



City of Webster

2025-2026 Benefit Summary

Table of Contents

Enrollment Eligibility	3
Payroll Deductions	4
Medical Benefits	5
Dental	9
Vision	9
Basic & Voluntary Life and AD&D	10
Basic LTD & Voluntary STD	11
Voluntary Critical Illness	12
Voluntary Accident	13
Voluntary Hospital Indemnity	14
City Paid Employee Assistance Program (EAP)	15
Flexible Spending Accounts	16
How to Enroll	20
Contact Information	22
Legal Notices	23

If you have Medicare or will become eligible for Medicare in the next 12 months, Federal law gives you more choices about your prescription drug coverage. Please refer to your Medicare Part D Creditable Coverage Notice on pages 24-25 of this guide for more details.

This document is an outline of the coverage provided under your employer’s benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the “plan documents”). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer’s benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Enrollment Eligibility

The City of Webster is proud to provide our employees and their families with a comprehensive and affordable benefits package, allowing you to enroll in the plans that best fit your family's needs. This guide can help you make sure you're enrolled in the benefits that best fit your life situation. At this time, you may enroll or make changes to your elections. Get ready by taking the time to know more about your options and then take action to enroll.

- **Employee Eligibility:** All FT (Full-time) employees are eligible for benefits the first of the month following date of hire.
- **Dependent Eligibility:** Dependents eligible for coverage include your legal spouse and children under age 26. For medical, children under age 26 are eligible regardless of marital or dependent status. For dental and vision, unmarried children under the age of 26 only. Older children who were disabled prior to the limiting age and grandchildren are also considered eligible dependents if you are their legal guardian and are claiming them as a dependent for tax purposes. **PROOF REQUIRED BY HUMAN RESOURCES:**
 - Copy of the official state marriage certificate and/or official certificate of informal marriage
 - Copy of the dependent child's official state birth certificate (must show employee or spouse as the parent)
 - Copy of the final adoption decree signed by the judge (must show employee or spouse as the parent)
 - Copy of court order confirming the employee has permanent legal custody
 - Copy of the official state marriage certificate and birth certificate for a stepchild
 - Copy of official medical findings of child incapable of self-support due to physical or mental disability
- **Benefit Enrollment Period:** After your initial enrollment period (when you first become eligible for benefits), you may enroll, waive coverage, or change your benefit elections during the stated annual open enrollment period each year (for coverage to become effective October 1) or at any time during the plan year in the event of a qualified change in status (also called a "life event"). **If you have a change in status and wish to change any of your benefit elections, you must complete an election change form within 30 days of the date of the event.**
- **Upon Your Initial Date of Eligibility** you have the option to enroll or waive any or all benefits offered as a Full-Time eligible employee.

Qualified Changes in Status:

Employee's marriage or divorce or death of employee's spouse

Birth, adoption or death of a dependent child

Change in employee's, spouse's or dependent child's employment status that affects benefit eligibility

Child becoming ineligible for coverage due to reaching age 26

Change in the employee's, spouse's or a dependent child's residence that affects eligibility for coverage

Employee's receipt of a Qualified Medical Child Support Order or letter from the Attorney General ordering the employee to provide (or allowing the employee to drop) Medical coverage for a child

Changes made by a spouse or dependent child during his/her annual enrollment period with another employer

The employee, spouse or dependent child becoming eligible or ineligible for CHIP, Medicare or Medicaid

Payroll Deductions

Coverage Type	Total Cost of Coverage	City Pays per Month	Employee Pays per Month	Employee Pays per (24) Pay Periods
Medical – BCBSTX				
EE Only Coverage	\$678.74	\$610.87	\$67.87	\$33.94
EE + Spouse Coverage	\$1,494.59	\$1,345.13	\$149.46	\$74.73
EE + Child(ren) Coverage	\$1,255.67	\$1,130.10	\$125.57	\$62.78
EE + Family Coverage	\$2,172.64	\$1,955.38	\$217.26	\$108.63
Dental 90% UCR PPO - BCBSTX				
EE Only Coverage	\$48.20	\$37.11	\$11.09	\$5.54
EE + Spouse Coverage	\$86.13	\$66.32	\$19.81	\$9.90
EE + Child(ren) Coverage	\$107.54	\$82.81	\$24.73	\$12.37
EE + Family Coverage	\$146.67	\$112.94	\$33.73	\$16.87
Dental Value MAC - BCBSTX				
EE Only Coverage	\$34.15	\$34.15	\$0	\$0
EE + Spouse Coverage	\$62.51	\$62.51	\$0	\$0
EE + Child(ren) Coverage	\$65.94	\$65.94	\$0	\$0
EE + Family Coverage	\$95.28	\$95.28	\$0	\$0
Vision - BCBSTX				
EE Only Coverage	\$8.25	\$8.25	\$0	\$0
EE + Spouse Coverage	\$15.67	\$15.67	\$0	\$0
EE + Child(ren) Coverage	\$16.49	\$16.49	\$0	\$0
EE + Family Coverage	\$24.25	\$24.25	\$0	\$0



Medical Benefits

Insured by BCBS of Texas

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through the City of Webster.

You may select where you receive your medical services. If you use in-network providers, your costs will be less.

	PPO Plan	
	In-Network	Out-of-Network
Annual Deductible	\$2,750 Individual /\$8,250 Family	\$10,000 Individual /\$20,000 Family
Maximum Out-of-Pocket	\$8,250 Individual /\$16,500 Family	Unlimited
Routine Preventive Care	No Charge	50% after deductible
Office Visit (PCP/Specialist)	\$40 / \$80 copay	50% after deductible
MD Live (Telehealth)	No charge	Not Covered
Basic Lab and X-ray	No charge	50% after deductible
Inpatient Hospital	No charge after deductible	50% after deductible
Outpatient Hospital	No charge after deductible	50% after deductible
Emergency Services (In-Network & Out-of-Network)	\$500 copay/ visit (waived if admitted)	
Urgent Care Services	\$75 copay	50% after deductible
Inpatient Mental Health	No charge after deductible	50% after deductible
Outpatient Mental Health	\$40 copay	50% after deductible

Rx Benefit	Preferred Pharmacy	Non-Preferred Pharmacy	Out of Network Pharmacy Employee must file claim
Generic (Preferred/Non-Preferred)	Retail: \$0 / \$10 copay Mail Order: \$0	Retail: \$10 / \$20 copay Mail Order: \$30 copay	Retail: \$10 / \$20 copay +50% additional charge
Brand (Preferred/Non-Preferred)	Retail: \$50 / \$70 copay Mail Order: \$150 copay	Retail: \$100 / \$120 Mail Order: \$300 copay	Retail: \$70 / \$120 copay +50% additional charge
Specialty (Preferred/Non-Preferred)	\$150 copay	\$250 copay	Retail: \$150 / \$250 copay +50% additional charge

You can receive a 90-day supply of medicine through your mail order pharmacy benefit.

Visit www.bcbstx.com or call **800.521.2227** for assistance.



Virtual Visits

Convenient health care at your fingertips



Getting Care Just Got Easier

Getting sick is never convenient, and finding time to get to the doctor can be hard. Blue Cross and Blue Shield of Texas (BCBSTX) provides you and your covered dependents access to care for non-emergency medical issues and behavioral health needs through MDLIVE.

Speak to a doctor immediately or schedule an appointment for later.* The doctor can send prescriptions electronically to a pharmacy of your choice (when appropriate).

MDLIVE doctors and therapists can help treat the following conditions and more:

General Health

- Allergies
- Asthma
- Nausea
- Sinus infections

Pediatric Care

- Cold
- Flu
- Ear problems
- Pinkeye

Behavioral Health

- Anxiety and depression
- Child behavior and learning issues
- Marriage problems

Access a virtual visit anywhere through the mobile app, online video or telephone.*



Telephone:

- Call **MDLIVE (888-680-8646)**
- Speak with a health service specialist
- Speak with a doctor

Register today!

To register, go to MDLIVE.com/bcbstx. Enter your first and last name, date of birth and BCBSTX member ID number.

*MDLIVE is available 24/7 for urgent care. Some charges may apply when using your health or insurance. Check your plan's terms for details. Visit restrictions for behavioral health are available by appointment. Service is limited to chronic or acute conditions (lower only) along with the ability to prescribe when clinically appropriate. In Texas, service is limited to chronic or acute conditions (lower only) along with the ability to prescribe when clinically appropriate. In Idaho, Missouri, New Mexico and Oklahoma, virtual visits are currently not available in-person. Availability depends on member's location at the time of service. Virtual visits may not be available in all plans. MDLIVE is not an insurance product nor a prescription fulfillment solution. MDLIVE operates subject to state regulations and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not provide DEA controlled substances, non-pharmacy drugs and certain other drugs that may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for inappropriate or abusive use.

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.

MDLIVE, an independent company, provides virtual care services for Blue Cross and Blue Shield of Texas. MDLIVE operates and administers the virtual care program which is solely responsible for its operations and that of its subsidiaries.

MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission.



A New Way to Experience Wellness

Well onTarget offers personalized tools and resources to help you — no matter where you may be on the path to health and wellness.

Well onTarget can give you the support you need to make healthy choices — while rewarding you for your hard work.

MEMBER WELLNESS PORTAL

The heart of Well onTarget is the member portal, available at wellontarget.com. It uses the latest technology to offer you an enhanced online experience. This engaging portal links you to a suite of innovative programs and tools.

- **Self-directed courses:** These courses let you work at your own pace to reach your health goals. Learn more about nutrition, fitness, losing weight, quitting smoking and managing stress. Track your progress and reach your milestones as you make your way through each lesson. Reach your milestones and earn Blue Points^{SM,*}
- **Health and wellness content:** The health library teaches and empowers through evidence-based, reader-friendly articles.
- **Tools and trackers:** These resources can help keep you on course while making wellness fun. Use a food and exercise diary, symptom checker and health trackers.

* Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information.



Start experiencing the new wellness today. Go to wellontarget.com.

HEALTH ASSESSMENT (HA)

The HA uses adaptable questions to learn more about you. After you take the HA, you will get a personal wellness report. This confidential report offers you tips for living your healthiest life. Your answers will help tailor the Well onTarget portal with the programs that may help you reach your goals.

BLUE POINTS PROGRAM

Blue Points can help motivate you to maintain a healthy lifestyle. Earn points for participating in wellness activities. You can redeem points in the online shopping mall. The program gives you points instantly, so you can use them right away. If you want a larger reward, you can purchase additional points when you check out.

FITNESS PROGRAM**

Fitness can be easy, fun and affordable. The Fitness Program is a flexible membership program that gives you unlimited access to a nationwide network of more than 9,000 fitness centers. If you want, you can choose one gym close to home and one near work. And you can visit gyms while you're on vacation or traveling for work.

Other program perks include:

- **No long-term contract:** Membership is month to month. Monthly fees are \$25 per month per member, with a one-time enrollment fee of \$25 per member.
- **Blue Points:** Get 2,500 points for joining the Fitness Program. Earn additional points for weekly visits.
- **Convenient payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.
- **Web resources:** You can go online to locate gyms and track your visits.
- **Health and wellness discounts:** Save money through a nationwide complementary and alternative medicine network of 40,000 health and well-being providers, such as massage therapists, personal trainers and nutrition counselors.

It's easy to join the Fitness Program! Just call the toll-free number [888-762-BLUE \(2583\)](tel:888-762-BLUE) Monday through Friday, from 8 a.m. to 9 p.m. in any continental U.S. time zone.

FITNESS TRACKING

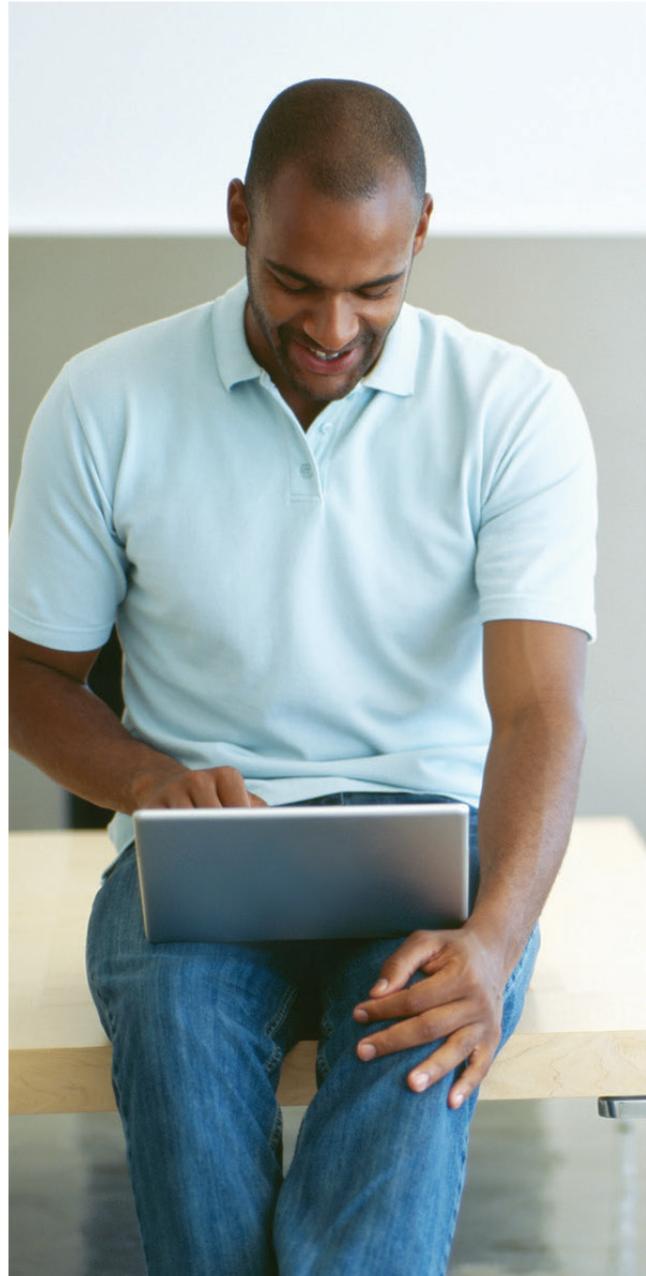
Track your fitness activity using popular fitness devices and mobile apps.

WELLNESS PROGRAM QUESTIONS?

Call Customer Service at [877-806-9380](tel:877-806-9380).

** The Fitness Program is provided by Healthways, Inc., an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers.

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Take Wellness on the Go

Check out the Well onTarget mobile app, available for iPhone® and Android™ smartphones. It can help you work on your health and wellness goals — anytime and anywhere.

Dental

Insured by BCBS of Texas

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the City of Webster's dental benefit plans.

	90% UCR PPO	Value MAC
Calendar Year Deductible	\$50 per person/\$150 per family	\$50 per person/\$150 per family
Preventive Care (Cleanings, Topical Flouride, Exams, X-ray)	0%, deductible waived	0%, deductible waived
Basic Care (Amalgams, Resin-based composite restorations)	20% after deductible	20% after deductible
Major Care (Single Crowns, Crown over implants)	50% after deductible	50% after deductible
Orthodontics (Dependents Up to 19)	50% deductible waived \$1,500 lifetime maximum	N/A
Annual Benefit Maximum	\$1,500 per person	\$1,500 per person

See if your dentist is in network at www.bcbstx.com or call 800.521.2227 for assistance.

The Value MAC plan member must see a network dentist for maximum benefit



Vision

Insured by BCBS of Texas

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis.

	In-Network	Out-of-Network
Exams and Materials	\$10 copay	Up to \$30
Frame	\$0 copay, \$150 retail allowance + 20% off remaining balance	Up to \$75
Standard Lenses	Single Lenses: \$25 copay Bifocal: \$25 copay Trifocal: \$25 copay	Single: Up to \$25 Bifocal: Up to \$40 Trifocal: Up to \$55
Contact Lenses (Fit & Follow up)	Fitting & Eval: Up to \$40 for standard, 10% off retail price for premium. Elective \$0 copay/ \$150 Allowance/ 15% off balance. Necessary: \$0 copay: Paid in Full.	Elective: Up to \$120 Necessary: Up to \$210
Frequency	Exam: 1 every 12 months Contacts or Lenses: 1 every 12 months Frames: 1 every 24 months	N/A
Laser/ PRK Vision Correction	15% off retail price or 5% off promotional price	N/A

Visit www.bcbstx.com or call 800.521.2227 for assistance.



Basic & Voluntary Life and AD&D

Basic Life and AD&D

Insured by BCBS of Texas

GROUP TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

Life insurance can provide security for your dependents in the event of your death or terminal illness. The City of Webster contributes to a basic level of life insurance for all full-time employees of \$30,000. Benefit reductions begin at age 65. The City of Webster also provides Supplemental Death Benefit through The Texas Municipal Retirement System for one times annual salary for active employees or \$7,500 for retirees.

Voluntary Life and AD&D

Insured by BCBS of Texas

The City offers employees the option to sign up for additional group term life insurance through Blue Cross Blue Shield of Texas. Benefit options are available in \$10,000 increments, up to a maximum of \$500,000; you cannot have more than 5x your annual salary in coverage. You can also elect coverage for your Spouse in \$5,000 increments, up to a maximum of \$250,000; you cannot have more than 50% of your elected benefit amount. Example: Employee has elected \$300,000 in coverage, their spouse cannot have more than \$150,000 in coverage. Finally, you can also elect coverage for your dependent children. There is a maximum of \$10,000 per child from the age of 6 months to 25 years old (25 years full-time student). This is a brief overview of the voluntary term life coverage available to employees, for more information and rates please contact the Human Resources Department.

Age band	Employee Rate
	By \$1,000 increments
0 - 29	\$.092
30 - 34	\$.123
35 - 39	\$.139
40 - 44	\$.154
45 - 49	\$.231
50 - 54	\$.354
55 - 59	\$.662
60 - 64	\$1.016

Visit www.bcbstx.com or call 800.521.2227 for assistance.

Premium Rates for eligible dependents are available for open enrollment.

Basic LTD & Voluntary STD

Long-Term Disability

Insured by BCBS of Texas

The City of Webster provides employer-paid Long-Term Disability (LTD) benefits, for all full-time employees.

LONG-TERM DISABILITY

- Monthly benefit of up to 66.67% of monthly earnings
- \$10,000 maximum monthly benefit
- Coverage begins on 91st day off the job
- Coverage lasts up to the earliest of Social Security Normal Retirement Age (SSNRA) or TBD
- For first two years of disability, you will receive benefit payments while you are unable to work in your own occupation. After two years, you will continue to receive benefits if you cannot work in any occupation based on training, experience and education.

Short-Term Disability

Insured by BCBS of Texas

The City of Webster provides Short-Term Disability Benefits.

Schedule of Benefits	BCBS of Texas
Benefit Amount	60% of weekly earnings
Maximum Weekly Benefit	\$1,500
Minimum Weekly Benefit	\$25
Injury Elimination Period	7 days
Sickness Elimination Period	14 days
Injury Benefits Begin	8th Day
Sickness Benefits Begin	15th Day
Maximum Period Payable	13 weeks
Survivor Benefit	3 weeks
Worksite Modification Benefit	Total or Partial Disability
Pre-Existing Condition Exclusion	12/12
Partial Disability Earnings Test	80%
Work Incentive Benefit	Included
Employee Contribution Basis	Post-tax
Tax Services	W-2 Printing

Age Band	Rates Per \$10 Weekly Benefit
Below 20	\$0.384
00-24	\$0.386
25-29	\$0.401
30-34	\$0.374
35-39	\$0.356
40-44	\$0.375
45-49	\$0.403
50-54	\$0.499
55-59	\$0.663
60-64	\$0.835
65-69	\$0.853
70-74	\$0.964
75-79	\$0.964
80-84	\$0.964
85-89	\$0.964
90-94	\$0.964
95-99	\$0.964
100 and above	\$0.964

Voluntary Critical Illness

Insured by BCBS of Texas

Covered Conditions	Initial Benefit	Recurrence Benefit
Brain Tumor Category		
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit
Cancer Category		
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit
Skin Cancer	10% of Benefit Amount	NONE
Neurological Disease Category		
Stroke	100% of Benefit Amount	100% of Initial Benefit
Other Disease Category		
Carcinoma in-situ	25% of Benefit Amount	NONE
Major Organ Failure	100% of Benefit Amount	NONE
End Stage Renal Failure	100% of Benefit Amount	NONE
Advanced Multiple Sclerosis	100% of Benefit Amount	NONE
Advanced Parkinson's Disease	100% of Benefit Amount	NONE
Major Burns	100% of Benefit Amount	NONE
Advanced Alzheimers Disease	100% of Benefit Amount	NONE
Functional Loss Category		
Coma	100% of Benefit Amount	100% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	NONE
Paralysis	100% of Benefit Amount	NONE
Cardiovascular Disease Category		
Major Heart Surgery	25% of Benefit Amount	NONE
Heart Attack	100% of Benefit Amount	100% of Initial Benefit

Monthly (12) Premium Rates

Uni-Tobacco

Premium per \$1,000 of Coverage				
Attained Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse and Child(ren)
<25	\$0.513	\$1.159	\$0.969	\$1.615
25-29	\$0.599	\$1.340	\$1.055	\$1.796
30-34	\$0.732	\$1.625	\$1.188	\$2.081
35-39	\$0.950	\$2.052	\$1.406	\$2.508
40-44	\$1.302	\$2.784	\$1.758	\$3.240
45-49	\$1.834	\$3.829	\$2.290	\$4.285
50-54	\$2.518	\$5.045	\$2.974	\$5.501
55-59	\$3.620	\$7.002	\$4.076	\$7.458
60-64	\$4.912	\$9.282	\$5.368	\$9.738
65-69	\$6.926	\$12.873	\$7.382	\$13.329
70-74	\$9.130	\$17.034	\$9.586	\$17.490
75+	\$12.493	\$23.855	\$12.949	\$24.311

visit www.bcbstx.com or call 800.521.2227 for assistance.

Premium Rates for eligible dependents are available for open enrollment.

Voluntary Accident

Insured by BCBS of Texas

Benefit	Benefit Limits	Low Plan			High Plan		
		Employee	Spouse	Child	Employee	Spouse	Child
Accidental Death Benefits Category							
Basic Accidental Death	N/A	\$20,000	\$20,000	\$6,000	\$40,000	\$40,000	\$12,500
Accidental Death Common Carrier		\$80,000	\$80,000	\$12,000	\$150,000	\$150,000	\$25,000
Accidental Dismemberment/Functional Loss/Paralysis Benefits Category							
Basic Dismemberment/Functional Loss Benefit							
Loss of one finger or one toe	N/A	\$1,000	\$1,000	\$400	\$2,000	\$2,000	\$625
Loss of one arm or one leg		\$5,000	\$5,000	\$1,500	\$10,000	\$10,000	\$3,750
Loss of one hand or one foot		\$5,000	\$5,000	\$1,500	\$10,000	\$10,000	\$3,750
Loss of two or more fingers or toes		\$1,000	\$1,000	\$400	\$2,000	\$2,000	\$625
Loss of sight in two eyes		\$20,000	\$20,000	\$6,000	\$40,000	\$40,000	\$12,500
Loss of one or more toes		\$1,000	\$1,000	\$400	\$2,000	\$2,000	\$625
Catastrophic Dismemberment/Functional Loss Benefit							
Loss of one eye, foot, hand, arm, or leg	N/A	\$5,000	\$5,000	\$1,500	\$10,000	\$10,000	\$3,750
Loss of two eyes, feet, hands, arms or legs		\$20,000	\$20,000	\$6,000	\$40,000	\$40,000	\$12,500
Loss of both arms		\$20,000	\$20,000	\$6,000	\$40,000	\$40,000	\$12,500
Loss of both legs		\$20,000	\$20,000	\$6,000	\$40,000	\$40,000	\$12,500
Wellness Benefit		\$40	\$40	\$40	\$50	\$50	\$50
Paralysis Benefit							
Paraplegia	N/A	\$3,750	\$3,750	\$3,750	\$6,250	\$6,250	\$6,250
Four limbs (quadriplegia)		\$7,500	\$7,500	\$7,500	\$12,500	\$12,500	\$12,500

Visit www.bcbstx.com or call 800.521.2227 for assistance.

Rates - Low Plan

Type	Monthly (12)
Employee Only	\$14.73
Employee + Spouse	\$29.12
Employee + Child(ren)	\$35.16
Employee + Spouse and Child(ren)	\$41.43

Rates - High Plan

Type	Monthly (12)
Employee Only	\$21.85
Employee + Spouse	\$43.00
Employee + Child(ren)	\$51.72
Employee + Spouse and Child(ren)	\$61.01

Voluntary Hospital Indemnity

Insured by BCBS of Texas

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Low Plan	High Plan
Hospital Benefits				
Admission Benefit	1 time(s) per calendar year	Hospital Admission: Payable when admitted to a hospital ICU Admission: Benefit paid when admitted to an Intensive Care Unit	Hospital: \$500 ICU: +\$500	Hospital: \$1,000 ICU: +\$1,000
Confinement Benefit	Hospital Confinement: up to 30 days/year ICU Confinement: up to 10 days/year	Hospital Confinement: Daily benefit with at least 20 hours of confinement ICU Confinement: Benefit paid concurrently when confined to ICU	Hospital: \$100/day ICU: +\$100/day	Hospital: \$200/day ICU: +\$200/day
Newborn Confinement Benefit	3 day(s) per confinement	Confinement Benefit for routine Nursery Care	\$25/day	\$50/day

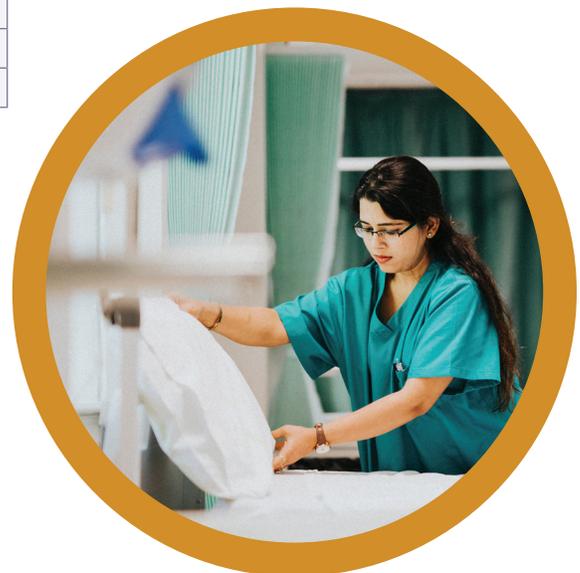
Visit www.bcbstx.com or call 800.521.2227 for assistance.

Rates - Low Plan

Type	Monthly (12)
Employee Only	\$9.55
Employee + Spouse	\$24.92
Employee + Child(ren)	\$16.44
Employee + Spouse and Child(red)	\$31.82

Rates - High Plan

Type	Monthly (12)
Employee Only	\$19.10
Employee + Spouse	\$49.84
Employee + Child(ren)	\$32.90
Employee + Spouse and Child(red)	\$63.64



City Paid Employee Assistance Program (EAP)

Emotional wellbeing and work-life balance resources to keep you at your best

SupportLinc offers expert guidance to help you and your family address and resolve everyday issues.



In-the-moment support

Reach a licensed clinician by phone 24/7/365 for immediate assistance.



Financial expertise

Consultation and planning with a financial counselor.



Legal consultation

By phone or in-person with a local attorney.



Short-term counseling

Access up to five (5) no-cost counseling sessions, in-person or via video, to resolve stress, depression, anxiety, work-related pressures, relationship issues or substance abuse.



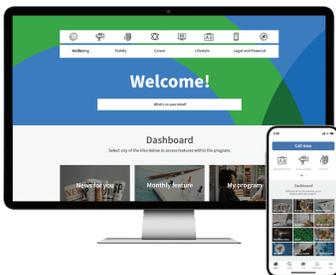
Convenience resources

Referrals for child and elder care, home repair, housing needs, education, pet care and so much more.



Confidentiality

Strict confidentiality standards ensure no one will know you have accessed the program without your written permission except as required by law.



Your web portal and mobile app

- The one-stop shop for program services, information and more.
- Discover on-demand training to boost wellbeing and life balance.
- Find search engines, financial calculators and career resources.
- Explore thousands of articles, tip sheets, self-assessments and videos.

Convenient, on-the-go support

- **Textcoach®**
Personalized coaching with a licensed counselor on mobile or desktop.
- **Animo**
Self-guided resources to improve focus, wellbeing and emotional fitness.
- **Virtual Support Connect**
Moderated group support sessions on an anonymous, chat-based platform



Start with Navigator

Take the guesswork out of your emotional fitness! Visit your web portal or mobile app to complete the short Mental Health Navigator survey. You'll immediately receive personalized guidance to access support and resources.



Download the mobile app today!



1-888-881-5462

supportlinc.com
group code:
cityofwebster

Flexible Spending Accounts

2025 Maximum Contribution Limits

- Health Spending Account - \$4,300/ \$8,550 (Individual/ Family)
- Dependent Care Account - \$5,000 (\$2,500 if married and filing separately)



**You can make more
money this year...**

**with the
Flexible Benefits
Plan!**



Take advantage of City of Webster's

Flexible Benefits Plan

and take home more money.

Flexible Spending Accounts

A Flexible Benefits Plan helps your paycheck buy more!

Sometimes referred to as a cafeteria plan, flex plan, or a Section 125 plan — a Flexible Benefits Plan lets you set aside a certain amount of your paycheck into an account — before paying income taxes. During the year you have access to this account for reimbursement of expenses you regularly pay for, such as health-care and dependent daycare. When you use tax-free dollars to pay for these expenses, you realize an increase in your spending power, and substantial tax savings.

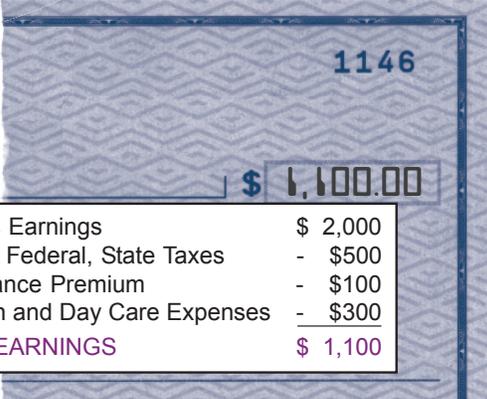
Reimbursable expenses can include:

- Deductibles, Co-pays, and Prescription Drugs
- Expenses not covered by insurance
- Dental Services & Orthodontics
- Eyeglasses, Contacts, Solutions & Eye Surgery
- Weight-loss programs (associated with a specific disease)
- Chiropractic services
- Psychiatric care & Psychologist's fees.
- Smoking Cessation programs
- Adult & Child Daycare services
- And more!

Here's how it works...

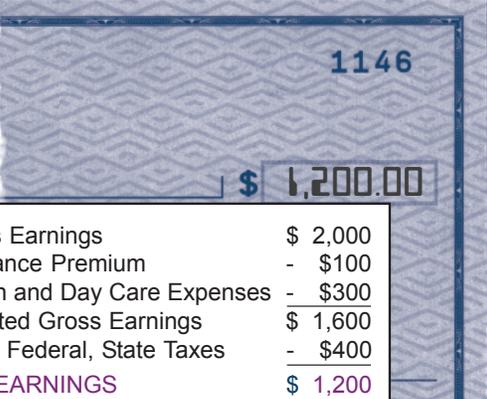
Example: An employee makes \$2,000 each month and decides to participate in her employer's Flexible Benefits Plan. As a result, her insurance premiums and health and daycare expenses are paid with tax-free dollars, giving her an additional \$100 each month!

Without the Plan



	1146
	\$ 1,100.00
Gross Earnings	\$ 2,000
FICA, Federal, State Taxes	- \$500
Insurance Premium	- \$100
Health and Day Care Expenses	- \$300
NET EARNINGS	\$ 1,100

With the Plan



	1146
	\$ 1,200.00
Gross Earnings	\$ 2,000
Insurance Premium	- \$100
Health and Day Care Expenses	- \$300
Adjusted Gross Earnings	\$ 1,600
FICA, Federal, State Taxes	- \$400
NET EARNINGS	\$ 1,200

It's as easy as...

1 Carefully read this material and choose which options make sense for you to participate in.

2 Determine how much you expect to spend during the year for each option.

3 Complete the attached Participation Form and return it to your Human Resources Department.

Flexible Spending Accounts

Step I: Your Options

There are several accounts you can participate in with the Flexible Benefits Plan.

I: Healthcare Reimbursement Account

This account reimburses you for healthcare expenses not covered by insurance. You set aside money, tax-free, through regular payroll deductions. During the year, you can be reimbursed directly from your account for those qualified healthcare services provided that are not covered by insurance.

Common expenses that qualify for reimbursement are — doctor visits, deductibles, co-payments, prescriptions, mental health care, dental services and orthodontics, chiropractor services, eye exams, glasses and contacts.

II: Dependent Care Reimbursement Account

Dependent care expenses are those that are necessary for you and your spouse (if married) to be gainfully employed.

This account reimburses you for daycare expenses for eligible children and adults. Through regular payroll deductions, you set aside part of your income to pay for these expenses on a tax-free basis. To qualify, your dependents must be:

- a child under the age of 13, or
- a child, spouse or other dependent who is physically or

mentally incapable of self-care and spends at least 8 hours a day in your household.

Qualified expenses for reimbursement include — adult and child daycare centers, preschool and before/after school care.

Please note: A dependent care credit is available on your annual tax return. Whether or not to participate in the daycare portion of this plan depends on your income, filing status, number of dependents and annual daycare expenses. You will also receive your tax savings throughout the year, rather than once a year when you file your taxes. Contact your plan administrator for further information.

III: Additional Benefit

Your employer may have included benefits in addition to the programs described above. Your Human Resources Department will send notification, along with this enrollment brochure, if any such additional benefits are being offered at this time.

IV: Premium Savings Account

This account allows you to pay for your employer-provided health and other insurance premiums with tax-free dollars. If you are covered under your employer's health and/or other insurance plans, you are automatically enrolled in this account! Be sure to let your employer know if you don't want your premiums paid tax-free.

Step II: Determining Your Reimbursable Expenses

By completing the following information, you can calculate your annual reimbursable expenses.

Take into consideration the services to be provided during the upcoming plan year for you and your dependents.

Healthcare Expenses

Medical (1)*

Deductibles \$ _____
Co-payments \$ _____
Doctor visits \$ _____
Prescriptions \$ _____

Other \$ _____
Total \$ _____

Vision (2)

Exams \$ _____
Eye Surgery \$ _____
Lenses/Frames \$ _____
Contacts \$ _____
Solutions \$ _____
Other \$ _____
Total \$ _____

Dental (3)*

Routine Check-ups \$ _____
Fillings/Crowns \$ _____
Orthodontics \$ _____
Other \$ _____
Total \$ _____

Dependent Daycare Expenses

Children \$ _____
Adults \$ _____
Total \$ _____

Other Reimbursable Expenses**

Total \$ _____

Estimated Annual Expenses and Tax Savings

Total Healthcare Expenses (add 1 + 2 + 3) \$ _____
Total Dependent Daycare Expenses \$ _____
Total Other Reimbursable Expenses \$ _____
Total Expenses \$ _____

Tax Bracket Percentage (see below) _____ %
Annual Tax Savings \$ _____
(multiply total expenses by tax bracket percentage)

Savings Amount Per Paycheck \$ _____

(divide total expenses by number of paychecks you receive each year - 52, 26, 24, 12)

Tax Estimate Table

Based on a combination of social security, federal, and state income taxes.

If your annual household earnings are:	Estimated tax rate is:
Less than \$30,000	25%
\$30,000 to \$40,000	29%
\$40,000 to \$70,000	31%
Greater than \$70,000	33%

These tax rates are estimates based on national averages and may not reflect your actual tax rate.

* Cosmetic procedures like teeth bleaching and face lifts are not eligible expenses for reimbursement.

** An "Additional Benefit" may not be offered by your employer. Check with your Human Resources Department.

Step III: Complete the Participation Form

Using the information you calculated in Step II, complete the attached Participation Form and return it to your Human Resources Department.

Flexible Spending Accounts

IMPORTANT INFORMATION

What is a Flexible Benefit Plan?

It's a benefit provided by your employer that lets you set aside a certain amount of your paycheck into an account before paying income taxes. Then, during the year, you can use funds in the account to pay for qualified medical or daycare expenses with the untaxed dollars.

What are the benefits of participating in a Flex Plan?

Your biggest benefit is saving payroll withholding taxes. What that means to you is that you'll save \$25 - \$40 on every \$100 you budget to pay for qualified expenses with the money in your flexible benefit account. That's because you don't pay taxes on the money you set aside each pay period for your flex account. (Your savings are based on the percentage of payroll taxes you would have paid, had you not put your money into a flex account.) **Effective for plan years beginning on or after January 1, 2013 participant salary reductions to your Health Care FSA may not exceed the maximum permitted under Code Section 125(i). Salary reductions (contributions) to your Health Care FSA limit may be less, review your Summary Plan Description (SPD) for contribution levels.**

What expenses qualify for payment with my Flex Dollars?

Most qualified expenses are for goods or services that you'll buy anyway. They include health care costs such as co-pays and doctor's fees; prescribed over-the-counter (OTC) drugs and medications; dental and eye care expenses; and day care expenses for dependents so you can work.

How do I pay for qualified expenses?

You fill out a claim form found online at www.mycpitem.com or use the claim form and instructions provided by your employer. Simply complete the form and attach copies of the healthcare or dependent care bills, then fax or mail the form to CPI. Within a week or so you will receive your Tax-Free reimbursement. Your payment options are check or direct deposit. If your employer has set up the debit card option (Take Care Visa) you may simply swipe your card for qualified expenses and the amount will be deducted from your account. Note: when using the Take Care Card you must keep all receipts in case of an audit. Debit card users will only need to file a claim when purchasing prescribed OTC items or when the merchant does not accept your debit card.

How does money get deposited into my account?

Through regular payroll deductions. It's that simple. Estimate how much you spend annually on the expenses that qualify to be paid from your flex account, then enroll! (See worksheet on page 3 of this booklet.)

How do I know how much is available for me to spend?

Your balance and other account details are always available online @ www.mycpitem.com or by calling our office. 866-241-0237

Must money be deposited in my account before I pay expenses or file a claim?

NO. The entire annual amount you elect for the Health Flexible Spending Account (FSA) is available on the first day and through-out

www.mycpitem.com

the plan year. However, funds in the dependent care account are available only when they are deposited into your account.

I already have health insurance. Why should I participate in the Flexible Benefit Plan for medical expenses?

This account is used to pay for expenses not covered by insurance. These include co-pays, prescribed OTC medications, glasses, contacts, orthodontics, and prescription drugs, just to name a few.

I don't use my employer's health insurance. Can I still save? YES.

You can still set aside money through regular payroll deductions (before taxes are taken out) to budget and pay for qualified expenses. Remember, a qualified expense paid from this plan cannot be reimbursed from another plan.

I take a dependent care credit on Form 1040. Will this Dependent Care Account save more?

The more you earn, the more you'll save. In addition, you'll also save social security tax (FICA) with a Dependent Care Account; don't wait until April 15 to take the credit. Now you can save taxes on every paycheck. Which is best for you? Visit our website and use the easy calculator to determine your savings or contact your tax advisor.

If I set aside part of my paycheck, won't I make less money?

NO. For every dollar you set aside to pay qualified expenses, you save FICA, federal income tax and (where applicable) state withholding. Your net take-home pay will increase by the taxes you save. Plus, when you pay a qualified expense or receive a cash reimbursement, it's TAX-FREE.

Can I change my contributions during the year?

Only if you have a qualifying change in status such as marriage, birth, adoption, or a change in your spouse's employment status or a dependent's change in status.

What if I don't use all of the money in my account?

Generally, unused balances may not be paid to you in cash or used in a later year. However, for the Health FSA or Dependent Care Account, your employer may have elected to allow you to incur expenses up to 2 ½ months after the plan year end and use the remaining plan year balance to reimburse those expenses.

What happens to my account if I terminate employment?

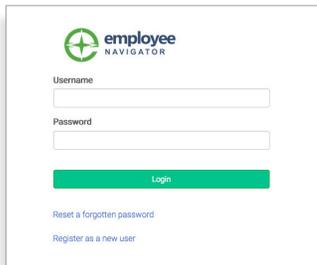
You may request reimbursement from your FSA for qualified expenses incurred prior to your termination. Check your Summary Plan Description for additional rights provided by your employer's plan.

Are there any negatives that I should know about?

Because you may not pay social security tax on the amount of gross pay you set aside for qualified expenses, your social security benefits at retirement may be slightly reduced. However, most tax advisors recommend taking advantage of current tax-savings opportunities. Also, if disability insurance is paid on a pre-tax basis, any future benefits you receive will be taxable.

How to Enroll

ENROLL IN YOUR BENEFITS: One step at a time

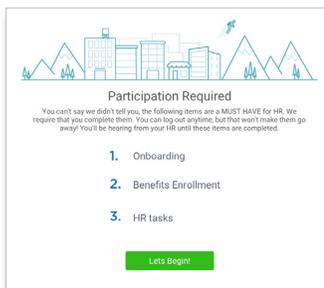


The login screen features the Employee Navigator logo at the top left. Below it are two input fields: 'Username' and 'Password'. A green 'Login' button is positioned below the password field. At the bottom, there are two links: 'Reset a forgotten password' and 'Register as a new user'.

Step 1: Log In

Go to www.employeenavigator.com and click **Login**

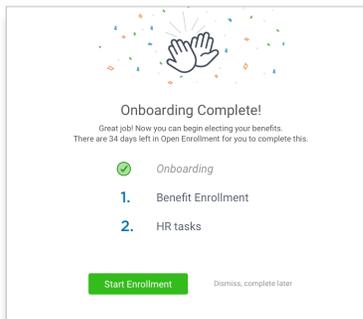
- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.



The screen has a header with a cityscape illustration. Below the header, it says 'Participation Required' and provides a warning: 'You can't say we didn't tell you, the following items are a MUST HAVE for HR. We require that you complete them. You can log out anytime, but that won't make them go away! You'll be hearing from your HR until these items are completed.' A list follows: 1. Onboarding, 2. Benefits Enrollment, 3. HR tasks. A green 'Let's Begin!' button is at the bottom.

Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.



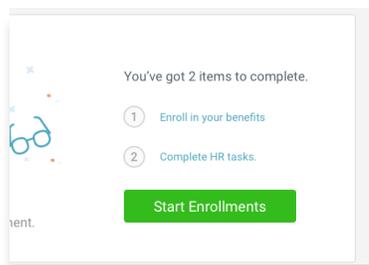
The screen features a hand icon surrounded by confetti. It says 'Onboarding Complete!' and 'Great job! Now you can begin electing your benefits. There are 34 days left in Open Enrollment for you to complete this.' A progress indicator shows 'Onboarding' as complete. A list follows: 1. Benefit Enrollment, 2. HR tasks. A green 'Start Enrollment' button is at the bottom, with a link 'Dismiss, complete later' next to it.

Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

if you hit "**Dismiss, complete later**" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "**Start Enrollments**"



The screen says 'You've got 2 items to complete.' A list follows: 1. Enroll in your benefits, 2. Complete HR tasks. A green 'Start Enrollments' button is at the bottom.

Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

How to Enroll

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

Who am I enrolling?

- Myself
- Elizabeth Reynolds (Spouse)
- Gwen Reynolds (Child)

\$138.46 Effective on 08/01/18
Cost per pay period Employee

Compare Details Selected

How much will it cost?

Plan Cost	Employer Contribution	My Cost
\$138.46	\$ 138.46	\$0.00

View employer contributions summary

Save & Continue
Don't want this benefit?

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

Enrollment Summary

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions or would like to make changes, please contact HR.

Enrollment Not Complete! Please complete the required highlighted steps from your enrollment progress menu.

Enrolled Plans

Medical Key Care HSA PP02017 404E2435 Long Plan Name Collapse

Progress 6 of 8

- 1 Personal Information
- 2 Dependent Information
- 3 Medical
- 4 Benefit
- 5 Vision
- 6 HSA
- 7 FSA
- 8 Enrollment Summary

Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

High Five! Enrollment Complete!

You've only got one more item to complete.

- Enroll in your benefits
- 1. HR Tasks

Start Tasks Dismiss, complete later

Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



You can login to review your benefits 24/7

Contact Information

Benefit	Vendor	Phone #	Web
Medical	BCBS of TX	800.521.2227	www.bcbstx.com
Dental	BCBS of TX	800.521.2227	www.bcbstx.com
Vision	BCBS of TX	800.521.2227	www.bcbstx.com
Flexible Spending Account (FSA) & COBRA	CPI	866.241.0237	www.mycpitem.com
Short-Term Disability	BCBS of TX	800.521.2227	www.bcbstx.com
Long-Term Disability	BCBS of TX	800.521.2227	www.bcbstx.com
Supplemental Life/AD&D	BCBS of TX	800.521.2227	www.bcbstx.com
Group Life/AD&D	BCBS of TX	800.521.2227	www.bcbstx.com
Critical Illness	BCBS of TX	800.521.2227	www.bcbstx.com
Accident	BCBS of TX	800.521.2227	www.bcbstx.com
Hospital Indemnity	BCBS of TX	800.521.2227	www.bcbstx.com
EAP	Curalinc	888.881.5462	supportlinc.com



Legal Notices

Women’s Health & Cancer Rights Act Notices

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 and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Protheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

If you would like more information on WHCRA benefits, contact Human Resources.

Michelle’s Law Notice

Michelle’s Law requires group health plans to provide continued coverage for a dependent child covered under the plan if the child loses eligibility under The City of Webster’s Employee Benefit Trust Group Health, Medical Plan because of the loss of student status resulting from a medically necessary leave of absence from a post-secondary educational institution. If your child is covered under The City of Webster’s Employee Benefit Trust Group Health, Medical Plan, but will lose eligibility because of a loss of student status caused by a medically necessary leave of absence, your child may be able to continue coverage under our plan for up to one year during the medically necessary leave of absence. This coverage continuation may be available if on the day before the medically necessary leave of absence begins your child is covered under The City of Webster’s Employee Benefit Trust Group Health, Medical Plan and was enrolled as a student at a post-secondary educational institution.

A “medically necessary leave of absence” means a leave of absence from a post-secondary educational institution (or change in enrollment status in that institution) that: (1) begins while the child is suffering from a serious illness or injury, (2) is medically necessary, and (3) causes the child to lose student status as defined under our plan.

The coverage continuation is available for up to one year after the first day of the medically necessary leave of absence and is the same coverage your child would have had if your child had continued to be a covered student and not needed to take a medical leave of absence. Coverage continuation may end before the end of one year if your child would otherwise lose eligibility under the plan – for example, by reaching age 26.

If your child is eligible for this coverage continuation and loses coverage under the plan at the end of the continuation period, COBRA continuation may be available at the end of the Michelle’s Law coverage continuation period.

If you have any questions concerning this notice or your child’s right to continued coverage under Michelle’s law, please contact Human Resources.

HIPAA Notices

THE CITY OF WEBSTER’S EMPLOYEE BENEFIT TRUST INITIAL NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS

Our records show that you are eligible to participate in The City of Webster’s Employee Benefit Trust Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Legal Notices

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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).

Loss of Coverage for Medicaid or a State Children’s Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

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

Eligibility for Medicaid or a State Children’s Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact Human Resources.

Protecting Your Health Information Privacy Rights

The City of Webster is committed to the privacy of your health information. The administrators of the The City of Webster’s Employee Benefit Trust Health Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources.



Legal Notices

Important Notice from The City of Webster's Employee Benefit Trust About Your Prescription Drug Coverage and Medicare

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The City of Webster's Employee Benefit Trust Health Plan has determined that the prescription drug coverage offered by The City of Webster's Employee Benefit Trust Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-(2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current The City of Webster's Employee Benefit Trust Health Plan coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current The City of Webster's Employee Benefit Trust Health Plan 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 The City of Webster's Employee Benefit Trust Health Plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

Legal Notices

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE...

Contact the person listed below for further information Human Resources. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through The City of Webster's Employee Benefit Trust Health Plan changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

FOR MORE INFORMATION ABOUT MEDICARE PRESCRIPTION DRUG COVERAGE:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call **1.800.MEDICARE (1.800.633.4227)**. TTY users should call **1.877.486.2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at **1.800.772.1213 (TTY 1.800.325.0778)**.

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).

Date:	October 1, 2025
Name of Entity:	City of Webster
Contact – Position/Office:	Human Resources
Contact Office:	101 Pennsylvania Avenue, Webster, TX 77598
Phone Number:	281.316.4143

Legal Notices

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’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, 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, 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, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t 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, contact the Department of Labor at www.askebsa.dol.gov or call **866.444.EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2025. Contact your state for more information on eligibility.

ALABAMA – Medicaid http://myalhipp.com 855.692.5447	GEORGIA – Medicaid GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2
ALASKA – Medicaid The AK Health Insurance Premium Payment Program http://myakhipp.com/ 866.251.4861 CustomerService@MyAKHIPPCoM Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/tssa/hip/ 877.438.4479 All other Medicaid https://www.in.gov/medicaid/ 800.457.4584
ARKANSAS – Medicaid http://myarhipp.com 855.MyARHIPP (855.692.7447)	IOWA – Medicaid and CHIP (Hawki) Medicaid: https://dhs.iowa.gov/ime/members 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki 800.257.8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp 888.346.9562
CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 Fax: 916.440.5676 Email: hipp@dhcs.ca.gov	KANSAS – Medicaid https://www.kancare.ks.gov/ 800.792.4884 HIPP Phone: 800.766.9012
COLORADO – Medicaid and CHIP Health First Colorado (Colorado’s Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpi/child-health-plan-plus Customer Service: 800.359.1991 State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.colorado.gov/pacific/hcpi/health-insurance-buy-program HIBI Customer Service: 855.692.6442	KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 KIHIPPPROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx 877.524.4718 Medicaid: https://chfs.ky.gov
FLORIDA – Medicaid www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html 877.357.3268	LOUISIANA – Medicaid www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
	MAINE – Medicaid Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US 800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms 800.977.6740 TTY: Maine relay 711

Legal Notices

MASSACHUSETTS – Medicaid and CHIP
https://www.mass.gov/masshealth/pa 800.862.4840 TTY: 617.886.8102
MINNESOTA – Medicaid
https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739
MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084 Email: HSHIPPProgram@mt.gov
NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178
NEVADA – Medicaid
http://dhcnp.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program 603.271.5218 Toll free number for the HIPP program: 800.852.3345, ext. 5218
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://medicaid.ncdhhs.gov/ 919.855.4100
NORTH DAKOTA – Medicaid
http://www.nd.gov/dhs/services/medicalserv/medicaid 844.854.4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742
OREGON – Medicaid
http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html 800.699.9075
PENNSYLVANIA – Medicaid and CHIP
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 800.692.7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 800.986.KIDS (5437)
RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820

SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
http://gethipptexas.com 800.440.0493
UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669
VERMONT – Medicaid
http://www.greenmountaincare.org Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access 800.250.8427
VIRGINIA – Medicaid and CHIP
https://www.coverva.org/en/famis-select https://www.coverva.org/hipp/ Medicaid and Chip: 800.432.5924
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid
https://dhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

To see if any other states have added a premium assistance program since January 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2026)

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This benefit summary prepared by



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