CARROLLTON
TEXAS

WELCOME TO YOUR 2020

BENEFITS GUIDE

RIGHT FOR YOU.
RIGHT FOR YOUR FAMILY.

START HERE

See inside for important information about your benefits.

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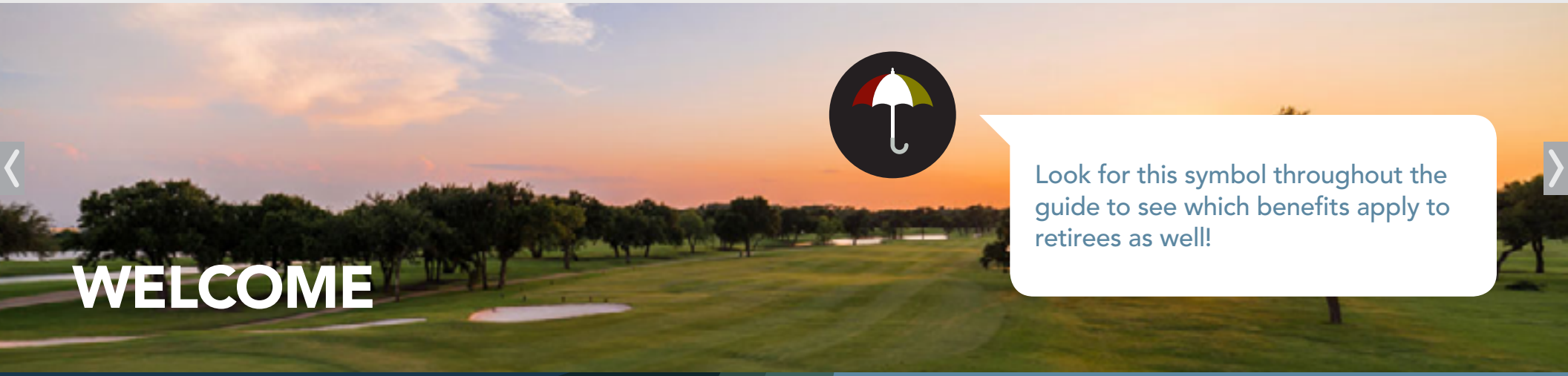

WELCOME

Look for this symbol throughout the guide to see which benefits apply to retirees as well!

We are committed to providing you with a competitive, comprehensive benefits program that provides the care you and your family need to lead healthy, productive lives. Please review this guide carefully for highlights of our benefits and discuss your options with your family.

PLAN CHANGES

- New FSA/HRA Debit Card Administrator

RATES

Medical Plan

EMPLOYEE MEDICAL PREMIUMS PER PAYCHECK				
	Employee Only	**Employee + Spouse**	**Employee + Child(ren)**	**Employee + Family**
Local Plus	$11.77	$121.44	$75.94	$153.93
Open Access	$29.48	$166.76	$109.57	$207.39

- Full-time or part-time (30 hour) employees are eligible.
- Employees enrolled in the Medical Plan receive HRA contribution.

Deductions are taken from every paycheck each month (26 pay periods per year). Deductions may be taken pre-tax or after tax. Deductions will be automatically taken pre-tax unless otherwise requested by the employee.

Dental & Vision Rates

EMPLOYEE DENTAL & VISION RATES PER PAYCHECK				
	Employee	**Employee + Spouse**	**Employee +Child(ren)**	**Employee +Family**
Full-Time or Part-Time (30 hours)				
Cigna	$9.48	$29.79	$32.77	$51.34
Superior Vision	$2.58	$5.10	$4.99	$7.60

Deductions are taken from every paycheck each month (26 pay periods per year). Deductions may be taken pre-tax or after tax. Deductions will be automatically taken pre-tax unless otherwise requested by the employee.

MEDICAL BENEFITS

Medical Plan

Cigna

800-244-6224
mycigna.com

Medical plan is administered by Cigna.

To locate a doctor or hospital in network, call Cigna or use the Find a Doctor search tool on cigna.com. Click on Local Plus or Open Access Plus and then Search. Preventive/Wellness services covered at 100% (e.g., routine immunizations, annual physicals, preventive colonoscopies and mammograms) and not subject to deductible.

Independent lab services covered at 100% by in-network labs.

A Summary of Benefits is provided on page 5. Refer to your Health Plan Booklet on SharePoint for more detailed information regarding your plan.

The **Health & Wellness Center** is available **free of charge** to all employees and dependents on the City's medical plan. All employees on the City's medical plan receive four hours of leave in January each year for the sole purpose of accessing the Health Center throughout the year. Refer to the Health Center Information document on SharePoint for more information.

Plan Information

For employees enrolled in the Medical Plan, the City will contribute $628 for employees only or $1,256 for employees plus one or more dependent into your health reimbursement account (HRA) at the beginning of the year to be used for qualified medical expenses. These are non-taxable dollars that can be used for things such as deductibles, coinsurance amounts, prescription co-pays, etc. Refer to the HRA Plan Document found on SharePoint for more information.

Any unused HRA balances will roll over and accumulate year to year.

- Upon regular separation from the City, any unused HRA balances will revert back to the City.
- If you elect the HRA Plan and a flexible spending account (FSA), your HRA account balance will be loaded onto your FSA debit card and you will use the same card for both your FSA and HRA account balances. Your FSA funds will be used first before any of your HRA funds.

There is no monthly administrative fee for the HRA debit card.

Plan Deductibles and Out-of-Pocket Maximums

Network	
Calendar Year Deductible	
Individual	$2,500
Family	$5,000
Out-of-Pocket Maximum	
Individual	$5,500
Family	$8,000
Rx Deductible (before copays apply)	
Individual	$200
Family	$400
HRA Contributions: E $628; E+1/more $1,256	

Benefit Maximums
(After Deductible is Met, Plan Pays 80%)

Maximum Lifetime Benefit	Unlimited
Morbid Obesity	Surgeon charges $10,000*
One Wig	$500*
Hearing Appliance	Maximum of one (1) device per 36 months
Chiropractic Care	10 days**
Diabetic Education	Three (3) sessions**
Physical Therapy, Speech Therapy, and Occupational Therapy	30 days**
Home Health Care	100 days**
Skilled Nursing Facility	90 days**

*Maximum Lifetime Benefit
**Maximum Calendar Year

Airrosti: Cost is per visit until deductible is met and then 20% coinsurance.

MEDICAL PLAN SUMMARY

Coinsurances (No Out of Network and After Deductible is Satisfied)	
Physician Services	
In Network	80%
X-Rays/Labs at Physician's Office	
In Network	80%
Independent Laboratory Services	100%
Wellness Benefit - Deductible Waived (In Network)	
Preventive Care (ages 2 or older)	100%
Well Child Care (ages 0-2 years)	100%
Routine Immunizations	100%
Hospital Benefit	
Outpatient Facility - In Network	80%
Inpatient Facility - In Network	80%
Non-Emergent Surgeries (not reviewed by Best Doctors)	$400
Emergency Room	
Emergency Room Access Fee (non-emergent)	$400 copay
Ambulance	80%
ER Physician	80%
ER Facility	80%

Airrosti: Cost is per visit until deductible is met and then 20% coinsurance.

Airrosti Pain Management

800-404-6050
airrosti.com

Subject to the deductible and coinsurance up to $75/visit

Airrosti delivers safe and effective hands-on treatment for resolving pain and soft tissue injuries. Their focus is on immediate and lasting results and an exceptional patient experience. Each patient receives one full hour of assessment, diagnosis, treatment, and education designed to eliminate the pain associated with many common conditions, allowing the patient to quickly and safely return to regular activity – usually within three visits (based on patient-reported outcomes). Visit airrosti.com, to find the clinic location closest to you.

Cigna's Health Matters

800-244-6224
mycigna.com

The right care management approach can help improve your health and your family members' health, as well as lower your overall health care costs. Through Cigna's new Health Matters Care Management, care is delivered through a multi-disciplinary team including a nurse, social worker, medical director, pharmacist, and behavioral professional. Cigna brings together the right people and resources to help improve the health of our employees.

Best Doctors

866-904-0910
bestdoctors.com

As a Best Doctors member, you and your eligible dependents enrolled in the City's health plan have access to a number of free and confidential services designed to put you at the center of your care and ensure you get the right diagnosis, the most effective treatment, and the peace of mind you deserve. Best Doctors has identified and partnered with the very best physicians across an ever-increasing number of specialties. Upon your request, Best Doctors will collect your medical records and have them reviewed by a world-renowned expert physician who specializes in your condition. The expert will make sure your diagnosis is accurate and you have the best treatment options.

Since January 1, 2019, all non-emergent elective surgeries must be reviewed by Best Doctors or the member will be assessed a $400 fee.

RX & MD LIVE

Prescription Benefits

- Cigna is the City's Pharmacy Benefit Manager and handles retail pharmacy benefits.
- 90-day supplies of maintenance medications may be filled through the Cigna 90 Now program.
- RxDeductible (before copays apply): $200 individual/$400 family.
- Specialty drugs must be filled through Cigna's specialty RX program.
- See table for a summary of pharmacy benefits.

Free Telehealth

MD Live (through CareATC)
800-993-8244
careatc.com

- Connect with U.S. board-certified physicians who can resolve many medical issues via video chat.
- Available 24/7/365.
- No copay for each consultation.

Prescription Benefit Design & Copay Amounts

	Retail: Covered Individual Out of Pocket (OOP) 30-day supply max unless noted otherwise	**Mail/Maintenance:** 90-day dispensement **Biotech/Specialty Rx** 30-day dispensement **Covered Individual OOP**
Generic	$0 (up to 30 days supply)	$0
Preferred Brand	$40	$100
Non-Preferred Brand	$80	$200
Specialty/Biotech	20% capped at $200	N/A
Please refer to SharePoint for additional information.		

FSA/HRA Card Process

Beginning January 1, 2020, Total Administrative Services Corporation (TASC) will be the administrator for FSA/HRA debit cards.

The last date a member will be able to use their Discovery-issued FSA/HRA debit card will be January 31, 2020. New debit cards will be sent to plan members by TASC the first week in January 2020. Discovery will handle the FSA 90 day run-out period that allows members to file claims from the 2019 plan year up until March 31, 2020. Once HRA balances have been successfully transferred over, members will be able to use their debit cards and begin submitting reimbursement requests through the TASC website or app. More information will be available closer to the end of the year.

Voluntary Cigna 90 Now

The City's health plan includes a new maintenance medication program called Cigna 90 Now. Maintenance medications are taken regularly over time to treat an ongoing health condition. Cigna 90 Now offers you more choices in how and where you can fill your prescription.

- If you choose to fill your prescription in a 90-day supply, you must use a 90-day retail pharmacy in your plan's network or Cigna Home Delivery Pharmacy℠.
- If you choose to fill your prescription in a 30-day supply, you can use any retail pharmacy in your plan's network.

90-day Retail Pharmacies In Network*

- **CVS** (including Navarro and Target)
- **Walmart**
- **Kroger** (including Fred Meyer Pharmacy, Fry's Food and Drug, Harris Teeter Pharmacy, Pick N Save Pharmacy)
- **Access Health** (including Benzer Pharmacy, Big Y Pharmacy, Marc's, Marsh Drugs, Snyder Drug Emporium)
- **Good Neighbor Pharmacies** (including Big Y Pharmacy, Family Pharmacy, King Kullen Pharmacy, Medical Center Pharmacy)
- **Cardinal Health** (including Fred's Pharmacy, Harris Teeter Pharmacy, Medicap Pharmacy, Medicine Shoppe Pharmacy)

*As of April 2016

DENTAL & VISION

Dental Plan

Cigna

800-244-6224
mycigna.com

- Dental Plan administered by Cigna.
- To locate a dentist in network, call Cigna or use the Find a Doctor search tool on cigna.com. Select Cigna Dental PPO and then Search.

Summary of Dental Benefits (In Network)

Benefits	Coverage
Individual Deductible	$50
Preventive Services (No Deductible)	100%
Basic Services	80%
Major Services	50%
Individual Calendar Year Maximum	$1,500
Orthodontic Benefit	50% up to $1,000/lifetime

Vision Plan

Superior Vision

800-507-3800
superiorvision.com

- Plan is administered by Superior Vision.
- In-network and out-of-network benefits. Copayments apply to in-network benefit and are deducted from non-network reimbursements.
- Your exam and lens benefit is available once every 12 rolling months.
- Your frames benefit is available once every 24 rolling months.
- The contact lens benefit is available once every 12 rolling months. You can order contact lenses at svcontacts.com.
- Search the provider database online at superiorvision.com.
- ID card is provided. However, advise the in-network providers that you are a member of Superior Vision, and they will verify your eligibility and benefits using your Social Security number or member ID.
- Refer to the Superior Vision Benefit Sheet on SharePoint for complete information on your benefits.

Summary of Vision Benefits

Benefits	In Network	Out of Network
Eye Exam		
Optometrist	$10 copay	Up to $37
Ophthalmologist	$10 copay	Up to $42
Glasses	$25 materials copay (lenses and frames only)	
Frames	Up to $130 after copay	Up to $68
Lenses		
Single Vision	Covered in full after copay	Up to $32
Bifocal	Covered in full after copay	Up to $46
Trifocal	Covered in full after copay	Up to $61
Lenticular	Covered in full after copay	Up to $84
Basic Progressive	Covered to Provider's retail trifocal amount	Up to $61
Contact Lenses*	$25 copay (fitting exam)	
Medically Necessary	Covered in full after copay	Up to $210
Elective†	Up to $150 after copay	Up to $100
Standard Fitting Fee†	Covered in full after copay	Not covered
Specialty Fitting Fee†	Up to $50 after copay	Not covered

* In lieu of eyeglass lenses and frames.
† Standard contact lens fitting exam applies to an existing contact lens user who wears disposable, daily wear or extended wear lenses only. The specialty contact lens fitting exam applies to new contact lens wearers and/or a member who wears toric, gas permeable or multi-focal lenses.

FLEXIBLE SPENDING ACCOUNT

Flexible Spending Accounts (FSA)

Flexible spending accounts (FSA) are a great way to set aside pre-tax money to pay for certain health care and dependent care expenses.

Remember: If you were enrolled in 2019 and would like to continue your FSA for 2020, you will have to make this election in Lawson during Open Enrollment. Your FSA will not automatically roll over for 2020.

Health Care FSA

The health care FSA may be used for unreimbursed medical, dental, and vision expenses and certain over-the-counter products (may require a prescription). Please refer to SharePoint for additional information.

Eligible expenses for yourself and your dependents include:

- Deductibles
- Copayments
- Coinsurance
- Expenses exceeding plan benefit limits
- Expenses not covered by our plans, but permitted under IRS guidelines
- Certain over-the-counter products (may require a prescription)

You may contribute up to $2,700 per year.

You do not need to be enrolled in the medical plan to select the health care FSA.

Dependent Care FSA

- You may contribute up to $5,000 per year or $2,500 per year for married employees who file separate tax returns.
- Eligible child and adult dependent care expenses must be incurred to allow you to work outside your home.
- If you are married, your spouse must be gainfully employed, looking for gainful employment, enrolled as a full-time student at least five months of the year, or disabled.
- The maximum age for eligible children is 12. Children over 12 and other dependents, such as spouses and parents, can receive care if they are disabled and unable to care for themselves.
- The dependent receiving the care must reside in your home and be claimed as a dependent on your federal tax return.
- You must pay a qualified person to care for your dependents (such as a licensed day care center). A qualified person does not include any of your children under the age of 19 or any person you can claim as a dependent.

Important Flex Spending Facts

- It is important to estimate expenses carefully as IRS regulations require you to forfeit any unused dollars.
- All health care and dependent care FSA claims from the 2019 plan year must be incurred by January 31, 2020, and must be submitted by March 31, 2020.
- As of January 31, 2020, Discovery's debit cards will be deactivated.
- Once the plan is elected, you may not change the amount you contribute unless you have a qualified family status change or during the annual Open Enrollment period.
- If you elect both the health care and dependent care FSA, the amount you assign to one account may not be transferred to the other.
- If you elect an FSA and elect the HRA health plan, your FSA amount must be utilized before your HRA amount.
- If you terminate employment with the City, you must submit claims within 90 days of your last day of employment and all claims must be incurred prior to your last day of employment.
- If you are unable to use your FSA debit card for an eligible expense at time of service, you may submit claims for reimbursement by completing a claim form and submitting the appropriate Explanation of Benefits or receipts. All claim forms and documentation should be sent to TASC.
- Prescriptions may be required for certain over the counter medications in order to purchase them with your FSA.

More detailed information is available on SharePoint.

LIFE INSURANCE

Supplemental Life Insurance

Employee Supplemental Life Insurance

Supplemental life insurance provides an additional benefit above the basic life insurance.

You must complete an enrollment form to elect or increase your coverage. Forms are available in Workforce Services and on SharePoint. If you are electing or increasing your coverage during Open Enrollment, your election will be subject to medical underwriting and approval by The Standard Insurance Company. An Evidence of Insurability (EOI) form must be completed and submitted to The Standard. Once you have completed the enrollment form, Workforce Services will forward an EOI form to you. You must then mail the completed EOI form to The Standard. Coverage will be effective on the date of approval.

- You can apply for one or two times your annual salary (rounded up to the nearest $1,000). The maximum benefit is $400,000.
- Rates are determined by your age and the amount of coverage selected based on your salary. Premium deductions are taken after tax every pay period.

Child Life Insurance

You must be enrolled in employee supplemental life insurance to elect coverage for your child(ren). Coverage for child(ren) may be purchased for $.46 per pay period regardless of the number of children enrolled in the plan. Deductions are taken after tax.

The benefit is $5,000 per child from birth until their 21st birthday or until their 25th birthday if they are a full-time student.

Spouse Supplemental Life Insurance

You must be enrolled in employee supplemental life insurance to elect coverage for your spouse.

- Coverage for your spouse is available in $5,000 increments up to the lesser of 100% of the employee election or $100,000.
- Rates are determined by your spouse's age and the amount of coverage selected. Deductions are taken after tax every pay period.
- You must complete an enrollment form to elect or increase your spouse's coverage. Forms are available in Workforce Services. If you are electing or increasing coverage during Open Enrollment, your election will be subject to medical underwriting and approval. An Evidence of Insurability (EOI) form must be completed and submitted to The Standard Insurance Company. Once you have completed the enrollment form, Workforce Services will mail an EOI form to your home address. You must then mail the completed EOI form to The Standard. Coverage will be effective on the date of approval.

Basic Life Insurance & Accidental Death and Dismemberment (AD&D)

The City provides eligible employees with two times their annual salary (rounded up to the nearest $1,000) for basic life insurance and AD&D at no cost to you. Coverage becomes effective on your date of hire.

- Basic life insurance pays a benefit equal to two times your salary (roundup to the nearest $1,000) to your beneficiary if you die. The maximum benefit is $500,000.
- Accidental death and dismemberment (AD&D) pays an additional benefit of two times your salary to your beneficiary if you die in an accident. AD&D also provides a benefit to you if you suffer certain injuries, such as the loss of a limb, caused by an accident. Refer to your Group Life Insurance Booklet for more detailed information.

Supplemental Life Insurance Rates

Employee/Spouse Age as of January 1	Monthly Rate (per $1,000)
Less than 30	$0.10
30-34	$0.11
35-39	$0.13
40-44	$0.16
45-49	$0.26
50-54	$0.44
55-59	$0.76
60-64	$1.23
65-69	$2.02
70+	$4.25

OTHER BENEFITS

Pre-Paid Legal Service

Legal Shield gives you and your family access to affordable legal services including:

- Legal advice on an unlimited number of personal legal matters
- Legal document review (up to 15 pages each)
- Will preparation preventive legal services
- Trial defense hours (for covered matters, number of hours will vary)
- 24/7/365 emergency service (for covered situations)
- An identity theft protection plan is also available through Legal Shield.
- You may enroll at any time. Enrollment information may be found on SharePoint or at **legalshield.com/info/cityofcarrollton**
- Premiums are determined by the options you select and are deducted after tax

Legal Shield Rates

Plan Type	Monthly Rate
Standard Family	$15.95
Individual 3 Bureau	$8.95
Family 3 Bureau	$16.95
Standard Individual	$23.60
Family Combo	$30.40

2020 PHAs

In 2020, employees and their dependents over the age of 18 (as of January 1, 2020), who plan to be on the City's medical plan in 2021, will need to have a Personal Health Assessment (PHA) completed to avoid a penalty. Beginning January 1, 2020, employees and dependents may begin scheduling PHA appointments via the CareATC website, mobile app, or by calling the Patient Access Center at 800-993-8244. Employees and dependents will have between January 1, 2020, and October 31, 2020, to complete their PHA.

Short- and Long-Term Disability

Disability benefits replace part of your income if you become disabled. The short-term disability (STD) and long-term disability (LTD) plans are administered by The Standard Insurance Company.

- All full-time and part-time employees with benefits are eligible.
- You will automatically be enrolled after 60 days of continuous employment.
- Your monthly STD benefit is equal to 60% of your weekly earnings to a maximum of $1,846 per week.
- Benefit will become effective after 60 days of continuous disability or the exhaustion of all sick leave (whichever is longer).
- Your monthly LTD benefit is equal to 60% of your monthly earnings to a maximum of $8,000 per month.
- Will go into effect after 180 days of continuous disability.

Please refer to your short-term and long-term disability plan documents for more detailed information (available on SharePoint).

Employee Assistance Program (EAP)

The Employee Assistance Program is a confidential benefit provided to help employees who are experiencing a period in their lives that is stressful or overwhelming.

All employees and eligible dependents are automatically enrolled on your date of hire even if you are not enrolled in one of the City's health plans.

Deer Oaks administers the City's confidential EAP. Consultations are available in:

- Short-term counseling
- Financial planning
- Pre-retirement counseling
- Child/elder resources and referrals
- legal consulting
- Organization of life's affairs
- You are eligible to receive up to six free counseling sessions per incident/per family member per year.
- You may contact a Deer Oaks counselor 24 hours a day, seven days a week by calling 866-327-2400.

NOTICE OF PRIVACY PRACTICES

The City of Carrollton's Employee Health Plan is required by law to keep your health information private and to notify you if the Plan, or one of its business associates, breaches the privacy or security of your secured, identifiable health information. The Privacy Notice tells you about the Plan's legal duties connected to your health information. It also tells you how the Plan protects the privacy of your health information. The Plan must use and share your health information to pay benefits to you and your healthcare providers. The Plan has physical, electronic, and procedural safeguards that protect your health information from inappropriate or unnecessary use or sharing. Please refer to the full 2019 Privacy Notice on SharePoint.

RETIREMENT BENEFITS

Texas Municipal Retirement System

Texas Municipal Retirement System (TMRS) provides retirement benefits to City employees.

- Participation is mandatory for employees working 1,000 or more hours per year.
- 7% of your gross pay will be deducted each paycheck and deposited into your member/retirement account.
- The City will match your contribution 2:1.
- Vesting occurs at the completion of five years of service.
- You will be eligible for retirement benefits at any age after 20 years of service or at age 60 with five years of service. To be eligible for the City's contribution, you must be eligible for retirement.
- Refer to your TMRS Benefits Guide, call TMRS at 800-924-8677, or visit **tmrs.com** for more information.

TMRS and Social Security

- **The Government Pension Offset**: If you are eligible to receive a Social Security benefit based on your spouse's employment, and you also receive a pension from a government employer who was not part of the Social Security program, your Social Security benefit may be reduced. More information is available at **ssa.gov/pubs/10007.html**.
- **The Windfall Elimination Provision:** If you receive a Social Security benefit, but the majority of your career was spent working for a governmental employer who was not part of the Social Security program, your Social Security benefit may be reduced. More information is available at **ssa.gov/pubs/10045.html**.

TMRS CHECKLIST FOR SERVICE RETIREMENT

10 Months Prior to Retirement

- Gather information on Social Security benefits and Medicare. Visit **ssa.gov** or call the local Social Security office at 800-924-8677.
- Review your post-retirement health care and insurance options

8 Months Prior to Retirement

- Request an estimate of your TMRS benefits from the TMRS Phone Center (800-924-8677) using your planned retirement date.
- Meet with your financial advisor or attorney to discuss financial and estate issues.

6 Months Prior to Retirement

- Compare your expenses after retirement to your anticipated retirement income.
- Plan a retirement income budget for your household.

5 Months Prior to Retirement

- Request the Service Retirement Packet from TMRS.
- Finalize your estate plan.
- Make decisions concerning tax withholdings, etc.

4 Months Prior to Retirement

- Work on your Service Retirement Packet.
- Learn the TMRS regulations for post-retirement employment.

3 Months Prior to Retirement

- Complete and submit to TMRS your Service Retirement Packet.
- Notify the City in writing of your last date of service and subsequent retirement date.

2 Months Prior to Retirement

- Complete and submit to TMRS your Service Retirement Packet if you have not done so.
- Check on your health insurance coverage to avoid any problems.

1 Month Prior to Retirement

- Make sure your Service Retirement Application and related retirement information have been submitted to TMRS.
- Fulfill all employment obligations and complete any outstanding paperwork.

RETIREMENT BENEFITS Continued

Deferred Compensation (457 Plans)

The ICMA-RC 457 plan allows you to invest in your retirement and is a great way to supplement your TMRS retirement benefit. Taxes on your contributions are deferred until your assets are withdrawn. There is **NOT** a 10% federal excise penalty on withdrawals, regardless of your age.

- Contribute at least 4.65% per pay period and the City will match 2.35%.
- Vesting is immediate.
- The plan offers a variety of funds to which you may contribute.
- 457 Plan maximums for 2020: $18,000; $24,000 for age 50 catch-up and $36,000 for the regular catch-up provision.
- You can increase your contribution amount at any time. You can change your contribution amount online through your ICMA-RC account access at icmarc.org.
- You may enroll at any time. You can enroll online at icmarc.org. Note that the Plan Number is 302267.
- You can use ICMA-RC's free mobile app to manage your account on the go. The app is available in the App Store or Google Play Store.

Loan provisions

- You may request up to 50% of your vested balance.
- Minimum $1,000; Maximum $50,000.
- You may only have one outstanding loan at a time.
- Repayment is made through after tax ACH deductions from your checking or savings account.
- You have up to five years (60 months) to repay your loan.
- Interest rates and fees apply.
- Contact ICMA-RC for more details.

Roth IRA

Roth IRAs provide another great opportunity to save for retirement.

- Contributions are made after tax through payroll deduction.
- In 2020, you may contribute up to $5,500, or $6,500 if you are over age 50 (income limits apply). The contribution limits for 2020 will be available in November.
- You have a variety of mutual fund options.
- Withdrawals of earnings are tax-free if the account has been held for five years and you are age 59½ or older. Other withdrawals may be tax free if certain conditions are met.
- Enrollment forms are available in Workforce Services or through ICMA-RC.

Please contact ICMA-RC for more information at 800-669-7400. Contact your local representatives: Eunice Brogdon at 877-313-8316 or ebrogdon@icmarc.org, and Jesse Rangel at 866-292-4859 or jrangel@icmarc.org.

Retirement Health Savings Account (RHS)

Employees who qualify for the RHS account will see an increase ($500 for full-time and $250 for part-time) to their annual contribution.

City Contributions to the RHS Account

Years of Service	Annual City Contribution Full-Time	Annual City Contribution Part-Time	Vesting
10-14	$1,500	$750	0
15-19	$2,000	$1,000	50%
20-24	$2,250	$1,125	100%
25 & over	$2,500	$1,250	100%

WELLNESS

Employee Health & Wellness Center

Provided by CareATC

Clinic hours: Monday, Wednesday and Friday: 7-11 a.m. & 12-4 p.m.
Tuesday and Thursday: 8 a.m.-12 p.m. & 1-5 p.m.

Walk-in hours: Monday through Friday, 7-8 a.m.

1735 Keller Springs Road, Suite 100 (just north of Josey Ranch Lake Library and west of Viewpoint Bank)

Available free of charge to all employees and dependents on the City's medical plan.

- Employees receive four (4) hours of leave in January each year for the sole purpose of accessing the Health Center (Pay Code: Clinic).
- Services at the center include, but are not limited to, the following: allergies, asthma, diabetes management, cold and flu, congestion, headaches, high blood pressure, high cholesterol, lab work/tests, physicals, sports physicals, and tobacco cessation.
- Access CareATC's website or mobile app to schedule appointments, review your results, access Telehealth, and view your medical information at careatc.com.
- Can't remember your login information? Contact CareATC's Patient Access Center at 800-993-8244 to receive your user name and password.
- Online appointment scheduling is available by logging on to the website or mobile app and selecting "schedule appointment." You will have the option to select a specific provider/clinic or look at availability at all CareATC clinics.

CONTACTS

Quick Benefits Reference

Airrosti	800-404-6050 airrosti.com
Best Doctors' Second Opinion	866-904-0910 bestdoctors.com
Cigna (medical, preferred lab, dental, and retail and/or mail order prescription related questions)	800-244-6224 mycigna.com
Deer Oaks (EAP) Username & password: cocarr	866-327-2400 deeroakseap.com
TASC (FSA)	800.422.4661 uba.tasconline.com - FSA/HRA tasconline.com - COBRA
Employee Health & Wellness Center/CareATC/MD Live	800-993-8244 careatc.com
ICMA-RC (deferred compensation/ Roth IRA, Retiree Health Savings)	800-669-7400 icmarc.org
Eunice Brogdon ICMA Representative	877-313-8316 ebrogdon@icmarc.org
Jesse Rangel Bilingual ICMA Representative	866-282-4859 jrangel@imarc.org
Legal Shield (legal services)	800-654-7757 prepaidlegal.com
Superior Vision (vision benefits)	800-507-3800 superiorvision.com
TMRS (retirement benefits)	800-924-8677 tmrs.com
Workforce Services	972-466-3091