$10,000 increments.**

Spouse Benefit: **\$5,000 to \$250,000 in \$5,000 increments.  
(not to exceed 100% of the employee benefit)**

Note: Spouse may not have coverage unless the employee has coverage.

*The Spouse amount may not exceed the amount for which the employee is eligible.*

**Guarantee Issue\***

Employee	<b>\$100,000, not to exceed 5 times salary</b>
Spouse	<b>\$25,000</b>

\*Assumes 53% participation

**Child Coverage**

Birth to 14 days:	<b>\$0</b>
15 days to 6 months:	<b>\$100</b>
6 months to age 26:	<b>\$10,000</b>

Life and AD&D benefits reduce by 35% of the original amount at age 65 and further reduce by 50% of the original amount at age 70.

**Supplemental Life and AD&D**

Premium Cost (Based on 24 payroll deductions per year)

Benefit Amount	ATTAINED AGE											
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$5,000	\$0.20	\$0.20	\$0.23	\$0.29	\$0.32	\$0.35	\$0.49	\$0.71	\$1.28	\$1.94	\$3.67	\$5.91
\$10,000	\$0.41	\$0.41	\$0.46	\$0.58	\$0.63	\$0.69	\$0.97	\$1.43	\$2.57	\$3.87	\$7.34	\$11.83
\$15,000	\$0.61	\$0.61	\$0.69	\$0.86	\$0.95	\$1.04	\$1.46	\$2.14	\$3.85	\$5.81	\$11.00	\$17.74
\$20,000	\$0.81	\$0.81	\$0.92	\$1.15	\$1.26	\$1.38	\$1.94	\$2.85	\$5.13	\$7.74	\$14.67	\$23.65
\$25,000	\$1.01	\$1.01	\$1.15	\$1.44	\$1.58	\$1.73	\$2.43	\$3.56	\$6.41	\$9.68	\$18.34	\$29.56
\$30,000	\$1.22	\$1.22	\$1.38	\$1.73	\$1.89	\$2.07	\$2.91	\$4.28	\$7.70	\$11.61	\$22.01	\$35.48
\$35,000	\$1.42	\$1.42	\$1.61	\$2.01	\$2.21	\$2.42	\$3.40	\$4.99	\$8.98	\$13.55	\$25.67	\$41.39
\$40,000	\$1.62	\$1.62	\$1.84	\$2.30	\$2.52	\$2.76	\$3.88	\$5.70	\$10.26	\$15.48	\$29.34	\$47.30
\$45,000	\$1.82	\$1.82	\$2.07	\$2.59	\$2.84	\$3.11	\$4.37	\$6.41	\$11.54	\$17.42	\$33.01	\$53.21
\$50,000	\$2.03	\$2.03	\$2.30	\$2.88	\$3.15	\$3.45	\$4.85	\$7.13	\$12.83	\$19.35	\$36.68	\$59.13
\$75,000	\$3.04	\$3.04	\$3.45	\$4.31	\$4.73	\$5.18	\$7.28	\$10.69	\$19.24	\$29.03	\$55.01	\$88.69
\$100,000	\$4.05	\$4.05	\$4.60	\$5.75	\$6.30	\$6.90	\$9.70	\$14.25	\$25.65	\$38.70	\$73.35	\$118.25
\$125,000	\$5.06	\$5.06	\$5.75	\$7.19	\$7.88	\$8.63	\$12.13	\$17.81	\$32.06	\$48.38	\$91.69	\$147.81
\$150,000	\$6.08	\$6.08	\$6.90	\$8.63	\$9.45	\$10.35	\$14.55	\$21.38	\$38.48	\$58.05	\$110.03	\$177.38
\$175,000	\$7.09	\$7.09	\$8.05	\$10.06	\$11.03	\$12.08	\$16.98	\$24.94	\$44.89	\$67.73	\$128.36	\$206.94
\$200,000	\$8.10	\$8.10	\$9.20	\$11.50	\$12.60	\$13.80	\$19.40	\$28.50	\$51.30	\$77.40	\$146.70	\$236.50
\$225,000	\$9.11	\$9.11	\$10.35	\$12.94	\$14.18	\$15.53	\$21.83	\$32.06	\$57.71	\$87.08	\$165.04	\$266.06
\$250,000	\$10.13	\$10.13	\$11.50	\$14.38	\$15.75	\$17.25	\$24.25	\$35.63	\$64.13	\$96.75	\$183.38	\$295.63

Spouse Supplemental Life/AD&D	
Monthly rates per \$1,000	
Age	Rates
Under 20	\$0.081
20-24	\$0.081
25-29	\$0.092
30-34	\$0.115
35-39	\$0.126
40-44	\$0.138
45-49	\$0.194
50-54	\$0.285
55-59	\$0.513
60-64	\$0.774
65-69	\$1.467
70+	\$2.365

Dependent Life (Children)	
Monthly Premium per Family Life/AD&D	
\$10,000	\$2.71



# DEARBORN SHORT TERM DISABILITY

City of Bellmead offers all eligible employees the option to enroll in Short Term Disability coverage at cost to the employee. STD insurance provides you with a weekly income if you are deemed disabled, in which coverage continues as long as you are certified disabled up to 11 weeks.

## Benefit Schedule

Benefit Percentage	60% of Weekly Earnings* to a maximum weekly benefit of \$1,000
Elimination Period - Injury	14 Days
Elimination Period - Sickness	14 Days
Benefits Begin – Injury	15th Day
Benefits Begin – Sickness	15th Day
Maximum Period Payable	11 weeks Until LTD begins, whichever is earlier
Pre-Existing Conditions Limitation	3/6
Work Incentive Benefit, Worksite Modification Benefit, Continuity of Coverage	Included

Monthly Rate per \$10 of Weekly Benefit	
Age	Rate
Under 20	\$0.336
20-24	\$0.337
25-29	\$0.351
30-34	\$0.327
35-39	\$0.311
40-44	\$0.327
45-49	\$0.351
50-54	\$0.434
55-59	\$0.577
60-64	\$0.725
65-69	\$0.742
70+	\$0.838

*\*Weekly Earnings means your weekly rate of earnings from your employer in effect immediately prior to the date disability begins. It includes total income before taxes, including deduction made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It does not include bonuses, overtime pay, any other extra compensation or commissions.*

## Sample Premium Calculation

(Sample assumes a 30-year-old employee with \$45,000 in annual earnings)

Annual Salary ÷ 52	=	Weekly Earnings	x	STD Benefit %	=	÷ 10 (max. \$100)	x	STD Rate (from table above)	=	Monthly Premium	x 12 ÷ 24 =	Semi-monthly Premium
\$45,000 ÷ 52	=	\$865	x	\$0.60	=	\$51.90	x	\$0.327	=	\$16.97	x 12 ÷ 24 =	\$8.49

## Your Premium Calculation

(Enter your salary and the rate for your current age from the table above)

Annual Salary ÷ 52	=	Weekly Earnings	x	STD Benefit %	=	÷ 10 (max. \$100)	x	STD Rate (from table above)	=	Monthly Premium	x 12 ÷ 24 =	Semi-monthly Premium
\$ ÷ 52	=	\$	x	\$0.60	=	\$	x	\$	=	\$	x 12 ÷ 24 =	\$



# DEARBORN LONG TERM DISABILITY

City of Bellmead offers all eligible employees Long Term Disability (LTD) coverage at no cost to the employee. LTD insurance provides you with a monthly income if you are deemed disabled, in which coverage continues as long as you are certified disabled up to social security retirement age, after 90 days.

Benefit Information	
<b>Monthly Benefit Amount</b>	60% of monthly earnings up to \$7,500 maximum per month
<b>Maximum Payment Period</b>	To age 65, standard Social Security Retirement Age
<b>Benefit Payments begin on</b>	Day 90
<b>Pre-existing Condition Exclusion</b>	Pre-existing disabilities are <i>not</i> covered for the first 12 months that follow the coverage effective date. A pre-existing disability is one that results from an injury or sickness that occurred during the 3 months <i>prior</i> to the coverage effective date. Disabilities that arise <i>during</i> the first 12 months of coverage will also not be covered during this period.
<b>Rehabilitation Benefit</b>	Dearborn provides disabled members with rehabilitation benefits to assist with recovery and return to work.
<b>Survivor Benefit</b>	If a disabled member dies, Dearborn will provide a surviving dependent with a Survivor Benefit payment for 3 months following the member's death.



# HealthJoy Makes it Easier to be Healthy and Well.

HealthJoy is the virtual access point for all your healthcare navigation and employee benefits needs. We're provided free by your employer to help understand and make the most of your benefits. We connect you and your family with the right benefits at the right moment in your care journey, saving you time, money, and frustration.

## Help For Your Healthcare Journey.

With 24/7 access to our dedicated healthcare concierge team, telemedicine visits, and care navigation tools, you never have to walk alone. HealthJoy helps you locate in-network doctors, find extra savings on your prescriptions, and spot errors in your medical bills. Our mobile app and dedicated member support team are always on hand to help make it easier to stay healthy and well.



BENEFITS WALLET



ONLINE MEDICAL CONSULTATIONS



HEALTHCARE CONCIERGE



RX SAVINGS REVIEW



MEDICAL BILL REVIEW



APPOINTMENT BOOKING



PROVIDER RECOMMENDATIONS



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It saved me the time I would have spent Googling results, calling specialists, and searching for an appointment. Instead, I just put in the request, and HealthJoy did the work. The app is like my little assistant!



Veronica, AZ



Chat with us today by logging into the **HealthJoy** app or call (877) 500 - 3212





# REQUIRED NOTICES

## COBRA

Under the Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) you and your eligible dependents are entitled to continue your group health benefits coverage (medical, dental, and vision) under your employer's plan after you have left employment with the agency. If you wish to elect COBRA coverage, you have 60 days from the date you receive notice to make an election. You have 45 days after electing coverage to pay the initial premium.

## HIPAA Privacy Notice

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

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information known as protected health information (PHI), includes virtually all individually identifiable health information held by a health plan – whether received in writing, in an electric medium or as oral communication. This notice describes the privacy practices of the Employee Benefits Plan (referred to in this notice as the Plan.)

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plans legal duties and privacy practices with respect to your health information. It is important to note that these rules apply to the Plan, not the plan sponsor as an employer. You have the right to inspect and copy protected health information which is maintained by and for the Plan for enrollment, payment, claims, and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask the Human Resource Department to amend the information. For a full copy of the Notice of Privacy Practices describing how protected health information about you may be used and disclosed and how you can get access to the information, contact the Human Resources Department.

## Women's Health and Cancer Rights Act of 1998

As Specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction relating to a mastectomy is also entitled to the following benefits:

All stages of reconstruction of the breast on which the mastectomy was performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and treatment of physical complications of the mastectomy, including lymphedema. Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.



## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict for any hospital length of stay relating to childbirth for the mother or newborn child 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 the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 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 more than 48 hours (or 96 hours).

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are also eligible for health insurance coverage from your employer, your state may have a premium assistance program that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs. 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 1-877-KIDS-NOW or [www.insurekidsnow.gov](http://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 under Medicaid or CHIP, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a Special Enrollment opportunity, and you MUST request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or by calling 1-866-444-EBSA (3272).

## Your Prescription Drug Coverage and Medicare

This notice has information about your current prescription drug coverage and your options under Medicare's prescription drug coverage. If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you. Please note that later notices might supersede this notice.

1. Medicare prescription drug coverage became available in 2016 to everyone with Medicare. You can get this coverage through a Medicare Prescription Drug Plan or a Medicare Advantage Plan that offers prescription drug coverage. All Medicare prescription 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. Your employer has determined that the prescription drug coverage offered by the medical plan option(s) is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered Credible Coverage. Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare prescription drug plan, if you later enroll within specific time periods.

## Availability of Summary Health Care Benefits Information

To help you make an informed choice and verify your benefits, the Summary of Benefits and Coverage (SBC) is available, which summarizes essential information about your health coverage option(s) in a standard format. A copy is available by contacting the Human Resources Department.