SCHERTZ
COMMUNITY. SERVICE. OPPORTUNITY.



BENEFITS

Your 2027 Guide

Your guide to physical, financial & personal wellbeing support.

Open Enrollment 2027

October 26-30, 2026

Select your benefits online before the deadline.

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BENEFITS OVERVIEW

City of Schertz is proud to offer a comprehensive benefits package for all of our employees who 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 to 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.

Benefit Plans 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 / On- and Off-the-job
- Critical Illness
- Hospital Indemnity
- Permanent Life
- IDShield
- LegalShield
- Pet Insurance
- Lifetime Pension – TMRS
- 457(b)
- Roth IRA
- FMLA

Eligibility & 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 City 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 10/31/2026. For new hires, Domestic Partner Affidavits should be submitted to HR by the effective date of coverage.

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 Judgment or Decree
  - Why this may qualify: Certain COBRA events or changes related to FMLA leave may affect your eligibility, available coverage, or responsibility for benefit premiums. When this occurs, you may be permitted to make a corresponding benefit-election change, subject to the plan's rules and applicable deadlines.
- Becoming eligible for Medicare or Medicaid
- Receiving a Qualified Medical Child Support Order (QMCSO)

You have 30 days (60 days for newborns) from the date of a qualified change in the family or employment status to request a change effective as of the event date. 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 smartphone, 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).

BlueCross BlueShield of Texas	Get BCBSTX info on the go with the **BCBS 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 BCBS 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.
MDLIVE Virtual Care, Anywhere.	Getting sick is never convenient, and finding time to get to the doctor can be hard. BCBSTX 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	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.
ALLONE HEALTH	The **AllOne Health Member Portal & App** is designed to make accessing EAP and work-life benefits easier than ever. With features like virtual counseling, self-guided therapy modules, and 24/7 live assistance, members can navigate life's challenges with personalized support. The app also includes tools like Izzy, the AI Mental Health Navigator, and a library of resources to promote whole health. Download the app from the Apple App Store or Google Play Store to start exploring and take the first step toward better mental health.
MissionSquare RETIREMENT	With the **MissionSquare mobile app**, you can view your account balance, year-to-date account activity, retirement income projections, and fund performance. You can also change your fund selections, update your personal information, and review important account messages to stay current on retirement plan services and features. The app also provides access to RealizeRetirement® financial education resources, including videos, calculators, and other easy-to-use tools designed to help you save and invest for retirement.
TMRS	Access your **MyTMRS** account through the app to manage important account information and retirement resources from your mobile device. You can update your address and beneficiary designations, view your account balance and transaction history, run retirement estimates, download tax documents, and access account balance and annuity verification letters. You can also schedule a counseling session, attend webinars, and view helpful fact sheets and other retirement resources.

Medical Benefits

BlueCross BlueShield of Texas

Administered by Blue Cross Blue Shield of Texas

You have a choice of three medical plans through Blue Cross Blue Shield of Texas. 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 preventive 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.



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 below, 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.

Medical Plans Comparison

	HDHP w/ HSA (Includes an annual $924.24 ($77.02 monthly) employer contribution to your HSA)		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)	$3,500 / $6,000	$9,000 / $18,000	$1,500 / $3,000	$4,500 / $9,000	$1,000 / $2,000	$6,000 / $6,000
Coinsurance	10% after ded	50% after ded	10% after ded	50% after ded	10% after ded	50% after ded
Annual Out-of-Pocket Maximum (Individual / Family)	$4,300 / $7,000	$11,500 / $23,000	$4,000 / $7,000	$9,000 / $18,000	$3,000 / $5,000	$6,000 / $12,000
Preventive Care	No charge	50% after ded	No charge	50% after ded	No charge	50% after ded
OFFICE VISITS						
Virtual Visits (MDLive)	$49.00	30% after ded	$35 copay	50% after ded	$20 copay	40% after ded
Primary Care	10% after ded	50% after ded	$35 copay	50% after ded	$20 copay	50% after ded
Urgent Care	10% after ded	50% after ded	$50 copay	50% after ded	$50 copay	50% after ded
Specialist	10% after ded	50% after ded	$50 copay	50% after ded	$35 copay	50% after ded
Emergency Room	10% after ded		$350 copay, then 10% after deductible (copay waived if admitted)		$250 copay, then 10% after deductible (copay waived if admitted)	

How the Plans Work

BlueCross BlueShield of Texas

The medical plans use the BCBSTX 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 w/ HSA	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 888.680.8646 if you have a minor physical condition like a cold or fever. To get started, visit MDLIVE.com/bcbstx and register with your BCBSTX member ID number (found on the back of your medical ID card).



Prescription Drug Coverage

BlueCross BlueShield of Texas

Administered by Blue Cross Blue Shield of Texas

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

Note: For the Base PPO and Buy-Up PPO plans, the deductible does not apply to prescription drugs.

	HDHP w/ HSA		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	10%*	10%	$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%	20%**	25%	25%**
MAIL-ORDER (90-day Supply)						
Generic	10%*	Not covered	$25 copay	Not covered	$25 copay	Not covered
Preferred			$100 copay		$75 copay	
Non-Preferred			$175 copay		$125 copay	
Specialty			25%		25%	

*After the deductible is met
**Out-of-network pharmacy penalties: At non-participating pharmacies, a penalty applies in addition to the applicable cost share and any charges that exceed the allowable amount. Penalties are as follows: Base PPO, 20%; Buy-Up PPO, 20%; HSA, 50%.

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

BCBSTX 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 BCBSTX's mail-order pharmacy. You can register for mail-order pharmacy by logging on to www.bcbstx.com/prescription-drugs.

Per Pay-check 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 $700* 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?	$4,500 for individual coverage or $9,000 for family coverage (this total includes company funding) in 2027	Up to $3,500* in 2027
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

*Projected 2027 IRS limit

The annual HSA contribution limit includes contributions made by both the employee and the City. For employees enrolled in the HDHP, the City contributes $924.24 annually, equivalent to $77.02 per month, to the employee's Health Savings Account through contributions made each pay period, regardless of coverage tier.

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 $7,500 (or $3,750 if married, filing single) in 2027

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.

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. Requests for reimbursement must be made in the same fiscal year as the hospital stay.

How do I File a Claim?

Visit the Human Resources SharePoint page and complete the “Submit a Wellness Claim” or “Submit a Hospital Copay Reimbursement” form located in the Benefits section.
https://schertz.sharepoint.com/sites/HumanResources/SitePages/Home.aspx

Please contact the HR department at **HR@Schertz.com** for assistance.



Dental Benefits

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 Extractions)	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)

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



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.

Vision Coverage

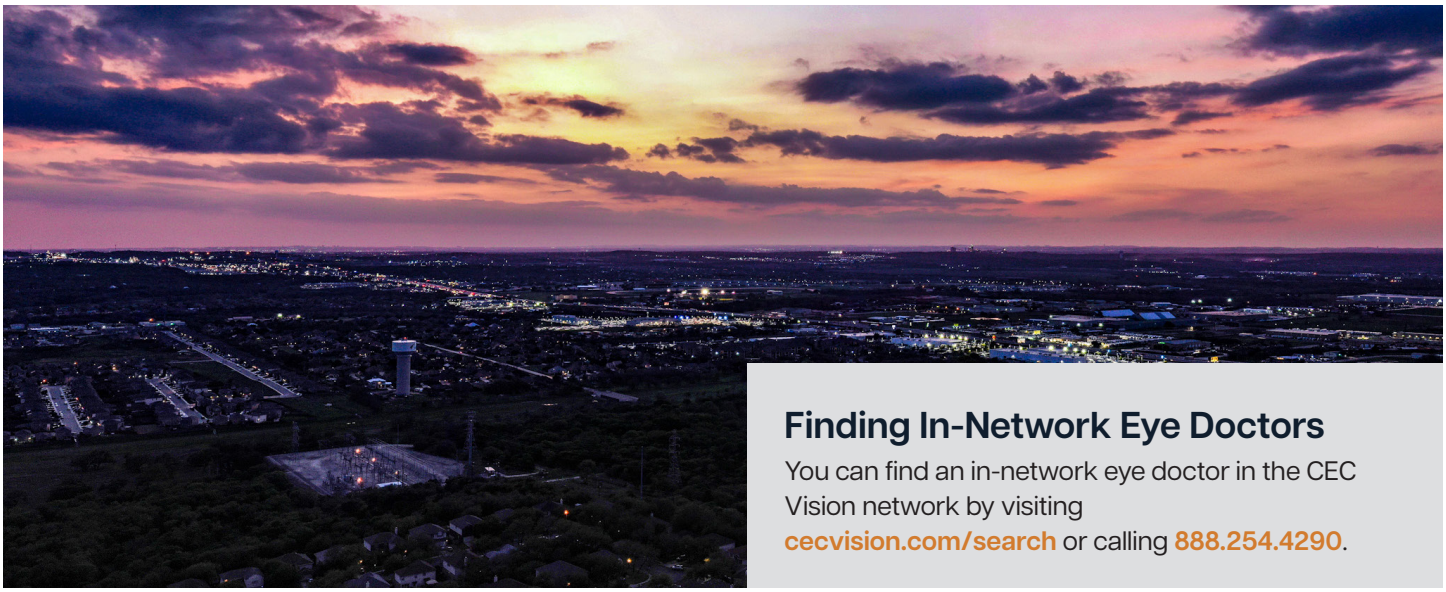
Administered by Community Eye Care

The 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

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



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.

Life and AD&D

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/AD&D (Company-paid benefit)	Voluntary Life/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.

If you do not elect the Voluntary Life/AD&D insurance when first eligible, you will be considered a late entrant at any time thereafter and will have to submit a Statement of Health (also known as Evidence of Insurability) and obtain underwriting approval. A 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) into the company-paid Basic Life/AD&D coverage. If you have not already done so, you must designate a beneficiary. Basic AD&D coverage not included for dependents.

Per-paycheck Cost for Voluntary Life and AD&D Insurance (per $1,000 of coverage)

Employee Age	18-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Employee/Spouse*	$0.074	$0.083	$0.111	$0.166	$0.222	$0.346	$0.554	$0.937	$1.422
Child	$0.203								

*Spouse coverage uses the same age-based rates shown above as employee coverage. Rates are based on the employee's age as of 1/1/2027. Use the employee's age when calculating spouse premiums.

Voluntary Life Sample Rate Calculation

If you are age 55 and your election amount is $50,000, your Age Rate for 55-59, according to the chart above, is $0.346 per $1,000.00.

$0.346 x 50 (for $50,000.00) = $17.30 per pay period

Note: Your Life and AD&D benefits will reduce by 35% at age 65, 55% at age 70, 70% at age 75, and 80% at age 80. Reductions are applied to the original election amount.



Disability Insurance

Administered by The Hartford

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 a seven-calendar-day waiting period for 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.

Per Pay-check Cost for Voluntary Short-Term Disability (per $10 of coverage)

Employee Age	Employee
<25	$0.208
25-29	$0.222
30-34	$0.212
35-39	$0.203
40-44	$0.245
45-49	$0.268
50-54	$0.310
55-59	$0.420
60-64	$0.577
65+	$0.623

Note: Your rate will be based on your age as of 1/1/2027.



Accident Insurance Low Plan

Administered by Symetra

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	Amount	Benefit	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

Per Pay-check Cost for the Accident Low Plan (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 prevails.

Accident Insurance High Plan

Administered by Symetra

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	Amount	Benefit	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
Physical Therapy	$150 (10)	**Concussion**	$400	▪ No limit on the number of accidents
Fractures	Up to $13,000	**Hospital Admission**	$2,000	▪ 25% Child Organized Sports Rider
Dislocations	Up to $13,000	**Hospital Confinement**	$500 (365 days)	▪ Portable at the same rate
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

Per Pay-check Cost for the Accident High Plan (26 Pay Periods)			
Employee	Employee & Spouse	Employee & Children	Family
$6.68	$11.56	$14.11	$18.30

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.

Critical Illness Insurance

Administered by Symetra

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 Skin Cancer $1,000 Once per calendar year	▪ Guarantee Issue ▪ No Pre-existing Condition Waiting Period ▪ Different Illness Diagnosis: 1-day separation ▪ Same Illness Diagnosis: 3-month separation ▪ Portable at same rate ▪ No maximum number of payouts
Spouse coverage at 100% Child(ren) coverage at 50% No additional premium		

Health Screening Benefit
$50 Payable once per person per calendar year

Per-paycheck Cost for Critical Illness Insurance						
	$10,000		$20,000		$30,000	
	Spouse benefit: $10,000 Child(ren) benefit: $5,000		Spouse benefit: $20,000 Child(ren) benefit: $10,000		Spouse benefit: $30,000 Child(ren) benefit: $15,000	
Attained Age	**Employee Only**	**Employee + *Spouse**	**Employee Only**	**Employee + *Spouse**	**Employee Only**	**Employee + *Spouse**
to 29	$1.43	$3.18	$2.86	$6.37	$4.29	$9.55
30-39	$2.26	$4.98	$4.52	$9.97	$6.78	$14.95
40-49	$4.62	$9.69	$9.23	$19.38	$13.85	$29.08
50-59	$10.34	$20.08	$20.68	$40.15	$31.02	$60.23
60-69	$18.83	$36.88	$37.66	$73.75	$56.49	$110.63
70 +	$30.69	$68.12	$61.38	$136.25	$92.08	$204.37

*Spouse rate based on employee age

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

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.

Hospital Indemnity Insurance

Administered by Symetra

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	Confirmations
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!

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)
Per Pay-check Cost for Hospital Indemnity (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 pays the Employee-only costs across all tiers. The Employee is responsible for the cost of their dependent(s) which is displayed in the chart.

Plan 2 - HDHP participants

- The City pays the Employee-only costs across all tiers. The Employee is responsible for the cost of their dependent(s) which is displayed in the chart.

Plan 3 - Buy-Up plan

- This plan is 100% Employee-paid for the Employee and their dependent(s). Participation is voluntary.

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.

Employee Navigator

Important: Action Needed For Your Voluntary Benefits

Some voluntary benefits require a separate enrollment through Employee Navigator because they are not available in ADP. These benefits include Permanent Life Insurance through Aflac, LegalShield and IDShield, and Wishbone Pet Insurance.

Employee Navigator will send an enrollment email to the work or personal email address you provided. Follow the link in the email to review your benefit options and complete your enrollment.

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.



Permanent Life Insurance

Administered by Aflac

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

Per Pay-check Cost for Permanent Life Insurance (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

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.

Legal & Identity Theft Protection

Administered by LegalShield

Affordable Legal and Identity Theft Protection

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

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

Per Paycheck Cost			
	LegalShield	IDShield	LegalShield + IDShield
Employee Only	–	$3.34	$12.55
Family Plan	$9.66	$6.97	$15.18

FOR MORE INFORMATION, VISIT
benefits.legalshield.com/schertz

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!





Pet Insurance

wishbone

Administered by Wishbone

Help manage routine & unexpected vet expenses with voluntary pet insurance.

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!

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

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**

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.

Employee Assistance Program

Administered by AllOne Health

Member Portal

Browse benefits. Request services. Enjoy 24/7/365 access.

Your Assistance Program offers a wide range of benefits to help improve mental health, reduce stress and make life easier—all easily accessible through your member portal.

Request a Mental Health Session

Request counseling by submitting an online form or live chat. Choose from in-person or virtual counseling options to meet your needs.

Request Referrals & Resources

Submit a request for family care and lifestyle support including childcare and eldercare referrals, legal referrals and financial consultation, personal assistant referrals and medical advocacy consultation.

Explore Thousands of Self-Care Articles & Resources

Health and lifestyle assessments, interactive checklists, soft skills courses, podcasts, resource locators, exclusive discounts, and expansive articles on whole health and well-being.

Visit Your Online Financial Center

Featuring worksheets, calculators, and a wide range of financial resources and tools to help reach personal goals and build financial wellness.

Getting Started Is Easy

1. Visit **allonehealth.com/deeroaks** and click on “Sign Up” below the login form
2. Enter your email address and the **company code COSCHERTZ** to create an account and sign in
3. For login assistance, select “Email Support”

Contact AllOne Health

- Call: **888.993.7650**
- Visit: **allonehealth.com/deeroaks**

* You can always call to access services, without needing to create an account or log in to the portal

AllOne Health App

Administered by AllOne Health

Instant Access to Your Assistance Program

The AllOne Health App makes it easier to access mental health support and resources when you need them. Use the app to explore available services, find helpful information, or connect with someone for support.

WHAT YOU'LL FIND INSIDE THE APP

Virtual Counseling Made Easy

Self-schedule virtual counseling sessions directly through the app.

Izzy, Your AI Mental Health Navigator

Receive guidance and personalized support in real time.

On-Demand Self-Help Resources

Explore self-guided therapy (iCBT), articles, videos, assessments, and tools.

Real Human Support

24/7 live assistance is always just a tap away when you want to speak to someone.

HOW IT WORKS

1. Download the AllOne Health App from the Apple App Store or Google Play Store.
2. Sign Up using your existing member portal access code. You'll still have access to the member portal. However, the new AllOne Health App makes accessing care and requesting support easier and more convenient.
3. Start Exploring – Book sessions, chat with Izzy, and discover resources that support your whole health.

Download the App and Take the First Step

No matter where you are in your journey, support is here... because your mental health deserves care that's easy to access, always available, and built around you.

Contact AllOneHealth

- Call: **888.993.7650**
- Visit: **allonehealth.com/deeroaks**
- Code: **COSCHERTZ**

Texas Municipal Retirement Plan

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
  - OR
- Have at least 20 years of service credit, regardless of your age

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

457(b) Retirement Plan and Roth IRA

Administered by MissionSquare Retirement

Consider a 457(b) 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 current tax liability
   - All taxes are deferred until you take money out.
   - Roth contributions may offer tax-free withdrawals in retirement.
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.

Consider a Payroll Roth IRA

A Payroll Roth IRA is a separate account that accepts convenient paycheck contributions and withdrawals may be tax-free.

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

How much can I contribute to my 457(b) plan?

For 2027*, you can contribute up to:

- $25,500,
- $34,000 if age 50+, or
- $51,000 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
- For tips and tools to help you save, invest, and retire, visit **www.missionsq.org**

How much can I contribute to my Roth IRA?

2027* tax-year contributions – up to $7,500, or $8,600 if age 50+ or if your income is less than:

- $153,000 for Individual and Head of Household filers
- $242,000 for Married joint filers
- Visit **www.missionsq.org** for more information

Match a Roth IRA With Your 457 Plan

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

Payroll Roth IRA	457 Deferred Compensation
After-Tax Contributions (up to $7,500, or more if age 50+)	Pre-tax contributions (up to $25,500; or $34,000 if age 50+; or $51,000 if you qualify for pre-retirement catch-up contributions)
Withdraw At Any Time For Any Reason	Withdrawals after separation from service
Potential for Tax-Free Withdrawals	Taxable withdrawals after separation with no early withdrawal penalty

Assets are portable and can be transferred to another institution. Assets held in trust are protected from liability and creditors.

*Retirement contribution limits shown in this guide are projected values for 2027 based on currently available information. Updated 2027 IRS contribution limits will be communicated once officially released by the IRS.

Meet Your MissionSquare Retirement Plans Specialist

Administered by MissionSquare Retirement

Wherever you are on your savings journey, it's important to consider planning for the retirement you want. I'm here to help you along the way. I can:

- Help you develop and stick to a saving strategy.
- Review your plan's investment options.
- Provide resources, including online tools available at **www.missionsq.org**.
- Answer questions about your retirement plan.



Let's meet! Schedule an appointment:

Doug Wilson

Retirement Plans Specialist

- **202.759.7232**
- **ddwilson@missionsq.org**

Scan the QR code to schedule a meeting

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**	13
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.		

Vacation Leave	# of 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 shifts[1]:		
During 1st year of service	144	-
2-10 years of service	180	360
11+ years of service	240	480
Licensed Peace Officers (Sworn Officers) / Fire Protection Personnel assigned to Admin[2] / EMS Admin[3] / EMS Personnel assigned to 12-hour shifts[4]:		
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

[1]A day for a 24-hour shift employee is defined as 12 hours.
[2]Definitions for "Fire Protection Personnel" and "Licensed Peace Officer" can be found in Section 142.010 in the Texas Local Government Code.
[3]EMS Admin does not include the Administrative Assistant and the Billing Office.
[4]A 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
ALL OTHER EMPLOYEES	96

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 days / 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
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

On-the-Job Injury Leave / Pay	# Days Per Year
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

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 schedule 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 December 1
6 through 10	$11.00 per month for each year of service as of December 1
11 to 15	$12.00 per month for each year of service as of December 1
16 to 20	$13.00 per month for each year of service as of December 1
Over 20	$14.00 per month for each year of service as of December 1

*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.



Benefits Cost Breakdown

	Total Monthly Premium	City Pays Per Month	Employee Pays Per Month	Employee Pays Per Pay Period
BASE PPO PLAN BCBS 1500 DEDUCTIBLE				
Employee	$790.65	$790.65	$0.00	$0.00
Employee & Spouse	$1,731.51	$1,443.62	$287.89	$132.87
Employee & Children	$1,573.39	$1,333.20	$240.19	$110.86
Employee & Family	$2,245.43	$1,796.91	$448.52	$207.01
BUY-UP PPO PLAN BCBS 1000 DEDUCTIBLE				
Employee	$824.87	$787.34	$37.53	$17.32
Employee & Spouse	$1,806.46	$1,463.50	$342.96	$158.29
Employee & Children	$1,641.49	$1,351.19	$290.30	$133.98
Employee & Family	$2,342.63	$1,822.43	$520.20	$240.09
HIGH DEDUCTIBLE PLAN BCBS 3500 DEDUCTIBLE				
Employee	$733.99	$733.99	$0.00	$0.00
Employee & Spouse	$1,607.14	$1,377.80	$229.34	$105.85
Employee & Children	$1,460.40	$1,269.07	$191.33	$88.31
Employee & Family	$2,084.08	$1,726.79	$357.29	$164.90

	Total Monthly Premium	City Pays Per Month	Employee Pays Per Month	Employee Pays Per Pay Period
BASE PLAN OPTION DELTA DENTAL PREVENTATIVE				
Employee	$14.03	$14.03	$0.00	$0.00
Employee & Spouse	$30.82	$17.72	$13.10	$6.05
Employee & Children	$34.93	$18.50	$16.43	$7.58
Employee & Family	$54.49	$22.22	$32.27	$14.89
BUY-UP PLAN OPTION DELTA DENTAL W/ CHILD ORTHO				
Employee	$39.80	$19.43	$20.37	$9.40
Employee & Spouse	$90.68	$29.08	$61.60	$28.43
Employee & Children	$89.13	$28.79	$60.34	$27.85
Employee & Family	$142.77	$38.98	$103.79	$47.90
ENHANCED PLAN OPTION DELTA DENTAL W/ ADULT ORTHO				
Employee	$49.48	$19.92	$29.56	$13.64
Employee & Spouse	$113.16	$31.45	$81.71	$37.71
Employee & Children	$101.02	$30.04	$70.98	$32.76
Employee & Family	$165.23	$41.33	$123.90	$57.18

	Total Monthly Premium	City Pays Per Month	Employee Pays Per Month	Employee Pays Per 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

Contact Information

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

	Carrier	Policy #	Phone	Website
Medical / Pharmacy	BCBSTX	436332 436333 (HDHP Only)	800.810.2583	**bcbstx.com**
Virtual Visits	MDLive		888.680.8646	**MDLIVE.com/bcbstx**
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	924653	800.523.2233	**www.thehartford.com**
Short-Term Disability	The Hartford	924653	800.523.2233	**www.thehartford.com**
Long-Term Disability	The Hartford	924653	800.523.2233	**www.thehartford.com**
EAP	AllOne Health	2024-004	888.993.7650	**allonehealth.com/deeroaks**
Accident, Critical Illness, Hospital Indemnity	Symetra	12955000	800.497.3699	**www.symetra.com/MyGo**
Permanent Life	Aflac	AGC0003192674	210.348.4184	**www.aflacgroupinsurance.com**
457(b) Retirement Plan and Roth IRA	MissionSquare Retirement	306157 and IRA – 706262	800.669.7400	**www.missionsq.org**
Pension Plan	TMRS	1159	800.924.8677	**www.tmrs.com/mytmrs/logon**
LegalShield and ID Theft	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.



Legal Notices

Women's Health & Cancer Rights 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. Therefore, the following deductibles and coinsurance apply:

- PPO 1500: $1,500 Individual / $3,000 Family, 10% Coinsurance
- PPO 1000: $1,000 Individual / $2,000 Family, 10% Coinsurance
- HSA 3500: $3,500 Individual / $6,000 Family, 10% Coinsurance

If you would like more information on WHCRA benefits, please reach out to your Plan Administrator at **HR@Schertz.com**.

Newborns' and 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).

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, 2026. Contact your state for more information on eligibility.

ALABAMA – Medicaid

http://myalhipp.com
855.692.5447

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**

ARKANSAS – Medicaid

http://myarhipp.com
855.MyARHIPP 855.692.7447)

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**

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://hcpf.colorado.gov/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

FLORIDA – Medicaid

www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
877.357.3268

GEORGIA – Medicaid

GA HIPP: **https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp**
678.564.1162, Press 1
GA CHIPRA: **https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra**
678.564.1162, Press 2

ILLINOIS – Medicaid

Illinois Medicaid Premium Assistance Information
Medicaid application: **https://abe.illinois.gov**
HIPP Hotline Number: 217.524.8268 | HIPP Email: **hfs.boc.hipp@illinois.gov**

INDIANA – Medicaid

Health Insurance Premium Payment Program
All other Medicaid
https://www.in.gov/medicaid/ | 800.457.4584
Family and Social Services Administration
http://www.in.gov/fssa/dfr/ | 800.403.0864

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

KANSAS – Medicaid

https://www.kancare.ks.gov/
800.792.4884 | HIPP Phone: 800.967.4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
855.459.6328 | **KIHIPP.PROGRAM@ky.gov**
KCHIP: **https://kynect.ky.gov** | 877.524.4718
Medicaid: **https://chfs.ky.gov/agencies/dms**

LOUISIANA – Medicaid

Medicaid: **www.ldh.la.gov/healthy-louisiana**
Customer Service Line: 888.342.6207
Medicaid Email: **healthy@la.gov**
Louisiana Health Insurance Premium Program (LaHIPP):
https://www.ldh.la.gov/lahipp
LaHIPP Phone: 877.697.6703 | LaHIPP Email: **La.HIPP@la.gov**
LaHIPP Fax: 888.716.9787
LaHIPP Mailing Address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

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

MASSACHUSETTS – Medicaid and CHIP
https://www.mass.gov/masshealth/pa
800.862.4840 | TTY: 711 | Email: masspremassistance@accenture.com

MINNESOTA – Medicaid
https://mn.gov/dhs/health-care-coverage/
800.657.3672

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: HHSHIPPProgram@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://medicaid.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 RIte 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, 2026, 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 5/31/2029)

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 20210 or email **ebsa.opr@dol.gov** and reference the OMB Control Number 1210-0137.

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

City of Schertz is committed to the privacy of your health information. The administrators of the Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Leanne Latham at **HR@Schertz.com**.

HIPAA Special Enrollment Rights

Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the health plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

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

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, adoption, or placement for adoption. 60 days is given for birth.

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

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact HR@Schertz.com.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

Notice of Creditable Coverage

Important Notice from City of Schertz About Your Prescription Drug Coverage and Medicare

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

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

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

When Can You Join a Medicare Drug Plan?

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

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

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Schertz coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current City of Schertz coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of Schertz and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information About This Notice or Your Current Prescription Drug Coverage:

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

For More Information About Your Options Under Medicare Prescription Drug Coverage:

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

For More Information About Medicare Prescription Drug Coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800.MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 800-772-1213 (TTY 800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	**01/01/27**
Name of Entity/Sender:	**Jessica Kurz**
Contact:	**Director of HR & Purchasing**
Address:	**1400 Schertz Parkway, Schertz, Texas, 78154**
Phone Number:	210-619-1150

COBRA General Notice

Model General Notice of COBRA Continuation Coverage Rights
(For use by single-employer group health plans)
****Continuation Coverage Rights Under COBRA****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;

- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to City of Schertz and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: HR@Schertz.com.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, **Children's Health Insurance Program (CHIP),** or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov.**

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period1 to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit **https://www.medicare.gov/medicare-and-you.**

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit **www.dol.gov/ebsa.** (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.healthcare.gov.**

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

HR@Schertz.com

1 **https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start**

Marketplace Notice

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: GENERAL INFORMATION

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%1 of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.1 2

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution – as well as your employee contribution to employment-based coverage – is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

1 Indexed annually; see **https://www.irs.gov/pub/irs-drop/rp-22-34.pdf** for 2023.

2 An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by **HealthCare.gov** and either submit a new application or update an existing application on **HealthCare.gov** between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit **HealthCare.gov** or call the Marketplace Call Center at **800.318.2596**. TTY users can call **855.889.4325**.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency.
Visit **https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/** for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact **HR@Schertz.com.**

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name **City of Schertz**		**4. Employer Identification Number (EIN)** **74-1469344**
5. Employer address **1400 Schertz Pkwy**		**6. Employer phone number** **210.619.1150**
7. City **Schertz**	**8. State** **Texas**	**9. ZIP code** **78154**
10. Who can we contact about employee health coverage at this job? **Human Resources**		
11. Phone number (if different from above) **210.619.1150**	**12. Email address** **HR@Schertz.com**	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☑ All employees. Eligible employees are: All Eligible Full-Time U.S. Employees working 30 hours per week.
  - ☐ Some employees. Eligible employees are:
- With respect to dependents:
  - ☑ We do offer coverage. Eligible dependents are: Legal Spouse, Domestic Partners, Children up to age 26, and Unmarried Children of any age who are mentally or physically disabled.
  - ☐ We do not offer coverage.

☑ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☑ **Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? (mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

☐ Yes (Go to question 15)

☐ No (STOP and return form to employee)

15. For the lowest cost plan that meets the minimum value standard1 offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan?

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan?

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

1 An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).



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.

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