

SCHIERTZ

COMMUNITY
SERVICE
OPPORTUNITY

2025

benefits guide

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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.

Benefits Overview

City of Schertz is proud to offer a comprehensive benefits package to all our employees that go above and beyond every day to help the community. We highly value the work you do. To support you and your family, City of Schertz offers medical, dental, vision, life insurance, AD&D coverage, disability and flexible spending accounts.

The purpose of this guide is to provide you with information about your benefit plans. It's not enough to simply have comprehensive, affordable, and flexible plans available; you need to know what your choices are and how the plans work. Please take the time to **READ THIS GUIDE THOROUGHLY and CAREFULLY**. We ask you share this guide with your family, and save it for future reference. Should you have any questions, please contact your Human Resources Department.

This guide provides important details about City of Schertz sponsored benefit plans. It is important to point out that if there are any differences between this summary and the official plan document, the plan documents will always take precedence.

BENEFITS OFFERED

- Medical
- Prescription Drug
- Health Savings Account (HSA)
- Flexible Spending Account (FSA)
- Dental
- Vision
- Basic Life Insurance
- Voluntary Life Insurance
- Short-Term Disability
- Long-Term Disability
- Employee Assistance Program (EAP)
- Accident / Off Job
- Critical Illness
- Hospital Indemnity
- Permanent Life
- ID Shield
- Legal Shield
- Pet Insurance
- Lifetime Pension – TMRS
- 457B
- Roth IRA
- FMLA

ELIGIBILITY AND ENROLLMENT

You are eligible to participate in benefits if you are a full-time employee working at least 30 hours per week. If you enroll for benefits, you may also cover your:

- Legal spouse
- Domestic Partners**
- Children up to age 26
- Unmarried children of any age who are mentally or physically disabled

You have 30 days from your hire date to enroll in benefits. Your benefits begin on the first of the month following your hire date.

**Any company portion towards coverage for domestic partners and their children is taxable to the employee. In addition, any employee cost towards the same is not deducted on a pre-tax basis. Those wanting to add a domestic partner to any benefit plan for the first time during open enrollment need to turn in a Domestic Partner Affidavit (see HR) no later than 10/31/2024. For new hires, Domestic Partner Affidavits should be submitted to HR by the effective date of coverage.

During the open enrollment period each fall, you can choose the benefits you want for the upcoming plan year. Always review your options carefully because the plan elections you choose will remain in effect through the plan year, January 1 through December 31, and may not be changed unless you have a Qualified Change in Family or Employment Status.

MAKING CHANGES TO YOUR BENEFITS

You may make changes to your benefit elections during the plan year only if you experience a Qualified Change in Family or Employment Status, which includes:

- Marriage, divorce, legal separation or annulment
- Birth, adoption or placement for adoption of an eligible child
- Death of your spouse or child
- Changes in you or your spouse's employment status that affects benefits eligibility (starting a new job, leaving a job, changing from part-time to full-time, starting or returning from an unpaid leave of absence)
- Change in your child's eligibility for benefits (reaching the age limit)
- Change in residence that affects your eligibility for coverage (moving out of a medical plan's network area)
- Significant change in coverage or cost in your spouse's or child's benefit plans
- FMLA leave, COBRA event, Court Judgement or Decree
- Becoming eligible for Medicare or Medicaid
- Receiving a Qualified Medical Child Support Order (QMCSO)

You have 30 days from the date of a qualified change in family or employment status to submit a change on the day of the event. If you do not make your changes during the 30-day Status Change period, your changes cannot be made until the next open enrollment period.



Section 125-Tax Savings

This benefit allows a pretax deduction from your paycheck for your portion of the premiums for your medical, dental, and vision plans. This reduces your taxable income and increases your take-home pay. Once enrolled, you cannot make any changes to your contribution amounts, unless you experience a Qualified Change in Family or Employment Status.



Smartphone Apps

AVAILABLE SMARTPHONE APPS

If you have access to a smart phone, you have instant access to many of your benefits on the go! Make sure to download each in the App Store (iPhone) or Google Play (Android).



Get Cigna info on the go with the **Cigna App**, a mobile application designed to help you save time managing your healthcare. Whether you want to locate physicians or urgent care near you, or view coverage details, the Cigna App is your go-to resource for everything related to your health. View and share your member health plan ID card. Contact an experienced registered nurse 24/7 for health information. Check status of deductible and out-of-pocket spending. View medical and prescription claims.



Getting sick is never convenient, and finding time to get to the doctor can be hard. Cigna provides you and your covered dependents access to care for non-emergency medical issues through **MDLIVE**. Whether you're at home or traveling, access to an independently contracted board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care center.



Delta Dental designed their mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Search for a dentist near you, view ID cards, and more, right on your mobile device.



With **MyAFLAC**, you can access your Aflac account 24/7. Register for MyAFLAC to access information about your coverage, including your explanation of benefits.



WEX provides you access to your FSA and HSA benefits anytime, anywhere. Access your benefits on the go 24/7 with the **Benefits Mobile App**. The free app gives you convenient, real-time access to all your benefits accounts in one spot. This makes it easy to use your hard-earned dollars and view recent account activity without needing to call in. The Benefits Mobile App keeps your benefits always within reach. Want to know the status of a recent claim or easily check the balance of your accounts? Log into the secure app to get answers to those questions and so many more—wherever and whenever you want.

With the **Mission Square mobile app**, you can:

- View your account balance, year-to-date account activity, retirement income projection and fund performance.
- Change your fund selections and update your personal information.
- Review messages within your retirement savings account to stay current on updates to our retirement plan services and features.
- Check out our RealizeRetirement® financial education resource with a variety of videos, calculators, and other easy-to-use tools to help you save and invest for your retirement.



Access **MyTMRS** through the app. You can: Change your address. View your account balance. Update your beneficiary designations. Print account balance and annuity verification letters. Run retirement estimates. Download tax documents. Keep track of your transactions. Schedule a counseling session. Attend a webinar. View fact sheets (can be found on the app).

Medical Coverage

Administered by Cigna

You have a choice of three medical plans through Cigna. Review the chart below for the amount you will pay for the medical service listed. A little prevention usually goes a long way – especially in healthcare. Routine exams and regular preventative care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, they can often be treated at little cost.

	HDHP includes an employer contribution to your Health Savings Account (HSA) in the amount of \$77.02 per month		Base PPO Plan		Buy-Up PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Individual / Family)	\$3,300 / \$6,000	\$9,000 / \$18,000	\$1,500 / \$3,000	\$4,500 / \$9,000	\$1,000 / \$2,000	\$6,000 / \$6,000
Coinsurance	0% after ded	0% after ded	10% after ded	40% after ded	10% after ded	40% after ded
Annual Out-of-Pocket Maximum (Individual / Family)	\$3,300 / \$6,000	\$11,500 / \$23,000	\$3,000 / \$6,000	\$9,000 / \$18,000	\$2,000 / \$4,000	\$6,000 / \$12,000
Preventive Care	No charge	30% after ded	No charge	40% after ded	No charge	40% after ded
OFFICE VISITS						
Virtual Visits (MD Live)	\$49.00	30% after ded	\$35 copay	40% after ded	\$20 copay	40% after ded
Primary Care	0% after ded	30% after ded	\$35 copay	40% after ded	\$20 copay	40% after ded
Urgent Care	0% after ded	30% after ded	\$50 copay	40% after ded	\$50 copay	40% after ded
Specialist	0% after ded	30% after ded	\$50 copay	40% after ded	\$35 copay	40% after ded
Emergency Room	0% after deductible		\$350 copay, then 10% after deductible (copay waived if admitted)		\$250 copay, then 10% after deductible (copay waived if admitted)	

TERMS TO KNOW

- **Copay** – A set dollar amount you pay for a covered healthcare service, usually when you receive the service.
- **Deductible** – What you pay out of pocket for healthcare services before the plan begins to pay a portion.
- **Coinsurance** – Your share of the costs of covered healthcare services after you reach the deductible. You pay the percentage noted in the table above, and the medical plan pays the rest.
- **Out-of-Pocket Maximum** – What you have to pay before the plan pays 100% of your covered costs.
- **Network** – The facilities and providers the medical plan has contracted with to provide healthcare services. In-network providers typically provide services at a lower negotiated rate.

Finding In-Network Providers

You save the most money when you choose in-network doctors, facilities and pharmacies. Log on to www.cigna.com or call **800.244.6224** to find providers in the Cigna network.



HOW THE PLANS WORK

The medical plans use the Cigna network and cover 100% of the cost for preventive care services like annual physicals and routine immunizations. The way you pay for care is different with each plan.

With the **HDHP**, you pay the full negotiated cost for medical services and prescription drugs until you meet your annual deductible. If you meet the deductible, you and the plan share the costs (coinsurance) until you reach the annual out-of-pocket maximum. After that, the plan pays for 100% of your claims for the rest of the year. Your paycheck deductions for this plan are lower than the PPO plan.

The **PPO plan** has set copays for some services and a deductible and coinsurance for others. Copays do not apply toward your deductible, so you will pay copays until you reach your annual out-of-pocket maximum. This plan has higher paycheck deductions than the HDHP.

	HDHP	PPO Plan
Per-Paycheck Cost for Coverage	Lowest	Highest
Annual Deductible	Highest	Lowest
Annual Out-of-Pocket Maximum	Highest	Lowest
Using the Plan	Pay less with each paycheck and more when you need care	Pay more with each paycheck and less when you need care
Spending Account Options	Health Savings Account Dependent Care FSA	Flexible Spending Account Dependent Care FSA

Telemedicine

Getting to the doctor when you're sick is never easy. That's why City of Schertz offers telemedicine through MDLIVE. You can connect with a U.S. board-certified doctor 24 hours a day, seven days a week by phone or video chat. Call MDLIVE at **888.726.3171** if you have a minor physical condition like a cold or fever. To get started, visit www.myCigna.com and register with your Cigna member ID number (found on the back of your medical ID card).



Prescription Drug Coverage

Administered by Cigna

Prescription drug coverage through Cigna is included with your medical plan. Review the chart below for the amount you will pay for the prescription drug service listed.

	HDHP		Base PPO Plan		Buy-Up PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
RETAIL (30-day Supply)						
Generic	0% after ded	0% after ded	\$10 copay	\$10 copay*	\$10 copay	\$10 copay*
Preferred			\$40 copay	\$40 copay*	\$30 copay	\$30 copay*
Non-Preferred			\$70 copay	\$70 copay*	\$50 copay	\$50 copay*
Specialty			25% after ded	25% after ded	25% after ded	25% after ded
MAIL-ORDER (90-day Supply)						
Generic	0% after ded	Not available	\$25 copay	Not available	\$25 copay	Not available
Preferred			\$75 copay		\$75 copay	
Non-Preferred			\$125 copay		\$125 copay	
Specialty			25% after ded		25% after ded	

*plus 20% coinsurance

GENERIC DRUGS

Generic drugs are FDA-approved, and shown to be just as safe and effective as their more expensive brand-name counterparts. If you choose a brand-name drug when a generic drug is available, you will pay the brand-name copay plus the cost difference between the generic equivalent and the brand-name drug.

PREFERRED DRUGS

Cigna regularly reviews the latest prescription drugs on the market and maintains a list of preferred drugs that are clinically effective and not cost-restrictive. These drugs are available at a lower price than those not included on the list, which are called non-preferred drugs.

SPECIALTY DRUGS

Specialty drugs are typically used to treat chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. If you take a specialty medication, you could save money by using Cigna's mail-order pharmacy. You can register for mail-order pharmacy by logging on to www.Cigna.com/homedelivery.

PER-PAYCHECK COST FOR MEDICAL COVERAGE

Coverage Tier	HDHP	Base Medical Plan	Buy-Up Medical Plan
Employee Only	\$0.00	\$0.00	\$17.32
Employee + Spouse	\$105.85	\$132.87	\$158.29
Employee + Child(ren)	\$88.31	\$110.86	\$133.98
Employee + Family	\$164.90	\$207.01	\$240.09

Spending Accounts

Administered by WEX

PAYING FOR HEALTHCARE

City of Schertz offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. The healthcare accounts available to you depend on the medical plan you choose.

	Health Savings Account (HSA)	Healthcare Flexible Spending Account (FSA)
What medical plan can I choose?	High Deductible Health Plan	PPO Plan
What expenses are eligible?	Medical, prescription drug, dental and vision care (See IRS publication 502 for a full list of eligible expenses)	
When can I use the funds?	Funds are available as you contribute to the account	All of the funds you elect for the year are available January 1
Can I roll over funds each year?	Yes, funds roll over from year to year and are yours to keep (even if you leave the company or retire)	No, you will lose any funds over \$500 remaining in your account at the end of the year
How do I pay for eligible expenses?	With your WEX debit card (you can also submit claims for reimbursement online at www.wexinc.com)	With your WEX debit card (you can also submit claims for reimbursement online at www.wexinc.com)
How much can I contribute each year?	\$4,300 for individual coverage or \$8,550 for family coverage (this total includes company funding) in 2025	Up to \$3,200 in 2025
Can I change my contributions throughout the year?	Yes, you can request a change in your per paycheck contributions at any time	No, unless you have a qualifying life event, you choose an annual election amount during open enrollment and that amount is taken out of each paycheck in equal increments throughout the year

Note: If you are enrolled in the HDHP, City of Schertz will contribute \$77.02 per month (\$924.24 annually) toward a Health Savings Account.

What Are the Tax Implications of an HSA? Contributions to your HSA reduce your taxable income, and qualified medical expenses are never taxed. All money set aside in an HSA grows tax-deferred until age 65, when funds can be withdrawn for any non-medical purpose at ordinary tax rates, or tax-free when used for medical expenses. You may contribute additional funds to your HSA (\$1,000 per tax year) if you will be 55 years or older by December 31. Learn more at www.wexinc.com.



PAYING FOR DEPENDENT CARE

You can contribute pre-tax dollars into a dependent care FSA to pay for eligible child or elderly care expenses.

	Dependent Care FSA
What is it?	An account that allows you to set aside pre-tax dollars from each paycheck to pay for eligible child or elderly care expenses while you and your spouse work full time
Why should I consider it?	You can lower your taxable income to save some money while you take care of your daycare expenses
What expenses are eligible?	Daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents)
When can I use the funds?	Funds are available as you contribute to the account with each paycheck
Can I roll over funds each year?	No, you will lose any funds remaining in your account at the end of the year
How do I pay for eligible expenses?	With your WEX debit card (you can also submit claims for reimbursement online at www.wexinc.com)
How much can I contribute each year?	Up to \$5,000 (or \$2,500 if married, filing single) in 2025

Important Note

Dependent care FSAs have a use-it-or-lose-it rule. You will lose any unused funds at the end of the year.



HEALTH / WELLNESS SCREENING CLAIM

What is the Wellness Benefit?

The Wellness Benefit provides an annual benefit payment of \$50 if you complete an eligible health screening test. Employees may receive one health/wellness screening benefit per fiscal year, regardless of how many screening tests you may complete.

How do I File a Claim?

Download and complete the Health & Wellness Claim Form, which can be found on the HR SharePoint site under HR Forms. **TIP:** When the form opens in your browser, either click *Print* or *Download* to open the fillable form. Attach proof of screening, to include date of screening, facility/physician's name and telephone number.

Once you have completed the Claim form and have your proof of screening:

1. Login into ADP. Go to Myself → My Documents → Upload.
****NOTE** – Please upload the claim form and proof of screening as one document.
2. Select 'Wellness Claim' from the Category / Subcategory drop down menu.
3. Click Save and Return.

I have filed a claim. Now what?

Once you have submitted your claim through ADP, please allow 5-7 business days for processing. The wellness benefit will be paid on the next effective payroll check. Please note that claims may be delayed if forms are incomplete or missing information.

**If you have any questions or need assistance with submitting a claim,
please contact HR at x1150 or HR@schertz.com.**

*****PLEASE DO NOT EMAIL SENSITIVE HEALTH INFORMATION.***
SUBMISSION THROUGH ADP IS SECURE.**

HOSPITAL STAY COPAYMENT REIMBURSEMENT

The City of Schertz will reimburse full time employees who are hospitalized as inpatient \$100 a day, up to three days, per hospital stay. This benefit does not apply to family members or dependents.

Please contact the HR department at HR@Schertz.com to receive this benefit.



Dental Coverage

Administered by Delta Dental

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 City of Schertz's dental benefit plan options.

	Base Plan	Buy-Up Plan	Enhanced Plan
Network	DPO / Premier		
Annual Deductible (Individual / Family)	\$50 / \$150	\$50 / \$150	\$50 / \$150
Annual Maximum (Per Person)	\$1,000	\$2,500	\$3,000
Carryover Benefit	Yes	Yes	Yes
Preventive Care (Routine Cleaning and X-Rays)	No Charge	No Charge	No Charge
Basic Services (Fillings, Simple Exactions)	20% after deductible	20% after deductible	10% after deductible
Major Services (Root Canals, Crowns)	Not Covered	50% after deductible	40% after deductible
Orthodontia	Not Covered	50% after deductible	50% after deductible
Orthodontia Lifetime Maximum (Per Person)	N/A	\$2,000 Children Only	\$2,000 Adult and Children
Out-of-Network Reimbursement	MAC	90th Percentile (Usual & Customary)	90th Percentile (Usual & Customary)

Finding In-Network Dentists

You pay less for services when you use a dentist in the PPO or Premier network. You can find an in-network dentist by visiting deltadentalins.com or calling **800.521.2651**.



PER-PAYCHECK COST FOR DENTAL COVERAGE

Coverage Tier	Base Dental Plan	Buy-Up Dental Plan	Enhanced Dental Plan
Employee Only	\$0.00	\$9.40	\$13.64
Employee + Spouse	\$6.05	\$28.43	\$37.71
Employee + Child(ren)	\$7.58	\$27.85	\$32.76
Employee + Family	\$14.89	\$47.90	\$57.18

Vision Coverage

Administered by Community Eye Care

City of Schertz vision plan through Community Eye Care covers routine eye exams and helps you pay for glasses or contact lenses. Review the chart below for the amount you will pay for the vision service listed.

	Vision Plan	
	In Network	Out of Network
Eye Exam (Once every 12 months)	\$10 copay	\$50 allowance
Frames (Once every 12 months)	\$150 allowance	Included in \$150 allowance
LENSES (Once every 12 months)		
Single Vision	\$10 copay	Up to 85% of flexible allowance minus the \$10 copay
Bifocal	\$10 copay	
Trifocal	\$10 copay	
Lenticular	\$10 copay	
CONTACT LENSES (in lieu of frames) (Once every 12 months)		
Elective	\$150 allowance	\$150 allowance
Medically Necessary	Covered in full	Included in allowance

Finding In-Network Eye Doctors

You can find an in-network eye doctor in the CEC Vision network by visiting cecvision.com/search or calling **888.254.4290**.



PER-PAYCHECK COST FOR VISION COVERAGE

Coverage Tier	Vision Plan
Employee Only	\$0.00
Employee + Spouse	\$2.95
Employee + Child(ren)	\$2.95
Employee + Family	\$4.98

Life, AD&D and Disability Insurance

Administered by The Hartford

LIFE AND AD&D INSURANCE

City of Schertz provides basic life and accidental death and dismemberment (AD&D) insurance through The Hartford at no cost to eligible employees. If you want additional coverage for yourself, your spouse, or your children, you can purchase voluntary coverage at our group rates.

How it Works	Basic Life and AD&D (Company-paid benefit)	Voluntary Life and AD&D (Employee-Paid Benefit)
Your beneficiaries receive this benefit if you pass away	\$25,000 for employees \$5,000 for spouses \$2,500 for child(ren) live birth to age 26	You: Increments of \$10,000 up to \$500,000 or 5x annual salary; Guarantee Issue of \$300,000 Your spouse: Increments of \$5,000 up to \$250,000 or 100% of employee's benefit; Guarantee Issue of \$50,000 Your child(ren): Flat amount up to \$10,000 or 100% of employee's benefit

If you do not elect life insurance when first eligible, you will be considered a late entrant at anytime thereafter and will have to submit a Statement of Health and obtain underwriting approval. Statement of Health is also required to increase coverage levels at future open enrollment periods.

Your employer will automatically enroll you and your dependent(s) for this coverage. If you have not already done so, you must designate a beneficiary.

Per-paycheck cost for Voluntary Life Insurance (per \$1,000 of coverage). Spouse rates are based on the employees age as of 1/1/2025. To add AD&D to your voluntary life coverage for you or your spouse, it is an additional \$0.09 to the rates below, and for a child add an additional \$0.04 to the rates below.

Employee Age	18-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Employee	\$0.07	\$0.09	\$0.15	\$0.27	\$0.39	\$0.66	\$1.11	\$1.94	\$2.99
Child	\$0.40								

Voluntary Life Sample Rate Calculation

Age rate (55-59 @\$0.66) x per \$1,000.00

$\$0.66 \times 50 (\$50,000.00) = \$33.00 \times 12 \text{ months} = \$396.00 \text{ annually} \div 26 \text{ pay periods} = \$15.23 \text{ per pay period}$

Note: Your life and AD&D benefits will reduce by 65% at age 65.

Disability Insurance

City of Schertz also provides disability insurance through The Hartford. This benefit replaces a portion of your income if you become disabled and are unable to work.

	How it Works	Who Pays for the Benefit
Short-Term Disability	You receive 60% of your income up to \$1,500 per week. Benefits begin after 7 calendar days after an absence from work for an accident, illness, or pregnancy and continue for up to 25 weeks.	Employee
Long-Term Disability	You receive 60% of your income up to \$5,000 per month. You must be disabled for a total of 180 calendar days before you are benefit eligible. Benefits are payable for two years when unable to perform your OWN occupation; if after two years you are unable to perform ANY occupation, your disability payments will continue until you reach the Social Security retirement age.	Employer

Pre-existing Condition Exclusion 3/12: If you file a claim within the first 12 months of coverage, your claim will not be covered if you received medical care in the 3 months prior to your effective date on this policy for the diagnosis for which you are filing the claim, unless you have been treatment-free for a 12-month period between effective date of policy and disability date. Coverage and payroll deductions do not begin until coverage is approved.

MONTHLY COST FOR VOLUNTARY SHORT-TERM DISABILITY (PER \$10 OF COVERAGE)

Employee Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Employee	\$0.45	\$0.48	\$0.46	\$0.44	\$0.53	\$0.58	\$0.67	\$0.91	\$1.25	\$1.35

Note: Your rate will be based on your age as of 1/1/2025.

Additional Benefits

WELCOME TO YOUR EAP + WORK-LIFE BENEFIT

Provided by Deer Oaks EAP Services



COUNSELING

- Short-term Counseling Sessions
- 24-hour Helpline/ Mobile App/ In-the-Moment Support
- Telephonic/Video Life Coaching
- Aware Stress Reduction Program
- Community Resource Referrals
- Crisis Support
- In My Hands – Computerized Cognitive Behavioral Therapy (cCBT)



LIFE MANAGEMENT

- Work-life Consultation/ Confirmed Referrals
- Child/Elder Care Referrals
- Legal & Financial Consultation
- Identity Theft Consultation
- Take The High Road Ride Reimbursement Program



ORGANIZATIONAL RESOURCES

- Onsite & Virtual Training
- On-Demand Training Seminars
- Unlimited Telephonic Management Consultation
- Critical Incident/Crisis Support
- First Responder Resources

The Deer Oaks Employee Assistance Program (EAP) is a free service provided for you, your dependents, and household members by your employer. This program offers a wide variety of counseling, referral, and consultation services, which are all designed to assist you and your family in resolving work and life issues in order to live happier, healthier, more balanced lives.

Services are completely confidential and can be easily accessed 24/7/365, offering you around-the-clock assistance for many of life's challenges.

Contact Your EAP Today



(888) 993-7650



eap@deeroaks.com



www.deeroakseap.com

Quick View

Accident Insurance

Low Plan



prepared for City of Schertz

Accident insurance pairs well with those who have active lifestyles or children involved in sports/other extracurricular activities. This plan is designed to pay benefits directly to you based on treatment received and injuries sustained from a covered accident.

Benefit and Amount				Provisions
Urgent Care	\$300	X-Ray	\$200	On and Off the job
Follow Up	\$100 (6)	Lacerations	up to \$300	Over 30 additional benefits
Physical Therapy	\$100 (10)	Concussion	\$200	No limit on the number of accidents
Fractures	Up to \$10,000	Hospital Admission	\$1,500	25% Child Organized Sports Rider
Dislocations	Up to \$10,000	Hospital Confinement	\$400 (365 days)	Portable at the same rate

Health Screening Benefit

\$50 Payable once per person per calendar year

*Fracture Schedule		*Dislocation Schedule	
Coccyx/1 Rib/Finger/Toe	\$300	1 Finger or Toe	\$125
Ribs (2 Or More)/Facial Bones/Nose	\$750	2 Or More Fingers / 2 Or More Toes	\$300
Hand/Wrist/Lower Jaw	\$1,250	Bones of the Hand (except fingers)/ Collarbone	\$800
Upper Jaw/Vertebral Processes/Foot/Ankle	\$1,600	Elbow/Lower Jaw/Wrist/Foot/Ankle	\$1,600
Arm (upper)/Shoulder Blade/Leg/ Kneecap/Collarbone/Forearm	\$2,500	Shoulder/Knee (except patella)	\$2,400
Vertebral Body (excluding vertebral processes)/Pelvis	\$4,000	Hip	\$5,000
Skull/Hip/Thigh	\$5,000	*Open reduction fractures/dislocations will pay at 200% of the listed amount	

Bi-Weekly Deductions (26 Pay Periods)

Employee	Employee & Spouse	Employee & Children	Family
\$4.34	\$7.50	\$9.08	\$11.34

IMPORTANT – This document is designed to provide a high-level overview of the benefits contained herein and does not contain a comprehensive overview of each plan. Refer to each benefit brochure for a complete listing of all benefit features, limitations, and exclusions. Where any discrepancy exists, policy language presides.

High Plan

Quick View

Accident Insurance



prepared for City of Schertz

Accident insurance pairs well with those who have active lifestyles or children involved in sports/other extracurricular activities. This plan is designed to pay benefits directly to you based on treatment received and injuries sustained from a covered accident.

Benefit and Amount				Provisions
Urgent Care	\$400	X-Ray	\$300	On and Off the job
Follow Up	\$150 (6)	Lacerations	up to \$400	Over 30 additional benefits
		Concussion	\$400	No limit on the number of accidents
Physical Therapy	\$150 (10)	Hospital Admission	\$2,000	25% Child Organized Sports Rider
Fractures	Up to \$13,000	Hospital Confinement	\$500 (365 days)	Portable at the same rate
Dislocations	Up to \$13,000			

Health Screening Benefit

\$75 Payable once per person per calendar year

*Fracture Schedule		*Dislocation Schedule	
Coccyx/1 Rib/Finger/Toe	\$400	1 Finger or Toe	\$175
Ribs (2 Or More)/Facial Bones/Nose	\$1,000	2 Or More Fingers / 2 Or More Toes	\$400
Hand/Wrist/Lower Jaw	\$1,600	Bones of the Hand (except fingers)/ Collarbone	\$1,000
Upper Jaw/Vertebral Processes/Foot/Ankle	\$2,000	Elbow/Lower Jaw/Wrist/Foot/Ankle	\$2,000
Arm (upper)/Shoulder Blade/Leg/ Kneecap/Collarbone/Forearm	\$3,125	Shoulder/Knee (except patella)	\$3,000
Vertebral Body (excluding vertebral processes)/Pelvis	\$5,000	Hip	\$6,500
Skull/Hip/Thigh	\$6,500	*Open reduction fractures/dislocations will pay at 200% of the listed amount	

Bi-Weekly Deductions (26 Pay Periods)

Employee	Employee & Spouse	Employee & Children	Family
\$6.68	\$11.56	\$14.11	\$18.30

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Quick View

Critical Illness Insurance



prepared for City of Schertz

When a major illness is diagnosed, there can be several expenses that aren't covered by major medical insurance. Critical Illness insurance pays a lump sum benefit when a covered illness is diagnosed. This benefit would be paid **directly to you** to help cover out of pocket expenses.

Choose a Benefit Amount	Covered Illnesses	Provisions
\$10,000 \$20,000 \$30,000	Invasive Cancer Heart Attack Stroke Major Organ Transplant End Stage Renal Failure	Guarantee Issue No Pre-existing Condition Waiting period Different Illness Diagnosis: <i>1 day separation</i> Same Illness Diagnosis: <i>3-month separation</i>
Spouse coverage at 100% Child(ren) coverage at 50% <i>No additional premium</i>	Skin Cancer \$1,000 <i>Once per calendar year</i>	Portable at same rate No maximum number of pay outs

Health Screening Benefit

\$50 Payable once per person per calendar year

Bi-Weekly Deductions (26 Pay Periods)

	\$10,000		\$20,000		\$30,000	
	*Spouse benefit: \$10,000 Children benefit: \$5,000		*Spouse benefit: \$20,000 Children benefit: \$10,000		*Spouse benefit: \$30,000 Children benefit: \$15,000	
Attained Age	Employee Only	Employee + *Spouse	Employee Only	Employee + *Spouse	Employee Only	Employee + *Spouse
to 29	\$1.43	\$4.62	\$2.86	\$9.23	\$4.29	\$13.85
30-39	\$2.26	\$7.25	\$4.52	\$14.49	\$6.78	\$21.74
40-49	\$4.62	\$14.31	\$9.23	\$28.62	\$13.85	\$42.92
50-59	\$10.34	\$30.42	\$20.68	\$60.83	\$31.02	\$91.25
60-69	\$18.83	\$55.71	\$37.66	\$111.42	\$56.49	\$167.12
70 +	\$30.69	\$98.82	\$61.38	\$197.63	\$92.08	\$296.45

*Spouse rate based on employee age

Eligible child(ren) are automatically covered to the age of 26 with no premium charged

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Hospital Indemnity Insurance

prepared for City of Schertz

The cost of a hospital stay can be financially difficult if money is tight and you're not prepared. Having the right coverage in place before you experience an unexpected sickness or injury can help eliminate the stress of financial concerns and provide support when needed most.

Provisions			
Guarantee Issue?	Yes!		
Pre-existing Condition Waiting Period?	No!		
Pre-existing pregnancy covered?	Yes!		
Mental and Nervous Disorders covered?	Yes!		
Drug and Alcohol Addiction covered?	Yes!		
Portable?	Yes!		
Benefit	Plan 1*	Plan 2*	Plan 3*
Initial Hospital Confinement (24 hrs.)	\$500 (first day)	\$1,000 (first day)	\$1,500 (first day)
Daily Hospital Confinement	\$100 (up to 14 days)	\$100 (up to 14 days)	\$200 (up to 14 days)
ICU Confinement (24 hrs.)	\$500 (first day)	\$1,000 (first day)	\$1,500 (first day)
ICU (daily)	\$200 (up to 14 days)	\$200 (up to 14 days)	\$600 (up to 9 days)
Bi-Weekly Deductions (26 Pay Periods)			
Employee	Employer Paid	Employer Paid	\$6.08
Employee & Spouse	\$6.24	\$9.96	\$15.61
Employee & Children	\$1.38	\$2.28	\$11.47
Family	\$6.66	\$10.62	\$22.66
* Special Note *			

Plan 1* **PPO participants and Employees not enrolled in a medical plan** –
The City of Schertz pays the Employee-only costs across all tiers

Plan 2* **HDHP participants** –
The City of Schertz pays the Employee-only costs across all tiers

Plan 3* **Buy-Up plan** –
The City of Schertz pays a portion of the Employee-only cost across all tiers

IMPORTANT – This document is designed to provide a high-level overview of the benefits contained herein and does not contain a comprehensive overview of each plan. Refer to each benefit brochure for a complete listing of all benefit features, limitations, and exclusions. Where any discrepancy exists, policy language prevails.

**IMPORTANT: This is a fixed indemnity policy,
NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call [800.318.2596](tel:8003182596) (TTY: 855.889.4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



Quick View

Permanent Life Insurance



prepared for City of Schertz

Permanent Life Insurance offers you and your family long-term financial security with coverage that lasts a lifetime. In addition to providing lifelong protection, this plan also includes living benefits, ensuring financial support in the event of a long-term care stay.

Life Insurance	Chronic Care Rider	Provisions
Employee Guaranteed Issue up to \$50,000 Spouse Guaranteed Issue up to \$25,000 Permanent Rate and Benefit to age 120	Licensed or Non-Licensed Benefit Trigger 2 of 6 Activities of Daily Living Bathing Dressing Toileting Transferring Continence Feeding 90-Day Elimination Period 4% of Life Insurance Volume payable for 25 months Or 50% one-time lump sum Extension Rider Extends benefits for a Chronic Condition when the Periodic Payments Method is selected	Guarantee Issue without any medical questions Rates based on employee age, spouse age, and tobacco status Tobacco Rates Any tobacco use in the last 12 months Waiver of Premium If continuously disabled for 3 months, premiums are waived for up to 24 months without reducing the payable amount Terminal Illness Benefit Less than 12-month life expectancy Up to 50% of life benefit is payable Portable at the same rate even if you change jobs or retire

Bi-Weekly Deductions (26 Pay Periods)

Employee Non-Smoker Sample Rates

Issue Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
20	\$3.13	\$6.25	\$9.38	\$12.51	\$15.63
30	\$3.67	\$7.33	\$11.00	\$14.66	\$18.33
40	\$5.23	\$10.46	\$15.69	\$20.92	\$26.15
50	\$8.92	\$17.84	\$26.76	\$35.68	\$44.60
60	\$16.23	\$32.45	\$48.68	\$64.91	\$81.13

These rates reflect actual costs for the listed ages but represent only a small sample.
Contact your benefits counselor for more details.

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Affordable Legal and Identity Theft Protection

LegalShield provides the legal and identity theft protection you and your family need and deserve.

AFFORDABLE LEGAL AND IDENTITY THEFT PROTECTION

LEGALSHIELD

FAMILY PLAN

\$20.95
PER MONTH

IDSHIELD

EMPLOYEE PLAN

\$7.25
PER MONTH

FAMILY PLAN

\$13.95
PER MONTH

LEGALSHIELD & IDSHIELD

EMPLOYEE PLAN

\$27.20
PER MONTH

FAMILY PLAN

\$32.90
PER MONTH

Reduced rate pricing applies
when enrolled in both plans.

FOR MORE INFORMATION, VISIT

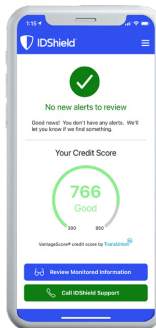
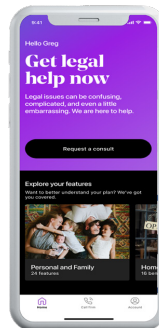
benefits.legalshield.com/schertz

LegalShield Coverage Includes:

- Legal Consultation and Advice
- Court Representation
- Dedicated Provider Law Firm
- Legal Document Preparation and Review
- Will Preparation
- Letters and Phone Calls Made on Your Behalf
- Speeding Ticket Assistance
- 24/7 Emergency Legal Access

Identity Theft Services Include:

- Identity Consultation and Advice
- Dedicated Licensed Private Investigators
- Identity, Credit and Financial Account Monitoring
- Child Monitoring (Family Plan Only)
- Full-Service Identity Restoration
- Real-Time Alerts
- 24/7 Emergency Access
- Social Media Monitoring and Online Privacy Reputation Management



On-the-go protection!

With the LegalShield and IDShield mobile apps, you have on-the-go access, 24/7!



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PER PAYCHECK COST FOR LEGAL SHIELD AND IDENTITY THEFT

Legal Shield	
Employee + Family	\$9.67
Identity Theft	
Employee	\$3.35
Employee + Family	\$6.64

Dual Plan (Legal Shield + Identity Theft)	
Employee	\$12.55
Employee + Family	\$15.18

wishbone
PET HEALTH INSURANCE

YOUR BEST FRIEND.
THEIR BEST LIFE.



SCHERTZ | COMMUNITY
SERVICE
OPPORTUNITY

**City of Schertz
is offering Wishbone Pet Insurance
to employees.**

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

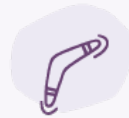
Enroll in pet health insurance from Wishbone and receive 90% reimbursement on your pet's veterinary care. With a low deductible of \$250, protecting your pet's health and your finances has never been easier!

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

POLICYHOLDERS ENJOY:



Optional Routine
Care Plans



Fast Claims
Processing



Easy-to-Use Member
Account



Short Waiting
Periods



Lost Pet Recovery
Service from
ThePetTag



24/7 Pet
Telehealth
from **AskVet**

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

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

Pet Benefit Solutions | petbenefits.com | help@wishboneinsurance.com | (800) 887-5708



Employee Navigator



IMPORTANT: ACTION NEEDED FOR YOUR VOLUNTARY BENEFITS

Please use the Employee Navigator link [sent to you via email.](#)

STEPS TO ENROLL:

1. **Check Your Email** for the Employee Navigator link.
2. Click the link to **access your account**.
3. **Follow the prompts** to complete your registration and select your benefits.



Texas Municipal Retirement Plan



TMRS Is Your Retirement Plan

FOR MEMBERS

You become a TMRS Member as soon as you begin working in a position with a TMRS city that normally requires 1,000 hours per year. As a TMRS Member, you can qualify to receive a monthly retirement benefit for life and possibly the life of any beneficiary.

Your contributions to TMRS. You contribute a percentage (7%) of your paycheck to TMRS. The percentage is selected by your city; you cannot change that percentage.

Annual 5% guaranteed interest. Your contributions are deposited into your individual TMRS account and earn a guaranteed 5% interest annually.

City contributions. Your city matches your account balance when you retire at your city's matching contribution rate (2:1).

Service credit. You earn a month of service credit for each month that you work for a TMRS participating city. Once you have received enough service credit, you become eligible to receive a TMRS lifetime monthly benefit at retirement.

Eligibility for a lifetime retirement benefit. To be eligible to receive a TMRS monthly benefit for life, you must:

- Be at least 60 years old and have at least five years of service credit (some cities may require 10 years of service credit)

OR

- Have at least 20 years of service credit, regardless of your age (some cities may require 25 years of service credit)

TMRS Supplemental Death Benefits (SDB)

If you die while employed, TMRS will pay a one-time lump sum payment approximately equal to one year's salary based on the 12 months immediately preceding your month of death.

TMRS Retiree Supplemental Death Benefits

If you retire with TMRS, a Supplemental Death Benefit in the amount of \$7,500 will be paid on your death as long as the TMRS city from which you retired offers such coverage.

For more information about TMRS or your retirement account, please visit tmrs.com. There, you can sign up for MyTMRS, which provides 24/7 access to your account information.

Member Service Center

800-924-8677

Fax • 512-476-5576

Website

tmrs.com

Mailing Address

P.O. Box 149153

Austin, TX 78714-9153

457B Retirement Plan and Roth IRA

Administered by MissionSquare Retirement GET TO KNOW YOUR 457 PLAN

Your pension and Social Security may go far, but you will likely need more income for a truly comfortable future. That's where your 457 deferred compensation plan comes in—see why it matters to you!

1. It's easy to contribute
 - » Make automatic paycheck contributions
 - » Change your contributions any time.
2. Get tax benefits along the way
 - » Pre-tax contributions lower your tax bill, lessening the impact to your take-home pay.
 - » Delay all taxes, until you take money out.
3. A wide range of investments are available
 - » You control investment decisions, choosing from available options.
 - » Consider a diversified target-date fund or build your own portfolio.
4. Take out what you need
 - » You control withdrawals upon separation from service with your employer.
 - » Only 457 plans have no early withdrawal penalty regardless of your age.

HOW MUCH CAN I CONTRIBUTE?

For 2025, you can save as much as:

- \$22,500
- \$25,000 if age 50 or over
- \$38,000 if you qualify for pre-retirement catch-up contributions

Can't save that much? Even small savings can really add up – start with as little as \$10 per paycheck.

The sooner you save, the more your money can grow

Already enrolled? Aim to save more

HOW TO ENROLL

- Enroll and manage your account
- www.missionsq.org
- Tips and tools to help you save, invest, and retire

CONSIDER A PAYROLL ROTH IRA

A Roth IRA can help you manage your tax bill because withdrawals, including all earnings, may be tax-free. This can help offset withdrawals of other taxable employer plan and IRA assets. And it may help minimize taxation of Social Security benefits or surcharges on Medicare premiums.

1. Use for a variety of savings goals— retirement, health care, house, education, emergencies, and more
2. Tax-free earnings potential
3. Flexibility – withdrawal contributions at any time with no taxes or penalties
4. More investment options
5. Complements 457 plan – get a tax benefit now when you save to your 457 plan and one later when you withdrawal from your Roth IRA. Make convenient paycheck contributions to both.

MATCH A ROTH IRA WITH YOUR 457 PLAN

Saving to a Roth IRA and your 457 plan may make sense because they compliment each other.

2025 tax-year contributions – up to \$6,000, or \$7,000 if age 50 or over, if your income is less than:

- \$137,000 for Individual and Head of Household filers
- \$203,000 for Married joint filers
- Visit www.missionsq.org for more information

Payroll Roth IRA	457 Deferred Compensation
After-Tax Contributions (up to \$6,000; or \$7,000 if age 50 or over)	Pre-tax contributions (up to \$20,500; or \$25,000 if age 50 or over; or \$38,000 if qualify for pre-retirement catch-up contributions)
Withdrawals Allowed at Any Time	Withdrawals after separation from service
Potential for Tax-Free Withdrawals	Taxable withdrawals after separation

Other City Benefits

TUITION REIMBURSEMENT: UP TO \$2,000.00 PER FISCAL YEAR

The City has a tuition reimbursement program for full-time employees. To be eligible for this reimbursement, the education or training must be for work-related professional development and be of benefit or potential benefit to the City, as determined by the City Manager. Reimbursements may be available only upon completion of the training or education course. If the course is graded, the grade must be a C or Satisfactory, or better. Notice by an employee to the City Manager, Department head, or Human Resources of pursuit of training or education is in no way a promise that the City will reimburse the employee for the cost of that training or education. Available for full-time employees.

PAID LEAVE

Applicable to full-time employees only, with the exceptions of Bereavement Leave, Jury Duty, Sick Leave, Holiday Pay and Military Leave (which are available for regular part-time employees).

Holidays	# Days Per Year	
New Year's Day Martin Luther King, Jr. Day Presidents' Day Memorial Day Juneteenth Independence Day	Labor Day* Columbus Day Veterans' Day Thanksgiving Day Day after Thanksgiving Christmas Eve Christmas Day	
If one of the above holidays falls on a Saturday, City employees will celebrate that holiday on the preceding Friday. When such a holiday falls on a Sunday, City employees will celebrate that holiday on the succeeding Monday. If one of the above holidays is followed by a Friday or preceded by a Monday, that Friday or Monday shall also be considered a paid City holiday. Holiday pay does not include any special forms of compensation such as bonuses, shift differentials or incentives.		13

Vacation Leave	# Hours Per Year	Maximum Hours Allowed To Accrue
Accrued per pay period. Paid out upon separation (must successfully complete initial probationary period to be eligible for payout).		
Fire Protection Personnel assigned to Operations and EMS Personnel assigned to 24-hour shifts¹:		
During 1st year of service	144	-
2-10 years of service	180	360
1+ years of service	240	480
Licensed Peace Officers (Sworn Officers) / Fire Protection Personnel assigned to Admin² / EMS Admin³ / EMS Personnel assigned to 12-hour shifts⁴:		
During 1st year of service	96	-
2-10 years of service	120	240
11+ years of service	160	320
All other Full-Time Employees:		
0-5 years of service	96	192
6-10 years of service	120	240
11+ years of service	160	320

¹A day for a 24-hour shift employee is defined as 12 hours.

²Definitions for "Fire Protection Personnel" and "Licensed Peace Officer" can be found in Section 142.010 in the Local Texas Government Code.

³EMS Admin does not include the Administrative Assistant and the Billing Office.

⁴A day for a 12-hour shift employee is defined as 8 hours.

Sick Leave		
Accrued per pay period. Probationary employees are entitled to use sick leave as it is accrued.		
	# Hours Per Year	
FIRE / EMS (24-hr shifts)	120	
		# Days Per Year
ALL OTHER EMPLOYEES		12

Bereavement
• Employees on 4-hour / 8-hour / 10-hour work days/shifts = 3 work days/shifts • Employees on 12-hour work days / shifts = 2 work days / shifts • Employees on 24-hour work days / shifts = 1 work day / shift The schedule below lists a maximum number of days / shifts that may be approved by the City Manager in the event the funeral of the immediate family member is out of state: • Employees on 4-hour / 8-hour / 10-hour work days/shifts = 5 work days/shifts • Employees on 12-hour work days / shifts = 4 work days / shifts • Employees on 24-hour work days / shifts = 2 work day / shifts If an employee has two (2) or more immediate family members who pass away due to a single event, the employee may be granted additional bereavement leave on a case-by-case basis upon review and approval by the City Manager.

Jury Duty	# Days Per Year
City employees who are called for jury duty will receive full compensation for the workdays that they are either waiting for possible selection to serve on a jury or serving on a jury for a maximum of two (2) weeks (or a longer period authorized by the City Manager). Payments shall be made at the employee's regular rate and shall not include any special forms of compensation such as bonuses, shift differentials, or incentives.	14

Military Leave / Pay	# Days Per Year	Maximum Days Allowed To Accrue
An employee of the City who presents official orders requiring his or her attendance for a period of training or other active duty as a member of the United States Armed Forces, the Army National Guard, the Air National Guard, the commissioned corps of the Public Health Service, or the Texas State Guard shall be entitled to military leave in accordance with applicable law. Pursuant to state law, military leave with pay shall be provided by the City not to exceed a total of fifteen (15) working days per federal fiscal year for those employees in a reserve component of the armed forces or in the Texas Army National Guard, Texas Air National Guard, or Texas State Guard.	15	N/A

On the Job Injury Leave / Pay	# Days Per Year	Maximum Days Allowed To Accrue
Regular full-time employees who sustain an on-the-job or line-of-duty injury will be entitled to full salary continuation, exclusive of unscheduled overtime, for the duration of their incapacity, not to exceed sixty (60) calendar days, or at the discretion of the City Manager for a longer period until the employee attains maximum medical improvement. Full salary continuation is an employee's current bi-weekly net take-home pay rate less worker's compensation benefits. If, at the end of such period of leave, the employee cannot return to work, the employee may elect to apply sick leave and vacation leave until exhausted, less any worker's compensation benefits.	60	N/A

Catastrophic Leave / Pay

Regular full time employees who are diagnosed by a physician with a catastrophic illness or injury and who have exhausted all sick leave and vacation leave, and who are not covered by worker's compensation, will receive salary continuation, exclusive of unscheduled overtime, for the duration of their incapacity, but not to exceed such time when the employee becomes eligible to receive Long Term Disability payments. Such compensation will be paid according to the following schedule:

Completed Years of Employment with the City	Percentage of Salary to be Paid
0-5 years	25%
6-10 years	50%
11-15 years	75%
16+ years	100%

Longevity Pay

The City provides longevity pay to full-time employees based on their tenure with the organization in accordance with the scheduled below, payable annually as a lump sum. Longevity pay is considered a part of total compensation although the base salary rate of an employee is not affected by such payment. Longevity is subject to federal withholding and does impact benefit calculations, rate of overtime pay, if any, and retirement contributions.

Years of Service	Longevity Pay
1 through 5	\$10.00 per month for each year of service as of 1 December
6 through 10	\$11.00 per month for each year of service as of 1 December
11 to 15	\$12.00 per month for each year of service as of 1 December
16 to 20	\$13.00 per month for each year of service as of 1 December
Over 20	\$14.00 per month for each year of service as of 1 December

*Longevity pay is subject to approval by City Council as part of the annual budget process, except where statutorily required.

**Longevity will be calculated based on continuous service with the City.



Cost Benefits Breakdown

	Premium	City Pays	Employee Pays Monthly	Pay Period
BASE PLAN OPTION CIGNA PPO 1500 DEDUCTIBLE				
Employee	\$718.77	\$718.77	\$0.00	\$0.00
Employee & Spouse	\$1,574.10	\$1,286.21	\$287.89	\$132.87
Employee & Children	\$1,430.35	\$1,190.16	\$240.19	\$110.86
Employee & Family	\$2,041.30	\$1,592.78	\$448.52	\$207.01
BUY-UP PLAN OPTION CIGNA PPO 1000 DEDUCTIBLE				
Employee	\$749.88	\$712.35	\$37.53	\$17.32
Employee & Spouse	\$1,642.24	\$1,299.28	\$342.96	\$158.29
Employee & Children	\$1,492.26	\$1,201.96	\$290.30	\$133.98
Employee & Family	\$2,129.66	\$1,609.46	\$520.20	\$240.09
HIGH DEDUCTIBLE PLAN OPTION CIGNA PPO 3200 DEDUCTIBLE				
Employee	\$654.43	\$654.43	\$0.00	\$0.00
Employee & Spouse	\$1,432.95	\$1,203.61	\$229.34	\$105.85
Employee & Children	\$1,302.11	\$1,110.78	\$191.33	\$88.31
Employee & Family	\$1,858.20	\$1,500.91	\$357.29	\$164.90

	Premium	City Pays	Employee Pays Monthly	Pay Period
BASE PLAN OPTION DELTA DENTAL PREVENTATIVE				
Employee	\$13.17	\$13.17	\$0.00	\$0.00
Employee & Spouse	\$28.94	\$15.84	\$13.10	\$6.05
Employee & Children	\$32.80	\$16.37	\$16.43	\$7.58
Employee & Family	\$51.16	\$18.89	\$32.27	\$14.89
BUY-UP PLAN OPTION DELTA DENTAL W/ CHILD ORTHO				
Employee	\$37.37	\$17.00	\$20.37	\$9.40
Employee & Spouse	\$85.15	\$23.55	\$61.60	\$28.43
Employee & Children	\$83.69	\$23.35	\$60.34	\$27.85
Employee & Family	\$134.06	\$30.27	\$103.79	\$47.90
ENHANCED PLAN OPTION DELTA DENTAL W/ ADULT ORTHO				
Employee	\$46.46	\$16.90	\$29.56	\$13.64
Employee & Spouse	\$106.25	\$24.54	\$81.71	\$37.71
Employee & Children	\$94.85	\$23.87	\$70.98	\$32.76
Employee & Family	\$155.15	\$31.25	\$123.90	\$57.18

	Premium	City Pays	Employee Pays Monthly	Pay Period
COMMUNITY EYE CARE (CEC) VISION CARE				
Employee	\$5.16	\$5.16	\$0.00	\$0.00
Employee & Spouse	\$10.30	\$3.91	\$6.39	\$2.95
Employee & Children	\$10.30	\$3.91	\$6.39	\$2.95
Employee & Family	\$13.84	\$3.05	\$10.79	\$4.98

Legal Notices

HIPAA SPECIAL ENROLLMENT RIGHTS

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

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.



NOTICE OF PRIVACY PRACTICE REMINDERS

City of Schertz is committed to the privacy of your health information. The administrators of the City of Schertz 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 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.

SUMMARY OF MATERIAL MODIFICATIONS

This Employee Benefits Guide highlights recent plan design changes and is intended to fully comply with the requirements under the Employee Retirement Income Security Act (ERISA) as a Summary of Material Modifications and should be kept with your most recent Summary Plan Description.

CONTINUATION REQUIRED BY FEDERAL LAW

Federal law enables you and/or your dependents to continue health coverage if coverage would cease due to a reduction of your work hours or your termination of employment (other than for gross misconduct). Federal law also enables your dependents to continue health insurance if their coverage ceases due to your death, divorce, legal separation, or with respect to dependent children, failure to qualify as a dependent. Continuation must be elected in accordance with the rules of your employer’s group health plan and is subject to federal law, regulations and interpretations. For more information, contact Human Resources.

NEWBORNS’ & MOTHERS’ HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

WOMEN’S HEALTH AND CANCER RIGHT ACT

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 stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; 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, please contact Human Resources.

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 July 31, 2024. Contact your state for more information on eligibility.

ALABAMA – Medicaid http://myalhipp.com 855.692.5447	IOWA – Medicaid and CHIP (Hawki) Medicaid: https://hhs.iowa.gov/programs/welcome-iowa-medicaid 800.338.8366 Hawki: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki 800.257.8563 HIPP: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp 888.346.9562
ALASKA – Medicaid The AK Health Insurance Premium Payment Program http://myakhipp.com/ 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	KANSAS – Medicaid https://www.kancare.ks.gov/ 800.792.4884 HIPP Phone: 800.967.4660
ARKANSAS – Medicaid http://myarhipp.com 855.MyARHIPP (855.692.7447)	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://kynect.ky.gov 877.524.4718 Medicaid: https://chfs.ky.gov/agencies/dms
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	LOUISIANA – Medicaid www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
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/hcpf/child-health-plan-plus Customer Service: 800.359.1991 State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.mycohibi.com/ HIBI Customer Service: 855.692.6442	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
FLORIDA – Medicaid www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html 877.357.3268	MASSACHUSETTS – Medicaid and CHIP https://www.mass.gov/masshealth/pa 800.862.4840 TTY: 711 Email: masspreassistance@accenture.com
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	MINNESOTA – Medicaid https://mn.gov/dhs/health-care-coverage/ 800.657.3672
INDIANA – Medicaid Health Insurance Premium Payment Program Family and Social Services Administration http://www.in.gov/fssa/dfr/ 800.403.0864 All other Medicaid https://www.in.gov/medicaid/ 800.457.4584	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://dhcfp.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. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 800.356.1561 CHIP: http://www.njfamilycare.org/index.html 800.701.0710 (TTY: 711) Premium Assistance: 609.631.2392
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://dma.ncdhhs.gov 919.855.4100
NORTH DAKOTA – Medicaid
https://www.hhs.nd.gov/healthcare 844.854.4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742
OREGON – Medicaid and CHIP
http://healthcare.oregon.gov/Pages/index.aspx 800.699.9075
PENNSYLVANIA – Medicaid and CHIP
https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html 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
https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program 800.440.0493
UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) https://medicaid.utah.gov/upp/ Email: upp@utah.gov 888.222.2542 Adult Expansion: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program: https://medicaid.utah.gov/buyout-program/ CHIP: https://chip.utah.gov/
VERMONT – Medicaid
https://dvha.vermont.gov/members/medicaid/hipp-program 800.250.8427

VIRGINIA – Medicaid and CHIP
https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid and Chip: 800.432.5924
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid and CHIP
https://dhhr.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 July 31, 2024, 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)

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20220 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Notes

Contact Information

If you have specific questions about any of the benefit plans, please contact the administrator listed below, or the Human Resource Department.

Benefit	Carrier	Policy #	Phone	Website
Medical / Pharmacy	Cigna	3345447	800.244.6224	www.mycigna.com
Virtual Visits	MDLive		888.726.3171	www.mycigna.com
Dental	Delta Dental	23045	800.521.2651	deltadentalins.com
Vision	Community Eye Care (CEC)	CITYSCHZ01	888.254.4290	www.cecvision.com
Health Savings Account	WEX	34084	866.451.3245	www.wexinc.com
Flexible Spending Accounts	WEX	34084	866.451.3245	www.wexinc.com
Basic Life and AD&D	The Hartford	924653	800.523.2233	www.thehartford.com
Voluntary Life and AD&D	The Hartford	34084	800.523.2233	www.thehartford.com
Short-Term Disability	The Hartford	34084	800.523.2233	www.thehartford.com
Long-Term Disability	The Hartford	34084	800.523.2233	www.thehartford.com
EAP	Deer Oaks	2024-004	888.993.7650	www.deeroakseap.com
Accident, Critical Illness, Hospital Indemnity	Symetra	12955000	210.348.4184	www.symetra.com/MyGo
Permanent Life	Aflac	AGC0003192674	210.348.4184	www.aflacgroupinsurance.com
457B Retirement Plan	MissionSquare Retirement	306157 and IRA – 706262	800.669.7400	www.missionsq.org
Pension Plan	TMRS	1159	800.924.8699	www.tmrs.com/mytmrs/logon
ID Theft and Legal Shield	Legal Shield	302678	972.559.4213	www.legalshield.com
Pet Insurance	Wishbone	7884	800.887.5708	www.wishboneinsurance.com/schertz

Please contact City of Schertz HR Team for additional questions at **210.619.1150**.

This benefit guide prepared by



Gallagher

Insurance | Risk Management | Consulting