

2023–2024 BENEFITS GUIDE





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WELCOME

We are pleased to provide you with a wide range of competitive benefits that are a vital part of your total compensation. You have the flexibility to select from a full range of benefits to keep you and your family healthy, provide financial protection in the event of an unforeseen event, and help you build long-term security for retirement. This brochure was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this guide to make sure you understand the benefits that are available to you and your family – then be sure to take action.





ELIGIBILITY

All full-time employees are eligible for benefits. Effective 10/1/2022, benefits are effective on the first day of the month following the date of hire. You may also enroll your eligible dependents for coverage.

This includes the following:

- Your legal spouse
- Children under the age of 26, regardless of student, dependency or marital status
- Children who are past the age of 26 and are fully dependent on you for support due to a mental or physical disability, and who are indicated as such on your federal tax return

Qualified Life Events

Generally, you may only change your benefit elections during the Open Enrollment period. However, since life happens, you also may change your benefit elections during the year if you experience a Qualified Life Event.

Qualified Life Event		Documentation Needed
Change in marital status	Marriage	Copy of marriage certificate
	Divorce/Legal Separation	Copy of divorce decree
	Death	Copy of death certificate
Change in number of dependents	Birth or adoption	Copy of birth certificate or copy of legal adoption papers
	Step-child	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
	Death	Copy of death certificate
Change in employment	Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
	Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage



Changing Benefits After Enrollment

During the year, you cannot make changes to your medical, dental, vision, Health Care or Dependent Care Flexible Spending Accounts unless you have a Qualified Life Event. If you do not contact Human Resources within 30 days of the Qualified Life Event, you will have to wait until the next annual Open Enrollment period to make changes (unless you experience another Qualified Life Event).



BENEFIT COSTS

The City of Irving pays the full cost of many of your benefits; however, for others, you share the cost, or you pay the full cost. Pretax means the cost comes out of your pay before taxes are deducted. After-tax means the cost comes out of your pay after taxes are deducted.

Benefit	Who Pays	Tax Treatment
Medical, Prescription	You share the cost	Pretax
Health Savings Account (HSA)	You share the cost	Pretax
24/7 Nurse Hotline	No cost to you	N/A
Health Screenings	No cost to you	N/A
Preventive Care/Wellness Visits	No cost to you	N/A
On-Site Wellness Coordinator	No cost to you	N/A
Employee Health Clinic (CareATC)	No cost to you*	N/A
Benefits Value Advisors	No cost to you	N/A
Cariloop	No cost to you	N/A
Dental	You pay 100%	Pretax
Vision	You pay 100%	Pretax
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	No cost to you	N/A
Supplemental Life and Accidental Death & Dismemberment (AD&D) Insurance	You pay 100%	After-tax
Flexible Spending Accounts	You pay 100%	Pretax
Employee Assistance Program	No cost to you	N/A
MetLife Legal Plan	You pay 100%	After-tax
Accidental Injury Insurance	You pay 100%	After-tax
Critical Illness Insurance	You pay 100%	After-tax
Hospital Indemnity	You pay 100%	After-tax

* For BlueEdge HSA plan, the cost is \$40 per visit.



OPEN ENROLLMENT INSTRUCTIONS

To enroll in benefits, go to: Plansource.com/login.



Login Page

Enter your username and password.

Username: Your username is the two characters of your first name, up to the first five characters of your last name, and the last four digits of your SSN.

For example, if your name is Taylor Williams, and the last four digits of your SSN are 1234, your username would be tawilli1234.

Password: Your initial password is your birthdate in the YYYYMMDD format.

So, if your birthdate is June 4, 1979, your password would be 19790604. The first time you log in, you will be prompted to change your password.



Home Page

On the Homepage, click “Get Started” to begin.



Profile

First, you’ll be asked to review and update your profile and ensure that all information listed about yourself and your family members is correct.



Shop for Benefits

You can then begin shopping for benefits!

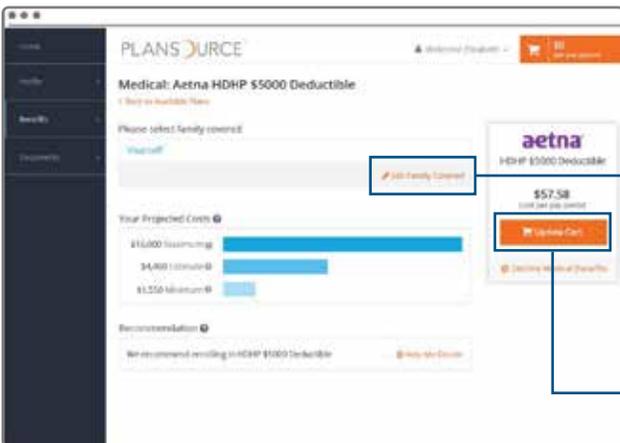
Educational material about the specific plan type is available at the top of the page.

Filter

If your company offers three or more plans, you will be able to filter available plans based on a variety of criteria.

Plan Overview

Plan choices are displayed on “cards,” which provide a brief summary of what is included in the plan. Click a card to get more detail.



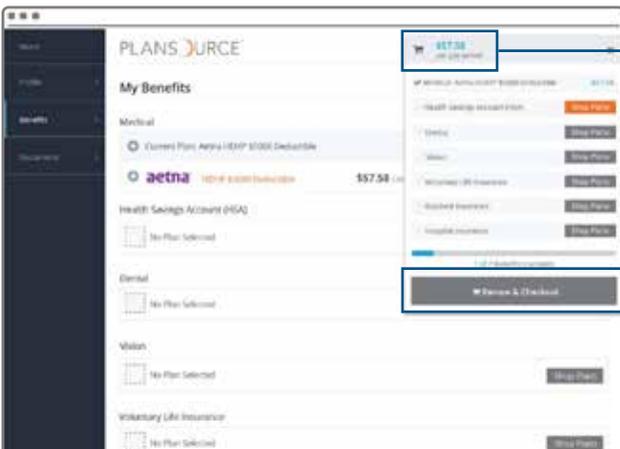
Plan Details

The plan detail page will give you information about each plan, including deductible, cost per pay period and projected costs.

Select Plan

To select a plan, indicate which family members are covered by clicking “edit family covered” and select the card for each family member you would like to be on the plan.

Click “Update Cart” to choose the plan.



Shopping Cart

The shopping cart displays a running total of your combined benefits costs and shows your progress. You will need to select or decline a plan in each benefit type before you can check out.

Checkout

To finalize your choices, click “Review and Checkout.” You must complete the checkout process in order to be enrolled in benefits.



MEDICAL PLAN

Medical insurance is essential to your well-being, and our medical coverage provides you and your family the protection you need for everyday health issues, or when the unexpected happens.

How a Health Plan Works

Preventive Care – like physical exams, flu shots and screenings – is always covered 100% when you use in-network providers. The key difference between the plans is the amount of money you will pay each pay period and when you need care.

The plans have different:

- **Annual deductible amount** – The amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay.
- **Out-of-pocket maximums** – The most you will pay each year for eligible network services including prescriptions. After you reach your out-of-pocket maximum, the plan picks up the full cost of covered medical care for the remainder of the year.
- **Copays** – A copay is a fixed amount you pay for a health care service. Copays do not count toward your deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurance** – Once you have met your deductible, you and the plan share the cost of care, called coinsurance. For example, you pay 20% for services and the plan will pay 80% of the cost until you have reached your out-of-pocket maximum.

Medical Plan Comparison

Our new medical plan provider is BlueCross BlueShield of Texas.

	Blue Choice Plan		Blue Quality Plan		BlueEdge HSA Plan	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Plan Year Deductible						
Individual	\$1,000	\$2,000	\$1,500	\$2,500	\$2,450*	\$4,000*
Family	\$3,000	\$6,000	\$4,500	\$7,500	\$6,550*	\$12,000*
Plan Year Out-of-Pocket Maximum (Includes Deductible)						
Individual	\$4,500	\$7,500	\$7,150	\$10,500	\$6,550	\$13,000
Individual in a Family	N/A	N/A	N/A	N/A	\$6,550	\$13,000
Family	\$13,500	\$22,500	\$14,300	\$31,500	\$13,100	\$26,000
	You pay		You pay		You pay	
Telemedicine	\$25	N/A	\$45	N/A	20% after deductible	N/A
CareATC	\$0	N/A	\$0	N/A	\$40	N/A
Preventive Care	\$0	50% after deductible	\$0	50% after deductible	\$0	50%
Primary Care Physician	\$25	50% after deductible	\$45 MCNT – \$35	50% after deductible	20% after deductible	50% after deductible
Specialist – Airrosti	\$25	50% after deductible	\$45	50% after deductible	15% after deductible	50% after deductible
Specialist – and MCNT/USMC	\$40	50% after deductible	\$60 MCNT – \$50	50% after deductible	15% after deductible	50% after deductible
Lab and X-ray	20% after deductible	50% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Hospital Services Inpatient	20% after deductible	50% after \$250 per-admission deductible and plan year deductible	30% after deductible	50% after \$250 per-admission deductible and plan year deductible	20% after deductible	50% after deductible
Urgent Care	20% after deductible	50% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Emergency Room	20% after deductible	20% after deductible	30% after deductible	30% after deductible	20% after deductible	20% after deductible
Pharmacy						
Retail Rx (up to 30-day supply)						
Generic	\$0	N/A	\$0	N/A	Preventive Generics: \$0 Generics: 20%*	
Preferred brand	\$40		\$40		Subject to deductible and coinsurance	N/A
Non-preferred brand	\$60		\$60			
Specialty	\$100		\$100			
Mail Order Rx (up to 90-day supply)						
Generic	\$0	N/A	\$0	N/A	Preventive Generics: \$0 Generics: 20%*	
Preferred brand	\$80		\$80		Subject to deductible and coinsurance	N/A
Non-preferred brand	\$120		\$120			
Specialty	\$200		\$200			

* The individual deductible applies to employee only coverage; if there are two or more family members on the plan, the family deductible must be met.

Note: If you plan on a surgery or hospital stay, call BCBS Member Services at 800-441-9188 for pre-certification. If you do not call, penalties may be assessed against the payment of your benefits.



BCBSTX EXTRAS

Blue Access for MembersSM

Blue Access for Members is the secure BlueCross BlueShield of Texas member website.

Using this website, you can:

- Check the status of your claims and your claim history
- Confirm which family members are covered under your plan
- View and print Explanation of Benefits (EOB) claims statement
- Locate an in-network provider
- Request a new or replacement member ID card or print a temporary member ID card
- And much more ...

Provider Finder

Go to bcbstx.com and log in or create a Blue Access for MembersSM (BAMSM) account.

Click on the Doctors and Hospitals tab in Provider Finder to:

- Find in-network providers, hospitals, laboratories and more
- Search by specialty, ZIP code, language spoken, gender and more
- See clinical certifications and recognitions
- Estimate the out-of-pocket costs of more than 1,600 health care procedures, treatments and tests*
- Use quality awards such as Blue Distinction Center (BDC), BDC+ or Total Care to inform your choices
- See side-by-side provider or facility quality ratings and patient reviews*

It's easy to get started!

- 1 Go to bcbstx.com/member
- 2 Click Log in to My Account
- 3 Use the information on your BCBSTX ID card to sign up, or text **BCBSTXAPP** to **33633** to get the BCBSTX App that lets you use BAM while you are on the go

Get 90-Day Fills With Your Traditional Select Extended Supply Network Benefits

Filling prescriptions can be time consuming. But, with your health plan's Traditional Select Extended Supply Network, you can get convenient 90-day supplies of your medicine. This may mean fewer trips to the pharmacy — and fewer missed doses.

More than 65,000+ participating pharmacy locations nationwide. To see if your pharmacy is in the Traditional Select Extended Supply Network, or to find a new pharmacy, log in to MyPrime.com and click on "Pharmacies."

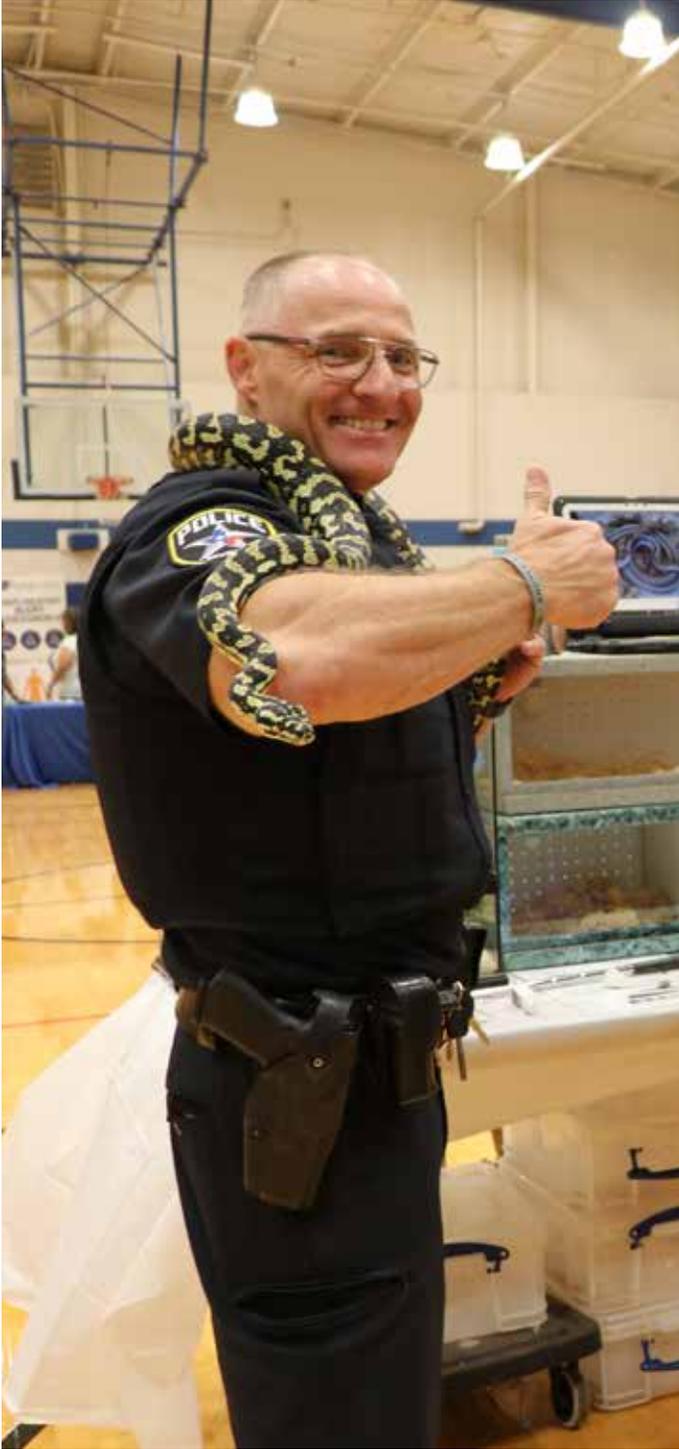
90-day fills help make it easier to take your medicine as prescribed, which is especially important for chronic conditions like:

- Diabetes
- High cholesterol
- Asthma
- Mental health

BCBSTX Mobile App

You can go to your mobile device's App Store and download the BCBSTX mobile app. This app can help you stay organized and in control of your health — anytime/anywhere. You can log in to:

- Track your account balances and deductibles
- View, fax or email ID card information
- Find doctors, dentists or pharmacies
- Refill your BCBSTX home delivery prescriptions and view order history
- View medication costs based on your plan and search for lower, cost-saving alternatives.



Blue365® – Discounts to Make Health and Wellness More Affordable

With this program, you may save money on health and wellness products and services not covered by insurance. There are no claims to file and no referral or preauthorization is needed.

Once you sign up for Blue365 at blue365deals.com/BCBSTX, weekly “Featured Deals” will be emailed to you.

Some of the discounts available are:

- Davis VisionSM | TruVision® – Eyewear & lasik
- TruHearing® | Beltone™ – Hearing test & hearing aids
- Philips Sonicare
- Dental SolutionsSM – a dental discount card
- Nutrisystem® – Weight loss
- Reebok | Sketchers
- And more ...

Well onTarget®

Well onTarget is a program designed to give you the support you need to make healthy choices. With Well onTarget, you have access to a secure website with personalized tools and resources.

- Onmytime™ self-directed courses
- Health and wellness libraries
- Tools and Trackers
- Onmyway™ Health Assessment
- Fitness Program

To access the Well onTarget member portal, go to wellontarget.com. If you have already registered on [BCBSTX.com](https://bcbstx.com), you will use the same login information. If not, you can register on this site. Customer Service is available at **877-806-9380** to answer any questions you may have.



MDLIVE® Virtual Visits: Get 24/7 Care, Anywhere

With Virtual Visits, the doctor is always in. Get 24/7 non-emergency care from a board-certified doctor by phone, online video or mobile app from the privacy and comfort of your own home. Do not risk crowded waiting rooms, expensive urgent care or ER bills, or waiting weeks or more to see a doctor, when you can speak with a Virtual Visits doctor within minutes.



24/7/365



Quality Doctors



No ER Wait

Remote Health Care Can Treat Many Common Health Issues

Virtual Visits, provided through BCBSTX and powered by MDLIVE, are a convenient alternative for the treatment of many health issues. A prescription, if medically necessary, can be electronically sent to the pharmacy of your choice.

Here is a small sample of things MDLIVE doctors have treated:

Allergies	Fever
Cold and Flu Symptoms	Headaches
Nausea	Sinus Infections

Behavioral Health Virtual Visits

Virtual Visits with licensed behavioral health therapists are available by appointment.

Behavioral Health Virtual Visits can address:

Anxiety	Stress management
Depression	And more

Virtual Visit doctors can even send an e-prescription to your local pharmacy.

Activate Your MDLIVE Account Today

- Call MDLIVE at **888-680-8646**
- Go to MDLIVE.com/bcbstx
- Text BCBSTX to **635-483**
- Download the MDLIVE app



BCBSTX MEMBER REWARDS

Same Procedure, Different Cost and Potential Cash in Your Pocket!

Did you know that prices for the same quality medical services can differ by thousands of dollars within the same region and health plan network? BCBSTX provides **Member Rewards** – a program administered by Sapphire Digital that offers cash rewards when a lower-cost, quality provider is selected from several options.

- Compare it to where you park your car – the \$30 lot or the \$15 one just a few blocks away.
- Member Rewards allows you to shop for your health care services in a similar way, and as the following examples show, you can save money depending on where you go for care.
- Best of all – shopping with Member Rewards could help lower your out-of-pocket costs and help get you a cash reward.

Reward Eligible Procedure	Provider A Cost	Provider B Cost
Lab/Blood Draw (New!)	\$30	\$85
MRI of the Brain	\$682	\$2,723
Knee Replacement	\$17,003	\$47,617

What Is the Member Rewards Program?

Member Rewards – combined with Provider Finder, our nationwide database of independently contracted health care providers – can help you:

- Compare costs and quality for numerous procedures
- Estimate out-of-pocket costs
- Earn cash while shopping for care
- Save money and make the most efficient use of your health care benefits
- Consider treatment decisions with your doctors

How Does It Work?

1. When a doctor recommends treatment, call a Benefits Value Advisor (see following page) at the number on the back of your member ID card, or log into Blue Access for MembersSM at bcbstx.com and click the Doctors and Hospitals tab – then on Find a Doctor or Hospital.
2. Choose a Member Rewards eligible location, and you may earn a cash reward.
3. Complete your procedure and, once verified, you will receive a check within 4 to 6 weeks. Questions? Call the number on the back of your member ID card.





BENEFITS VALUE ADVISORS (BVAS)

BVAs can help you bring down your overall health care costs. If you are enrolled in one of the medical plans, BVAs can help answer your health care questions and guide you through the complexities of your medical plans – at no cost to you.

How BVAs Can Take Care of You



Understand Insurance Benefits

Receive guidance in understanding your benefits throughout the year.



Coordinate Care

Receive help scheduling appointments and coordinating care. BVAs give you back all the time you spent on hold and help you get the services you need.



Find a Great Doctor

Find highly-rated doctors in your area who meet your personal preferences and health care needs.



Save Money on Medical Care

Get price comparisons before receiving care. Depending on the doctor, hospital or facility, costs can vary by hundreds or thousands of dollars – even in-network.



Pay Less for Prescriptions

BVAs can compare medication prices and explore lower-cost options for you.



Get Help With Medical Bills

Have your medical bills reviewed to make sure you are not overcharged.

Health Care Support for You and Your Family



Simply visit bcbstx.com, register or log in to Blue Access for MembersSM and click on the “Doctors & Hospitals” tab – then click on the “Find a Doctor or Hospital” link.



Health Care Help on the Go

Whether you need help finding a great doctor or lowering health care costs, you can make smarter, in-the-moment health care decisions with BVAs. Get instant answers to health care questions 24/7.



Testimonials

James – Savings of \$800

“When I hurt my shoulder, my doctor told me I needed a CT Scan. Luckily, I talked to a BVA to check prices first because the hospital was going to charge me \$1,500. My BVA found an imaging center near my home that only charged \$700.”

Sarah – Savings of \$600

“After my surgery, I wanted to check my various bills and charges to make sure I wasn’t being overcharged. I had absolutely no time to do this, so I called a BVA and they found several mistakes. They worked everything out between the hospital and the insurance company and it saved me \$600.”



CAREATC

When it comes to your health, you need the best care, fast. CareATC offers you just that. CareATC is available when you need it most, and at little cost.

Benefits include:

- Primary care doctor visits and chronic disease management
- Same or next day appointments by scheduling through the mobile app
- Less wait time and more face time with your medical provider
- Free on-site labs
- You can complete new patient paperwork online at careatc.com/cityofirving

You can use CareATC for common illnesses such as cold and flu, asthma, minor injuries, adult immunizations, wellness exams, allergies, diabetes management, headaches and much more.

Visit careatc.com/cityofirving or call **469-706-7776** to get started or to schedule an appointment.

The personal health assessment (PHA) is a complete screening tool that helps you identify potential health risks such as high blood pressure, high cholesterol, diabetes, obesity and more.



AIRROSTI

When you are in pain, you want relief – fast and ongoing. Airrosti is there to help. They provide effective, personalized care for acute and chronic musculoskeletal pain and conditions. Airrosti offers both in-clinic and virtual treatment options. *In-Clinic only offered in TX, OH, VA, and WA.

Each treatment plan includes:

- Thorough assessment and orthopedic testing to provide an accurate diagnosis
- Injury education
- Conservative manual treatment to restore function, increase mobility and reduce pain
- Personalized, active rehab and at-home exercises designed to speed recovery and prevent future injuries

Airrosti's goal is to give our patients a quick and safe return to a pain-free life.

No referral is required, and your out-of-pocket cost will be communicated prior to your first visit.

Blue Choice: \$25 copay

Blue Quality: \$45 copay

BlueEdge HSA: 15% after deductible

Call **800-404-6050** to begin your recovery plan.



PREVENTIVE CARE

Women’s Health

Women have their own unique health care needs. To stay well, women should make regular screenings a priority. In addition to the services listed in the Adult Health section on the following page, women also should discuss the recommendations listed in the chart below with their health care providers.

Men’s Health

Men are encouraged to get care as needed and make smart choices. That includes following a healthy lifestyle and getting recommended preventive care services. If men follow a game plan for better overall health, they will be more likely to win at wellness.

In addition to the services listed in the Adult Health section on the following page, men also should discuss the recommendations shown in the chart below with their health care providers.

Women’s Recommendations	
Mammogram	At least every 2 years for women ages 50 to 74. Women ages 40 to 49 should discuss the risks and benefits of screening with their health care providers.
Cholesterol	Women age 45 and older should be screened. Women ages 20 to 45 should be screened if they are at increased risk for coronary heart disease. Talk with your health care provider about the starting and frequency of screening that is best for you.
Cervical Cancer Screening	Women ages 21 to 65: Pap test every 3 years. Another option for ages 30 to 65: Pap test with HPV test every 5 years. Women who have had a hysterectomy or are over age 65 may not need a Pap test.*
Osteoporosis Screening	Women should be screened beginning at age 65 or beginning at age 60 if risk factors are present or postmenopausal. Women younger than 65 years who are at increased risk of osteoporosis should be screened.*
Low-Dose Aspirin Use	Women ages 50 to 59 should talk with their health care providers about low-dose aspirin use for the prevention of cardiovascular disease and colorectal cancer.
Intensive Behavioral Counseling	All sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).
Men’s Recommendations	
Cholesterol	Men age 35 and older should be screened. Men ages 20 to 35 should be screened if they are at increased risk for coronary heart disease. Talk with your health care provider about starting and the frequency of screening that is best for you.
Prostate Cancer Screening	Discuss the benefits and risks of screening with your health care provider.
Abdominal Aortic Aneurysm	Have an ultrasound once between ages 65 to 75 if you have ever smoked.
Low-Dose Aspirin Use	Men ages 50 to 59 should talk with their health care providers about low-dose aspirin use for the prevention of cardiovascular disease and colorectal cancer.

*Recommendations may vary. Discuss screening options with your health care provider, especially if you are at increased risk.

Adult Health – For Ages 18 and Older

Preventive care is very important for adults. By making some good basic health choices, women and men can boost their own health and well-being.

Screenings	
Weight	Every visit or at least annually
Body Mass Index (BMI)	Every visit or at least annually
Blood Pressure (BP)	Every visit or at least annually
Colon Cancer Screening	<p>Adults age 50 to 75 for colorectal cancer using: Guaiac Fecal Occult Blood Test (gFOBT) annually or; Fecal Immunochemical Testing (FIT) annually or; Fecal Immunochemical Testing (FIT)-DNA every 1 to 3 years or; Flexible sigmoidoscopy every 5 years or; Flexible sigmoidoscopy every 10 years with FIT annually or; Colonoscopy every 10 years or; CT Colonography every 5 years**</p> <p>Ages 45 to 49 should discuss the risks and benefits of screening with their health care providers.* The risks and benefits of different screening methods vary.</p>
Diabetes Screening	Those with high blood pressure should be screened. Those who are overweight or have cardiovascular risk factors should be screened. All others should be screened starting at age 45.**
Hepatitis C (HCV) Screening	Once for adults born between 1945 and 1965. Most adults need to be screened only once. Persons with continued risk for HCV infection (e.g., PWID) and persons at high risk for infection should be screened periodically.
HIV Screening	Adults ages 18 to 65, older adults at increased risk and all pregnant women should be screened.
Immunizations (Vaccines)	
Tetanus Diphtheria Pertussis (Td/Tdap)	Get Tdap vaccine once, then a Td booster every 10 years.
Influenza (Flu)	Yearly
Human Papillomavirus (HPV)	All adults ages 18 to 26; 2 or 3 doses depending on age at time of initial vaccination, if not already given.**
Herpes Zoster (Shingles)	Two doses of RZV starting at age 50, or one dose of ZVL at age 60 or older. Discuss your options with your health care provider.*
Varicella (Chicken Pox)	2 doses if no evidence of immunity
Pneumococcal (Pneumonia)	Ages 65 and older: One dose of PCV 13 and one dose of PCV 23 at least one year after PCV 13.**
Measles, Mumps, Rubella (MMR)	1 or 2 doses for adults born in 1957 or later who have no evidence of immunity

* A health care provider could be a doctor, primary care provider, physician assistant, nurse practitioner or other health care professional.

** Recommendations may vary. Discuss the start and frequency of screenings with your health care provider, especially if you are at increased risk.



HEALTH SAVINGS ACCOUNT (HSA)

An HSA is a personal savings account you can use to pay for qualified out-of-pocket medical expenses with pretax dollars – now or in the future. Once you are enrolled in the HSA, you will receive a debit card to help manage your HSA reimbursements. Your HSA also can be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP medical plan. The HSA plan is administered through MetLife.

How a Health Savings Account (HSA) Works



Eligibility

You must be enrolled in the High Deductible Health Plan.



Your Contributions

You contribute on a pretax basis and can change how much you contribute from each paycheck up to the IRS maximum of \$4,150 if you enroll only yourself, or \$8,300 if you enroll in family coverage. You can make an additional catch-up contribution if you are age 55 and older.



The City of Irving's Contribution

The city contributes \$125 to the employee's HSA account in January, April, July and October.



Eligible Expenses

Medical, dental, vision and prescription drug expenses incurred by you and your eligible family members. If you want to enroll in a Health Care FSA, you are eligible to enroll in a Limited Purpose FSA. Note: Funds available for reimbursement are limited to the balance in your HSA.



Using Your Account

Use the debit card linked to your HSA to cover eligible expenses. You also can pay providers directly through the HSA online portal or submit receipts for reimbursement.



Your HSA is always yours – no matter what

One of the best features of an HSA is that any money left in your HSA account at the end of the year rolls over so you can use it next year or sometime in the future. And if you leave the company or retire, your HSA goes with you and you can continue to pay and save for future eligible health care expenses.



The Triple Tax Advantage

HSA's offer you tax advantages like no other:

- 1 You can use your HSA funds to cover qualified medical expenses, plus dental and vision expenses too – tax-free.
- 2 Unused funds grow and can earn interest over time – tax-free.
- 3 You can save your HSA funds to use for your health care when you leave the company or retire – tax-free.

If you like the idea of paying less per paycheck and saving tax-free money for future medical expenses, consider enrolling in the HDHP with HSA.

How a High Deductible Health Plan (HDHP) and a Health Savings Account (HSA) Work Together

Yolanda enrolls herself only in the HDHP with HSA. She chooses to use her HSA to pay for covered services – this reduces her out-of-pocket amount needed to meet her deductible before her health plan begins to pay.

Year 1 Example	Year 2 Example
Yolanda contributes \$3,850 to her HSA.	Yolanda contributes \$3,850 to her HSA.
	\$3,150 rolls over from last year for total of \$7,000.
She uses her HSA to pay \$700 of eligible expenses.	She uses her HSA to pay \$1,250 of eligible expenses.
She has \$3,150 in her HSA to roll over to next year.	She has \$5,750 in her HSA to roll over to next year.



FLEXIBLE SPENDING ACCOUNTS (FSA)

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using tax-free dollars. Our FSA accounts are administered through MetLife. **There are three types of FSAs – the Health Care FSA, the Limited Purpose FSA, and the Dependent Care FSA:**

Health Care	Limited Purpose	Dependent Care
<p>Contribute up to \$3,050 per year, pretax to pay for services not covered by your medical, dental or vision plan such as copays, coinsurance, deductibles, prescription expenses, lab exams and tests, contact lenses and eyeglasses.</p>	<p>Used if you are enrolled in the HSA with medical plan; it works the same way as the standard Health Care FSA; however, you may only use it to pay for eligible vision, dental and preventive care expenses. Contribute up to \$3,050 per year, pretax.</p>	<p>Contribute up to \$5,000 per year, pretax, or \$2,500 if married and filing separate tax returns to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time. You cannot use your Health Care FSA to pay for Dependent Care expenses.</p>
<p>Eligible expenses include medical copays, coinsurance, deductibles, qualified vision and dental expenses and over-the-counter medications prescribed by your doctor.</p>	<p>Eligible expenses include dental and vision exams, prescription glasses and over-the-counter medications prescribed by your doctor for dental or vision conditions.</p>	<p>Can only be used to pay for eligible dependent care expenses including day care, after-school programs and elder care programs.</p>
<p>Funds in excess of \$610 not used to cover qualified expenses by the end of the plan year will be forfeited. However, you are allowed to roll over up to \$610.</p>	<p>Funds in excess of \$610 not used to cover qualified expenses by the end of the plan year will be forfeited. However, you are allowed to roll over up to \$610.</p>	<p>Submit claims up to December 31 of the following year for expenses from October 1 to September 30. Note: If you do not spend all the money in this FSA by December 31, per IRS regulations, unused dollars will be forfeited for pretax contributions.</p>

If you are a participant in a Health Savings Account (HSA), you are eligible for the Limited Purpose FSA reimbursement account, but not the Health Care FSA reimbursement account.

MetLife Health Flexible Spending Account

Use your tax advantaged Health Flexible Spending Account (FSA) to pay for qualified health care expenses like doctor visits, prescriptions, and dental and vision care for you, your family, and any dependents.

Examples of qualified expenses include the following:

- Acupuncture
- Adoption
- Alcoholism treatment
- Allergy and sinus medicine
- Ambulance
- Anti-gas products
- Athletic brace support
- Band-aids
- Birth control
- Blood pressure monitor
- Body scans
- Braille books and magazines
- Breast pumps and lactation supplies
- Chiropractic care
- Cholesterol test kit
- COVID-19 PPE (hand sanitizers, wipes, and masks for personal use)
- COVID-19 At home testing kit
- Co-insurance (medical, dental, prescription and vision)
- Contact lenses
- Contraceptives
- Cough, cold and flu
- Crutches or canes
- Deductibles for plans (medical, dental, prescription and vision)
- Dental care (non cosmetic, reconstruction, dentures)
- Diagnostic services
- Drug addiction treatment
- Eye exams
- Eyeglasses (Rx and reading)
- Eye surgery
- Family planning items
- Fertility treatments
- First aid kits
- Flu shots
- Guide dogs
- Hearing aids and batteries
- Hospital services
- Immunizations
- Incontinence supplies
- Infertility treatments
- Insulin and diabetic supplies
- Laboratory fees
- Lamaze classes
- Laser eye surgery
- Learning disability treatments
- Menstrual care products
- Mastectomy related special bras
- Medical equipment and repairs
- Medical testing devices
- Medical supplies
- Menstrual care products
- Nursing services
- Obstetrical expenses
- Office visits
- Operations
- Organ transplants
- Orthopedic supports
- Over the counter (OTC) treatments containing medicine: cold treatments, ointments, pain relievers, stomach remedies, etc.
- Over the counter (OTC) medications without a prescription
- Oxygen
- Physical exams
- Physical therapy
- Prescription drugs
- Prosthesis
- Psychiatric care
- Respiratory treatments
- Removal of benign cyst, mole or tumor
- Sleep aids
- Smoking cessation
- Speech therapy
- Sunglasses (Rx)
- Sunscreen
- Surgery
- Transportation and travel expenses (essential to receive medical care)
- Vasectomy
- Vision products (OTC)
- Weight loss program (to treat a medical condition)
- Wheelchair and walkers
- X-ray fees

Stretch Your Paycheck To Help Cover Health Care Expenses

Enjoy pretax savings on qualified health care expenses with a Health Flexible Spending Account.



These Expenses Are Typically Not Treated As Qualified Expenses:

- Concierge service fees
- Cosmetic surgery
- Deodorant
- Exercise equipment
- Fitness programs
- Funeral expenses
- Hair transplants
- Household help
- Illegal operations and treatments
- Maternity clothes
- Teeth whitening

There are thousands of qualified expenses you can cover with your Health FSA. Some items may require a Medical Necessity Form or prescription from your doctor.

For a complete list of qualified expenses, go to [IRS Publication 502](#)¹

Eligible Expense Scanner

Use the eligible expense barcode scanner on the **MetLife HS&SA** mobile app to immediately see if the product is qualified under your Health FSA. It makes using your account easy!

Manage your Health Savings & Spending Accounts on the go! To download, search **MetLife HS&SA** on the Apple or Android app store on your mobile device.

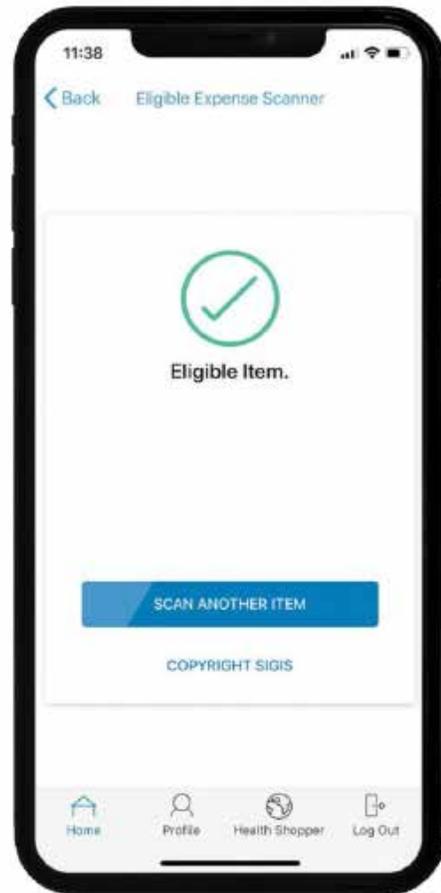


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Questions?

Contact Customer Service at **833-571-0500**
Monday through Friday, 8 a.m. to 8 p.m. EST

HealthSavingsAndSpending.MetLife.com



¹ In addition, there may be legislation or additional publications that may modify or expand available qualified expenses. Employees should refer to their employer's plan document(s) for the latest list of qualified expenses under their plan.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions of benefits, limitations and terms for keeping them in force. Nothing in these materials is intended to be, nor should be construed as, advice or a recommendation for a particular situation or individual. Participants should consult with their own advisors for such advice. Federal and state laws and regulations are subject to change.

How to File a Claim

Your claim payments will be automatically paid when you use your MetLife Visa® Debit Card. It is the quickest and easiest way to get reimbursed for qualified expenses! You can use your card at your provider’s office, at the pharmacy and online. Just swipe your debit card at checkout or use it to pay bills from your providers.

If you paid out of pocket for an expense, get reimbursed or pay your provider directly by submitting a claim reimbursement request on the [Participant Portal](#) or the HS&SA mobile app.

Follow the instructions below to file a new claim request or pay an existing expense in your account.

File New Claim	Pay an Expense
1. Select File a Claim from the I want to menu on the homepage.	1. Click Expenses under the Accounts tab to view the claims and expenses available on your expense dashboard. <i>*You will receive notifications when new expenses are loaded to your dashboard.</i>
2. Choose which Account you want to pay the new claim from.	2. Filter existing expenses, add a new expense, export expenses, and find detailed reports of your HS&SA expenses. Decide to Pay Expense Now or Save for Later .
3. Select the Payee — you can pay yourself for an out-of-pocket reimbursement or choose to send a check to someone else by adding a payee.	3. To pay an expense now, click on the Pay button by an expense in the listed chart.
4. Upload your receipt or documentation. <i>*Use the Receipt Organizer on the Mobile App to store your receipts and EOBs to easily upload documentation when filing a claim.</i>	4. Follow the on-screen instructions to submit the claim payment.
5. Enter the remaining claim details on-screen instructions and click submit .	

Reimbursement Request Form

You may prefer to submit a form to initiate your claim reimbursement request. Click on **Forms and Documents** under the **Tools and Support** tab to download the **Reimbursement Request Form**. Follow instructions provided to fax or mail your request.

Recurring Claim Requests

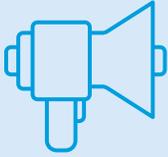
If you have a recurring Orthodontia or Dependent Care expenses and want to receive automatic reimbursement, download and return the applicable forms:

- Automatic Orthodontia Request Form
- Recurring Dependent Care Request Form

Follow the instructions provided on the form to fax or mail your request.

Claim Review Process

Once you have submitted a claim online or via form, MetLife will review your claim request promptly. There may be times when they will need more documentation to verify your claim reimbursement request. They will send you notifications if additional documentation is needed.



Account notifications will typically be sent via email, but you also can receive text alerts for updates on your claim status. To set up text alerts, click on **Notification Preferences** from the **Message Center** of the **Participant Portal**.

If additional documentation is needed to process your claim, you can submit your paperwork in three easy ways:

1. Participant Portal: Tasks on the homepage will alert you to outstanding documentation needed. Click on **receipt needed to approve your claim** and follow on-site instructions.
2. Mobile App: Tasks on the app will alert you to outstanding documentation needed. Click on **receipt needed to approve your claim** and follow on-screen instructions. You can use the Receipt Organizer on the app to submit your documentation.
3. Fax or Mail: Print a copy of the **Receipt Reminder** notification from the **Message Center** and submit with a copy of your documentation. Instructions for fax and mail are available on the notification.

Have Questions?

For more information on using your debit card for qualified expenses, view the **Debit Card FAQ** available on the **Education & Resources** page of the **Participant Portal**. You also can view the **Participant Portal Guide** to get additional information to file and substantiate your claims.

Customer Service also is available at **833-571-0500**, Monday through Friday, 8 a.m. to 8 p.m. EST.





| DENTAL PLAN

Taking care of your oral health is not a luxury, it is a necessity for long-term optimal health. With a focus on prevention, early diagnosis and treatment, Dental insurance can greatly reduce your costs when it comes to restorative and emergency procedures. Our dental benefits are offered through MetLife. Preventive services are covered at no cost to you and include routine exams and cleanings. You will only pay a small deductible and coinsurance for basic and major services.

When you visit a dentist in the network, you will maximize your savings. These dentists have agreed to reduced fees, which means you will not get charged more than your expected share of the bill.

Dental PPO Plan

	Buy-Up PPO Plan	Standard PPO Plan
	IN-NETWORK	IN-NETWORK
Calendar Year Deductible*		
Individual	\$50	\$50
Family	No limit	No limit
Calendar Year Benefit Maximum		
Per Individual	\$2,000	\$1,500
	Plan Pays	Plan Pays
Preventive Care		
Exams, Cleanings, Sealants, Space Maintainers, X-rays, Fluoride Treatments	100%	100%
Basic Restorative Services		
Fillings, Root Canal, Extractions, Oral Surgery, Periodontics	80%	80%
Major Restorative Procedures		
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs	50%	50%
Orthodontia		
Lifetime Maximum Per Person	\$1,500	\$1,000

* Applies only to Basic Restorative Services and Major Restorative Procedures.

Child(ren)'s eligibility for dental coverage is from birth up to age 26.

Note: The in-network percentage of benefits is based on the discounted fee negotiated with the provider. The out-of-network percentage of benefits is paid at the 90th percentile of the usual and customary rates prevailing in the geographic area in which the expenses are incurred.

Dental MAC Plan

	Dental MAC Plan	
	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible*		
Individual	\$50	\$50
Family	No Limit	No Limit
Calendar Year Maximum		
Per Individual	\$1,000	\$1,000
Reimbursement	Negotiated Fee Schedule	Schedule Amount
Preventive Care		
Exams, Cleanings, Sealants, Space Maintainers, X-rays, Fluoride Treatments	100%	100%
Basic Restorative Services		
Fillings, Root Canal, Extractions, Oral Surgery, Periodontics	80%	80%
Major Restorative Procedures		
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs	50%	50%

* Applies only to Basic Restorative Services and Major Restorative Procedures.

Child(ren)'s eligibility for dental coverage is from birth up to age 26.

Note: The in-network percentage of benefits is based on the discounted fee negotiated with the provider. The out-of-network percentage of benefits is paid at the 90th percentile of the usual and customary rates prevailing in the geographic area in which the expenses are incurred.





| VISION PLAN

Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect vision coverage or cover the same dependents under medical and vision.

The table below summarizes the key features of the vision plan offered by Davis Vision. Refer to the official plan documents for additional information on coverage and exclusions.

	Davis Vision Standard Plan		Davis Vision Buy-Up Plan	
	In-network You pay	Out-of-network Reimbursement	In-network You pay	Out-of-network Reimbursement
Cost				
Exam	\$10 copay	\$40	\$10 copay	\$40
Covered Services – Lenses				
Single-Vision	Clear plastic: \$0	\$40	Clear plastic: \$0	\$40
Bifocals		\$60		\$60
Trifocals		\$80		\$80
Lenticular		\$100		\$100
Frames	80% of amount over \$200 allowance* at Visionworks** 80% of amount over \$150 allowance* at other locations	\$50	80% of amount over \$300 allowance* at Visionworks** 80% of amount over \$250 allowance* at other locations	\$50
Covered Services – Contacts in lieu of Frames/Lenses				
Contacts – Visually Required***	\$0	\$225	\$0	\$225
Contacts – Elective***	85% of amount over \$100 allowance*	\$105	85% of amount over \$200 allowance*	\$105
Benefit Frequency				
Exams	Once every 12 months		Once every 12 months	
Lenses	Once every 12 months		Once every 12 months	
Frames	Once every 12 months		Once every 12 months	
Contacts	Once every 12 months		Once every 12 months	

* Some limitations apply to additional discounts; discounts not applicable at all in-network providers.

** Excludes Maui Jim® eyewear.

*** Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval.



LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Life insurance pays a lump-sum benefit to your beneficiary(ies) to help meet expenses in the event of your death. AD&D insurance pays a benefit if you die or suffer certain serious injuries as the result of a covered accident. In the case of a covered accidental injury (e.g., loss of sight, loss of a limb), the benefit you receive is a percentage of the total AD&D coverage you elected based on the severity of the accidental injury. Life and Accidental Death & Dismemberment (AD&D) is administered through The Standard.

Company-Provided Life and AD&D Insurance – For You

Coverage Level	Coverage Amount	Evidence of Insurability/Proof of Good Health
Life and AD&D	1x annual salary	None

Supplemental Life and AD&D Insurance – For Your Dependents

Supplemental Life insurance for you and your dependents can help protect your family during difficult times.

Supplemental Life and AD&D Insurance

Coverage Level	Coverage Amount	Evidence of Insurability/Proof of Good Health
Employee	<ul style="list-style-type: none"> Up to the lesser of 5x your annual salary to a maximum of \$800,000 Your combined basic and optional life coverage cannot exceed \$1 million 	Coverage more than 3x your annual salary or \$500,000 requires approval from The Standard
Spouse	<ul style="list-style-type: none"> Increments of \$10,000 up to \$100,000 Not to exceed 100% of employee coverage Enrollment of Voluntary EE Life/AD&D is required in order to sign up for spouse coverage 	Required for amounts equal to or greater than \$50,000
Child(ren)	<ul style="list-style-type: none"> \$15,000 per child Enrollment of voluntary EE Life/AD&D is required in order to sign up for child(ren) coverage 	None

Guaranteed Issue and Evidence of Insurability

Employees and spouses who elect coverage when they are first eligible can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI). If the amount requested is more than GI, you will need to provide EOI before the amount more than GI becomes effective.

Imputed Income

Under current tax laws, imputed income is the value of your Basic Life insurance that exceeds \$50,000 and is subject to federal income, Social Security and state income taxes, if applicable. This imputed income amount will be included in your paycheck and shown on your W-2 statement.



SUPPLEMENTAL MEDICAL

Just as it sounds, Supplemental Medical Plans – Accident, Critical Illness and Hospital Indemnity insurance – can help you pay for costs you may incur after an accidental injury, illness or hospitalization. These plans are 100% voluntary. The Supplemental Medical Plans are administered by Unum.

Supplemental Medical Plans pays a fixed, one-time benefit amount which you can use for any purpose you like. It can help pay for expenses not covered by your health care plan (such as your deductible or copays), lost income, child care, travel to and from treatment, home health care costs, or any of your regular household expenses.



Eligible Expenses



Emergency Room Visits



Hospital Stays



Fractures and Dislocations



Medical Exams – including major diagnostic exams



Physical Therapy



Transportation and Lodging – if you are away from home when the accident happens

Accident Insurance

How the Plan Works

- On his way to work, John was in a car accident.
- He was transported by ground ambulance to the emergency room and admitted to the hospital.
- He had a dislocated hip and spent five days in the hospital.
- He had several physical therapy sessions before returning to work.
- John submitted his accident claim and received \$7,455 from his accident insurance coverage.
- He used it towards his deductible, copay and supplemental income for his missed work days.

Sample Reimbursements	Choice 1	Choice 2
Ground Ambulance	\$300	\$400
Emergency Room	\$100	\$125
X-ray	\$50	\$75
MRI	\$200	\$300
Hospital Stay – Admission + 5 days	\$2,500	\$2,950
Dislocated Hip	\$4,125	\$6,000
At-Home Care	\$100	\$125
Physical Therapy (4 sessions)	\$80	\$100
Total Benefit Paid	\$7,455	\$10,075

Rates and other specifics can be found on page 37.

Sample of Covered Conditions



Heart Attack



Multiple Sclerosis



Stroke



Alzheimer's Disease



Parkinson's Disease



Major Organ Failure

Sample of Covered Conditions



Hospital Admission –
Covered Accidents or Sicknesses



Hospital Admission – Childbirth



Hospital ICU Admission –
Covered Accidents or Sicknesses



Hospital ICU Admission – Childbirth



Hospital Confinement



Hospital ICU Confinement



Critical Illness

How the Plan Works

- Tom suffered a relatively small stroke.
- He was hospitalized for five days.
- He began rehab to get back to where he was physically before the stroke.
- Tom submitted his claim and received a lump-sum payment of \$10,000.

Benefit Amount

Employee	\$10,000
Spouse and Children	\$5,000

Rates and other specifics can be found on page 38.



Hospital Indemnity

How the Plan Works

- In April, Sarah was admitted to the hospital.
- She stayed in the hospital for three days.
- She submitted her claim and received a payment of \$800.

Total Benefit Paid	\$800
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Rates and other specifics can be found on page 37.



MENTAL HEALTH

We value you and want to help you and your family members be your best self. The City of Irving is committed to helping you take care of the whole you — especially your mental and emotional well-being. Whether you need help managing stress, dealing with a family situation, or fighting an addiction, the City of Irving offers confidential resources to help you through any personal issue you may be facing.

We offer mental health programs at no cost to supplement resources available through our EAP and medical plan. Let's look at Modern Health, LifeWorks and Teledoc resources available to you.

Modern Health

Modern Health is an amazing personal well-being program available to all employees and their direct family members. Through this platform you will have access to 1:1 support based on your needs from certified mental health coaches and relationship coaches or clinical therapists that specialize in depression, anxiety and other mental health challenges. All of this is available at no cost up to 8 coaching and 8 therapy visits a year.

Your coach or therapist will meet you where you are, keep you accountable and motivated, and help you work toward a healthier, happier you.

To get started, you will answer some questions about your well-being and your needs. Then, Modern Health will develop a personalized care plan for you that is a combination of one-on-one, group and self-serve digital resources that can help you. Most of the time you can schedule an appointment within 1-2 days.

Simply download the mobile app or go to my.modernhealth.com.

Once enrolled, you will also have unlimited access to several resources, such as Circles, which are community-based sessions that offer group support to listen and share with others. You can check out daily habit exercises and the library of self-care digital programs and meditations. And, finally, you can access well-being assessments to check in on how you are feeling.

LifeWorks

You also have access to family, professional and financial resources through our Employee Assistance Program called LifeWorks. With LifeWorks, you and your family members can get up to five confidential counseling sessions by phone or in person per issue per year — for free!

Call **888-456-1324** or visit login.lifeworks.com to get the support you need whenever you need it, 24/7. And be sure to download the app to access LifeWorks on the go!

Telemedicine

Finally, if you are enrolled in Blue Cross Blue Shield's medical plan, you have access to telemedicine. Telemedicine is about more than a replacement for primary care.

With Telemedicine, you can

- Choose from board-certified psychiatrists, licensed psychologists, therapists or counselors
- Talk to the same therapist each time for anxiety, eating disorders, depression, grief, family difficulties and more
- Connect with your therapist 7 days a week, from 7 a.m. to 9 p.m. local time, by video
- All from the comfort of your home!

Visit [bcbstx.com/member](https://www.bcbstx.com/member) for more information.

Behavioral Health

If you or a covered family member are coping with anxiety, depression, grief and loss, substance use or an eating disorder, you also have access to our behavioral health resources.

These resources include:

- 24/7 support to help you find the right care
- Face-to-face counseling in the provider's office or through telehealth
- Online resources and tools, and more

For certain conditions the 8-week behavioral coaching program can connect with support via phone or video. It is tailored to your schedule and specific needs and can help achieve the change you hope for. And it is covered under your Carrier health plan! That means that after you meet your annual deductible, the plan pays 100% of the program cost.

At the City of Irving, you have many resources available to help you manage stress, anxiety, depression, loss, confusion, frustration or any other challenges. So, take advantage of these important benefits and resources available to you and your family. We want you to feel empowered and supported to put your well-being first — so you can be your best self at home, at work and everywhere in-between.





ADDITIONAL BENEFITS

Employee Assistance Program

You automatically have access to the Employee Assistance Program (EAP) offered through Optum. This program provides professional, confidential telephonic or face-to-face counseling services (five issues per person per plan year) to you and your household members at no cost. The EAP can help you resolve personal issues and problems before they affect your health, relationships and work performance.

This program is available 24 hours a day, 365 days a year for confidential counseling, referral and follow-up services such as:

- Stress
- Marital or family problems
- Anxiety and depression
- Substance abuse (alcohol and/or drugs)
- Financial issues
- Aging parents
- Child care issues – including identifying schools, daycare, tutors and more
- Pet care
- Maintenance and repair providers
- Community volunteer opportunities

It is important to note that all EAP conversations are voluntary and strictly confidential. If you and your counselor determine that additional assistance is needed, you will be referred to the most appropriate and affordable resource available. Although you are responsible for the cost of referrals, these costs are often covered under your medical plan.

MetLife Legal Plans

Legal Experts on Your Side, Whenever You Need Them

Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you trust. For a monthly fee, you can have a team of top attorneys ready to help you take care of life's planned and unplanned legal events.

MetLife Legal Plans, formerly known as Hyatt Legal Plans, gives you access to the expert guidance and tools you need to handle the broad range of personal legal needs you might face throughout your life. This could be when you are buying or selling a home, starting a family, dealing with identity theft or caring for aging parents.

Estate Planning At Your Fingertips.

MetLife's newly redesigned website provides you with the ability to create wills, living wills and powers of attorneys online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly.

How It Works

MetLife's service is tailored to your needs. With network attorneys available in person, by phone, or by email and online tools to do-it-yourself or plan your next move — they make it easy to get legal help. And, you will always have a choice in what attorney to use. You can choose one from their network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.¹

Best of all, you have unlimited access to their attorneys for all legal matters covered under the plan. For a monthly premium conveniently paid through payroll deduction, an expert is on your side as long as you need them.

When you need help with a personal legal matter, MetLife Legal Plans is there for you to help make it a little easier.

For added protection, your spouse and dependent children also are covered.

¹You will be responsible to pay the difference, if any, between the plan's payment and the out-of-network attorney's charge for services.

Helping you Navigate Life’s Planned and Unplanned Events

For a monthly fee, you get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms, when using a network attorney for a covered matter. And, for non-covered matters that are not otherwise excluded, this benefit provides four hours of network attorney time and services per year.²

Money Matters	<ul style="list-style-type: none"> Debt Collection Defense Identity Management Services³ 	<ul style="list-style-type: none"> Identity Theft Defense Negotiations with Creditors Personal Bankruptcy 	<ul style="list-style-type: none"> Promissory Notes Tax Audit Representation Tax Collection Defense
Home & Real Estate	<ul style="list-style-type: none"> Boundary & Title Disputes Deeds Eviction Defense Foreclosure 	<ul style="list-style-type: none"> Home Equity Loans Mortgages Property Tax Assessments Refinancing of Home 	<ul style="list-style-type: none"> Sale or Purchase of Home Security Deposit Assistance Tenant Negotiations Zoning Applications
Estate Planning	<ul style="list-style-type: none"> Codicils Complex Wills Health Care Proxies Living Wills 	<ul style="list-style-type: none"> Powers of Attorney (Health Care, Financial, Childcare, Immigration) 	<ul style="list-style-type: none"> Revocable & Irrevocable Trusts Simple Wills
Family & Personal	<ul style="list-style-type: none"> Adoption Affidavits Conservatorship Demand Letters Divorce – 20 hours Garnishment Defense Guardianship Immigration Assistance 	<ul style="list-style-type: none"> Juvenile Court Defense, Including Criminal Matters Name Change Parental Responsibility Matters Personal Property Protection 	<ul style="list-style-type: none"> Prenuptial Agreement Protection from Domestic Violence Review of ANY Personal Legal Document School Hearings
Civil Lawsuits	<ul style="list-style-type: none"> Administrative Hearings Civil Litigation Defense 	<ul style="list-style-type: none"> Disputes Over Consumer Goods & Services Incompetency Defense 	<ul style="list-style-type: none"> Pet Liabilities Small Claims Assistance
Elder-Care Issues	<ul style="list-style-type: none"> Consultation & Document Review for your parents Deeds Leases 	<ul style="list-style-type: none"> Medicaid Medicare Notes Nursing Home Agreements 	<ul style="list-style-type: none"> Powers of Attorney Prescription Plans Wills
Vehicle & Driving	<ul style="list-style-type: none"> Defense of Traffic Tickets⁴ Driving Privileges Restoration 	<ul style="list-style-type: none"> License Suspension Due to DUI 	<ul style="list-style-type: none"> Repossession

¹ No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents, annually.

² This benefit provides the Participant with access to LifeStages Identity Management Services provided by CyberScout, LLC. CyberScout is not a corporate affiliate of MetLife Legal Plans.

³ Does not cover DUI.

To learn more, visit info.legalplans.com and enter access code ForLaw20 or call **800-821-6400** Monday – Friday 8 a.m. to 8 p.m. EST.



Cariloop

Cariloop provides support to caregivers who are employed by the City of Irving – at no cost. When you are stressed or anxious about caring for a loved one, Cariloop’s care coaches support you with research and the steps it takes to feel confident.

You are paired with your coach through a secure, online portal. Coaches are licensed and certified health care professionals and are equipped to help you care for a loved one of any age.

They can help you with challenges such as:

- Understanding complicated diagnoses like ADHD and Alzheimer’s
- Finding the right doctor or specialist
- Understanding how to pay for a loved one’s care
- Filling out important documents
- Understanding health insurance benefits
- Managing family dynamics related to your loved one’s care
- And much more

To connect with a Care Coach or to learn more, visit Cariloop.com/Irving, email helpme@cariloop.com at any time, or call **972-325-5836**.



WELL ON-TARGET HEALTH ASSESSMENT

The daily demands of life and work can get in the way of practicing healthy habits. The Well onTarget Health Assessment gives you the support you need to make wellness a priority.

The Health Assessment (HA) consists of nine modules, which you can complete all at once or over time, as your schedule permits.

These modules include questions about you:

- Diet
- Physical activity
- Tobacco use
- Emotional health
- Health at work

While it is not necessary, it would be helpful to have a few personal details on hand when you begin the HA, including your:

- Current height and weight
- Systolic blood pressure (top number) and diastolic blood pressure (bottom number)
- Total cholesterol level
- HDL cholesterol level
- Triglyceride level
- Blood sugar level
- Waist measurement in inches





MEDICAL, DENTAL AND VISION PREMIUM RATES

Effective 10/1/2023 – 9/30/2024 pending council approval.

Medical				
	Total Cost	City Monthly Cost	Employee Monthly Cost	Employee Bi-weekly cost
Blue Choice Plan				
Employee Only	\$792.96	\$682.66	\$110.29	\$55.15
Employee + Spouse	\$1,649.34	\$1,261.15	\$388.19	\$194.09
Employee + Child(ren)	\$1,601.44	\$1,228.75	\$372.70	\$186.35
Employee + Family	\$2,480.38	\$1,822.45	\$657.93	\$328.97
Blue Quality Plan				
Employee Only	\$674.02	\$592.75	\$81.27	\$40.63
Employee + Spouse	\$1,401.95	\$1,097.94	\$304.01	\$152.01
Employee + Child(ren)	\$1,361.51	\$1,069.90	\$291.60	\$145.80
Employee + Family	\$2,108.35	\$1,588.21	\$520.14	\$260.07
BlueEdge HSA Plan				
Employee Only	\$475.53	\$440.26	\$35.27	\$17.63
Employee + Spouse	\$1,003.38	\$831.07	\$172.32	\$86.16
Employee + Child(ren)	\$927.90	\$775.18	\$152.72	\$76.36
Employee + Family	\$1,428.03	\$1,145.47	\$282.56	\$141.28

Dental			
	Monthly Cost		Bi-weekly Cost
Buy-Up PPO Plan			
Employee Only	\$47.28		\$23.64
Employee + Spouse	\$73.90		\$36.95
Employee + Child(ren)	\$87.16		\$43.58
Employee + Family	\$155.78		\$77.89
Standard PPO Plan			
Employee Only	\$38.62		\$19.31
Employee + Spouse	\$68.57		\$34.29
Employee + Child(ren)	\$78.33		\$39.17
Employee + Family	\$121.70		\$60.85
MAC Plan			
Employee Only	\$28.03		\$14.02
Employee + Spouse	\$49.78		\$24.89
Employee + Child(ren)	\$56.86		\$28.43
Employee + Family	\$88.34		\$44.17

Rates are guaranteed from October 1, 2023 – September 30, 2024

Vision		
	Monthly Cost	Bi-weekly Cost
Davis Vision Standard Plan		
Employee Only	\$4.67	\$2.34
Employee + Spouse	\$7.18	\$3.59
Employee + Child(ren)	\$8.15	\$4.08
Employee + Family	\$11.65	\$5.83
Davis Vision Buy-Up Plan		
Employee Only	\$9.21	\$4.61
Employee + Spouse	\$13.80	\$6.90
Employee + Child(ren)	\$16.06	\$8.03
Employee + Family	\$22.97	\$11.49

Life & AD&D Insurance			
Your age (As of October 1)	Your Rate* (Per \$1,000 of Total Coverage)	Spouse's age (As of October 1)	Spouse's Rate** (Per \$1,000 of Total Coverage)
<30	\$0.085	<30	\$0.085
30–34	\$0.105	30–34	\$0.105
35–39	\$0.115	35–39	\$0.115
40–44	\$0.135	40–44	\$0.135
45–49	\$0.205	45–49	\$0.205
50–54	\$0.365	50–54	\$0.365
55–59	\$0.695	55–59	\$0.695
60–64	\$0.905	60–64	\$0.905
65–69	\$1.295	65–69	\$1.295
70+	\$2.085	70+	\$2.085

*Includes a monthly AD&D rate of \$0.025 per \$1,000 of AD&D benefit.

**Includes a monthly AD&D rate of \$0.025 per \$1,000 of AD&D benefit for your spouse.

Accident Insurance	
	Monthly rate per insured
Choice 1	
Employee	\$7.37
Spouse	\$6.34
Child(ren)	\$13.72
Choice 2	
Employee	\$10.20
Spouse	\$8.64
Child(ren)	\$20.55

Hospital Indemnity Insurance	
	Monthly rate per insured
Choice 1	
Employee	\$8.97
Spouse	\$10.66
Child(ren)	\$4.45

Employee contributions to insurance are deducted the first two paychecks of each month. For those months with a third paycheck, no insurance premiums will be deducted. The city reserves the right to revise these rates in the event of substantial plan cost or benefit change during the plan year.

Critical Illness Insurance

Choice 1

Insured's Age on Policy Anniversary date	Employee (includes Children)	Spouse	Insured's Age on Policy Anniversary date	Employee (includes Children)	Spouse
Less than age 25	\$0.13	\$0.13	55-59	\$1.93	\$1.93
25-29	\$0.18	\$0.18	60-64	\$2.84	\$2.84
30-34	\$0.27	\$0.27	65-69	\$4.23	\$4.23
35-39	\$0.38	\$0.38	70-74	\$6.38	\$6.38
40-44	\$0.57	\$0.57	75-79	\$8.96	\$8.96
45-49	\$0.87	\$0.87	80-84	\$12.41	\$12.41
50-54	\$1.34	\$1.34	85 and older	\$19.57	\$19.57

Choice 2

Insured's Age on Policy Anniversary date	Employee (includes Children)	Spouse	Insured's Age on Policy Anniversary date	Employee (includes Children)	Spouse
Less than age 25	\$0.13	\$0.13	55-59	\$1.93	\$1.93
25-29	\$0.18	\$0.18	60-64	\$2.84	\$2.84
30-34	\$0.27	\$0.27	65-69	\$4.23	\$4.23
35-39	\$0.38	\$0.38	70-74	\$6.38	\$6.38
40-44	\$0.57	\$0.57	75-79	\$8.96	\$8.96
45-49	\$0.87	\$0.87	80-84	\$12.41	\$12.41
50-54	\$1.34	\$1.34	85 and older	\$19.57	\$19.57

Choice 3

Insured's Age on Policy Anniversary date	Employee (includes Children)	Spouse	Insured's Age on Policy Anniversary date	Employee (includes Children)	Spouse
Less than age 25	\$0.13	\$0.13	55-59	\$1.93	\$1.93
25-29	\$0.18	\$0.18	60-64	\$2.84	\$2.84
30-34	\$0.27	\$0.27	65-69	\$4.23	\$4.23
35-39	\$0.38	\$0.38	70-74	\$6.38	\$6.38
40-44	\$0.57	\$0.57	75-79	\$8.96	\$8.96
45-49	\$0.87	\$0.87	80-84	\$12.41	\$12.41
50-54	\$1.34	\$1.34	85 and older	\$19.57	\$19.57

Be Well Benefit Rate Schedule

Insured	Employee (includes Children)	Spouse
Monthly Rate for \$50 of benefit	\$1.84	\$1.84



IMPORTANT CONTACTS

Coverage	Contact	Phone	Website
Medical, Group #302445	BCBSTX	877-213-1086	bcbstx.com
CareATC (Onsite Clinic)	CareATC	469-706-7776	careatc.com/cityofirving
Mail Order Prescription Drug Program	BCBSTX	833-715-0942	bcbstx.com
Health Savings Account	MetLife	833-571-0500	metlife.com
Flexible Spending Accounts	MetLife	833-571-0500	metlife.com
Airrosti (Injury Management)	Airrosti	800-404-6050	airrosti.com
Accident Insurance	Unum	800-635-5597	unum.com/employees
Critical Illness Insurance	Unum	800-635-5597	unum.com/employees
Hospital Indemnity Insurance	Unum	800-635-5597	unum.com/employees
Dental	MetLife	800-942-0854	metlife.com/mybenefits
Vision	Davis Vision	877-923-2847	davisvision.com
Life and AD&D Insurance	The Standard	800-628-8600	standard.com
Employee Assistance Program	Optum Health	866-248-4096	liveandworkwell.com
Group Legal Services	MetLife	800-821-6400	legalplans.com
Benefits Value Advisors	BCBSTX	877-213-1086	bcbstx.com
Cariloop	Cariloop	972-325-5836	cariloop.com/irving

This brochure highlights the main features of the City of Irving Employee Benefits Program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority and The City of Irving reserves the right to change or discontinue its employee benefits plans at any time.

benefits@cityofirving.org

(972) 721-2696

Cityofirving.org/694/Employee-Resources

