

2024 Full-time Employee Benefits Summary

Coverage for New Hires will begin on the first day of the month following the completion of 30 days of employment

| Plan | Brief Details | | | |
|---|--|--|---|---------|
| Medical WebTPA Claims Administrator 844-380-4552 www.webtpa.com/member-portal-login service.team@webtpa.com Contact WebTPA to verify if provided is in-network HealthCare Highways Healthcarehighways.com/provider-search HCH Sync –TX network In-Network Only Coverage | | Tier 1 HealthCare Highways (HCH) | Tier 2 WebTPA/Aetna Administrators | |
| | Annual Deductible | \$625 Individual \$1,250 Family per calendar year | \$1,250 Individual \$2,500 Family | |
| | Coinsurance Level | Plan Pays 90%/ You Pay 10% | Plan Pays 80% / You pay 20% | |
| | Out-of-Pocket Maximum Includes: medical deductible, medical coinsurance, medical copays, Rx Deductible, and Rx Copays | \$5,000 Individual \$10,000 Family | \$7,000 Individual \$14,000 Family | |
| | Preventive Care | Plan Pays 100% | Plan Pays 100% | |
| | Office Visit Primary | \$25 copay | \$25 copay | |
| | Office Visit Specialist | \$40 copay | \$40 copay | |
| | Village Health Partners | \$5 copay | \$5 copay | |
| | Catalyst Health Network | \$5 copay | \$5 copay | |
| | CVS Minute Clinic | \$5 copay | \$5 copay | |
| | Teladoc (virtual health) | \$5 copay | \$5 copay | |
| | Airrosti (pain & injuries) | \$15 copay | \$15 copay | |
| | Urgent Care | \$50 copay | \$50 copay | |
| | Emergency Room (ER) Outpatient | Deductible + \$200 copay | Deductible + \$200 copay | |
| | ★ No out-of-network benefits (emergency treated as in-network) ★ Check with your doctor to ensure your labs are scheduled with an in-network lab ★ Teladoc app available on iPhone or Android | | | |
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| Prescription Drug Rx Plan Liviniti (formerly Southern Scripts) Liviniti.com 800-710-9341 VCP enrollment 877-646-1716 Monday – Friday 8:00 a.m. – 5:00 p.m. CST Crxspecialty.com | 30-day supply | | Coinsurance | Maximum |
| | | Tier 1 | 15% | \$15 |
| | | Tier 2 | 25% | \$45 |
| | | Tier 3 | 40% | \$60 |
| | | Specialty | \$100 copay | |
| | 90-day supply | Tier 1 | 15% | \$30 |
| | | Tier 2 | 25% | \$90 |
| | | Tier 3 | 40% | \$120 |
| | ★ \$100 annual family deductible ★ All Inclusive Max Out of Pocket (see above) ★ One card for medical and Rx ★ Additional charge for difference in price when brand is chosen and generic is available ★ 90-day supply is available for retail pick up; Walgreens can only dispense 1-month medication supplies ★ Variable Copay Program utilizes manufacturer coupons to reduce the cost of eligible medications ★ Any in-network pharmacy may be used ★ Must enroll in Southern Scripts specialty pharmacy program if taking a specialty medication | | | |

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| Green Imaging Diagnostic Medical Imaging 844-968-4647 7:00 a.m - 6:00 p.m CST | <ul style="list-style-type: none">★ Medical Imaging at No Cost to You★ Services available: MRI (open & closed), CT, PET, Ultrasound, Mammogram, X-Ray, Bone Density (DXA), Nuclear medicine, Arthrogram, Echocardiogram★ Orders faxed to Green Imaging at 866-653-0882 or text order to 713-524-9190.★ If texting, orders must include: your name and zip code, picture of physician order, Employer Group (2021COP)★ By Phone: 844-968-4647 (7:00 a.m - 6:00 p.m CST)★ At appointment, show Green Imaging voucher★ No Copays★ Exams read by highly-qualified radiologists | | |
| | | | |
| Carrum Health Enhanced coverage for certain planned procedures at participating Centers of Excellence 1-888-855-7806 Monday – Friday 8:00 a.m. – 7:00 p.m. CST Carrum.me/CityofPlano Members age 18 and above | | Carrum Health | City of Plano Plan |
| | Hip & knee replacement | No out of pocket costs (i.e. 100% covered; no deductible) | 80% covered after deductible has been satisfied |
| | Spinal fusion surgery | | |
| | Other orthopedic procedures – hand, wrist, elbow, shoulder, ankle, foot | | |
| | Cardiac (heart) surgery | Carrum’s cancer program includes: <ul style="list-style-type: none">- Virtual guidance and ongoing support for all cancer diagnoses- Comprehensive treatment for breast and thyroid cancers- CAR (chimeric antigen receptor) T-cell therapy* *Restrictions may apply | |
| | Oncology | | |
| <ul style="list-style-type: none">★ Contact Carrum Health by phone, online or by app on iPhone or Android devices to search for participating hospitals and physicians★ Assigned a Care Specialist to determine eligibility★ Participants must provide medical records and other relevant information for evaluation determination | | | |
| | | | |
| Dental MetLife 800-942-0854 www.metlife.com/mybenefits (to find an in-network dentist) | Non-Orthodontics Deductible | \$50 Individual \$150 Family | |
| | Orthodontics Deductible | \$0 | |
| | | | |
| | Maximum Coverage Non-Orthodontics | \$3,000 per person per calendar year | |
| | Maximum Coverage Orthodontics | \$2,500 per person, per lifetime | |
| | Diagnostic Services | 100% | |
| | Preventive Services | 100% - no deductible | |
| | Basic Services | 80% after satisfying deductible | |
| | Major Services | 50% after satisfying deductible | |
| | Orthodontia (child only – up to age 19) | 50% after satisfying deductible, up to \$2,500 maximum per person per lifetime | |

Detailed benefits information and forms can be found at www.plano.gov/benefits

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| | <ul style="list-style-type: none"> ★ MetLife network of dentists ★ Out-of-network claims are processed based on reasonable and customary reimbursement levels ★ Separate dental card (dependents are not listed on the card, only employee) |
| Vision MetLife 855-638-3931 | <ul style="list-style-type: none"> ★ \$10 copay for exam with in-network provider ★ \$10 copay for materials in-network up to a maximum of \$180 frame allowance ★ Exams, lenses, frames/contacts every 12 months ★ Allowance of two pairs of prescription eyeglasses, or one pair of prescription eyeglasses and an allowance toward contact lenses, or double your contact lens allowance ★ Partial reimbursement for out-of-network charges <p>Separate vision card (dependents are not listed on the card, only employee)</p> |
| Hospital GAP (\$500, \$1,000, \$1,500) American Fidelity 800-437-1011 | <p>Must be enrolled in the City's Medical Plan. Offers reimbursement in three different ways:</p> <ul style="list-style-type: none"> ★ Five \$25 office visit copays per family per calendar year for outpatient treatment due to sickness, injury, or accident ★ \$200 for outpatient treatment in a hospital emergency room, outpatient surgery, and diagnostic testing in an outpatient facility or MRI/CAT facility per condition ★ Inpatient benefits pay per confinement and depends on the plan elected (\$500, \$1000, or \$1500) ★ Pre-existing condition limitation |
| Flexible Spending Account (FSA) Diversified Benefit Services (DBS) HealthCare Account 800-234-1229 | <ul style="list-style-type: none"> ★ MasterCard debit card available for in-network expenses (medical, Rx, dental, and vision) ★ Pre-taxed monies to be used to pay for eligible out-of-pocket medical expenses ★ Minimum annual contribution of \$100 ★ Maximum annual contribution of \$3,050 <p>If you do not use all of the funds for the plan year, the balance can be rolled over into the following year up to a maximum of \$610 (must enroll in 2024 FSA to access 2023 balance)</p> |
| Dependent Care Flexible Spending account (DCFSA) Diversified Benefit Services (DBS) Dependent Care Account (Child care up to age 13 unless dependent is disabled) 800-234-1229 | <ul style="list-style-type: none"> ★ Pre-taxed monies to be used to pay for eligible out-of-pocket child care expenses ★ Minimum annual contribution of \$100 ★ Maximum annual contribution of \$5,000 ★ No carryover into 2024 ★ Receipts must be uploaded to www.dbsbenefits.com <p>DBS benefits app available on iPhone or Android</p> |

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| Nurse Care Managers Communitas 214-226-8535 Diane.dodson@communitas.com 800-953-2026, option 2, ext. 0372 Elizabeth.warner@webtpa.com | <ul style="list-style-type: none"> ★ Assist with member or family member on our plan, experiencing major illness or hospitalization ★ “Boots on the ground” approach to act as your eyes and ears during a hospital stay ★ Assist with navigating healthcare system such as overall treatment, lessen risk of complications, recovery, and manage cost and review billing ★ Face-to-face interaction with dedicated Nurse Care Managers |
| Short-Term Disability OneAmerica | <ul style="list-style-type: none"> ★ Voluntary plan offers income replacement if employee can't work due to injury or illness ★ 60% of base salary up to \$1,500 per week ★ Maximum benefit duration up to 23 weeks if claim approved by OneAmerica ★ Benefits begin once sick leave balance is exhausted and/or 21 days have passed, whichever is the later ★ Pre-existing condition limitation ★ No Evidence of Insurability is required if enrolled within the first 30 days of eligibility ★ To access this benefit, a claim form must be submitted and approved by OneAmerica |
| Long-Term Disability OneAmerica | <ul style="list-style-type: none"> ★ Voluntary plan offers income replacement if employee can't work due to injury or illness ★ 60% of base salary up to \$1,500 per week ★ Maximum benefit duration up to 23 weeks if claim approved by OneAmerica ★ Benefits begin once sick leave balance is exhausted and/or 21 days have passed, whichever is the later ★ Pre-existing condition limitation ★ No Evidence of Insurability is required if enrolled within the first 30 days of eligibility ★ To access this benefit, a claim form must be submitted and approved by OneAmerica |
| Life Insurance OneAmerica Basic Life Insurance | <ul style="list-style-type: none"> ★ Basic life insurance is provided at no cost to full-time employees ★ Four times salary up to a maximum of \$500,000 + flat \$10,000 ★ Reduces to 65% at age 65; 50% at age 70; and 35% at age 75 ★ Accelerated Life Benefit – 25%, 50%, 75% ★ Waiver of Premium – Prior to age 60 ★ Portable up to age 70 ★ Convertible to whole life policy |
| OneAmerica Accidental Death and Dismemberment (AD&D) | <ul style="list-style-type: none"> ★ AD&D is provided at no cost to full-time employees ★ \$10,000 benefit for accidental death ★ Benefits vary for accidental dismemberment, loss of speech, hearing or sight, paraplegia, quadriplegia, hemiplegia, monoplegia, severe burns, and coma |

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| OneAmerica Supplemental Voluntary Life Insurance | <ul style="list-style-type: none"> ★ May elect one times annual base salary up to \$500,000 ★ Reduces to 65% at age 65; 50% at age 70; and 35% at age 75 ★ No Evidence of Insurability is required if enrolled within the first 30 days of eligibility |
| Connect4Health (C4H) Wellness Program Premium Incentive | <p>C4H Premium Incentive Requirement (September 1, 2023- August 31, 2024)</p> <ul style="list-style-type: none"> ★ Two steps to earn your Premium Incentive for 2024! <ul style="list-style-type: none"> 1) Complete one Preventive Exam (includes: Annual Physical, Mammogram, Prostate, Colonoscopy, Well-Woman and Well-Man Exams). Complete by August 31, 2024 ★ Participate in a Biometric Screening. This can be done at the employee's physician's office, offsite or onsite at the City. Physicians must complete a Physician form and forward to US Wellness. Must be completed by August 31, 2024. Form can be found on our benefits website or uswellness.com/plano. |
| Tobacco Cessation | <ul style="list-style-type: none"> ★ During Open Enrollment, employees must attest to be tobacco free or a current tobacco user ★ If employee is a current tobacco user, in order to avoid a \$50 per subscriber surcharge starting on January 1, 2024, the employee must sign up and complete a tobacco cessation course by either attending an onsite course series or telephonic coaching. <p>If employee declines the Tobacco Cessation offerings, employee will be subject to a \$50 per month surcharge</p> |
| Recreation Center Memberships | <ul style="list-style-type: none"> ★ Half-price discounted adult, senior adult, or family memberships are available for all employees, full and regular part-time, as well as retirees, who complete an annual preventive exam ★ Free membership in the following year if you go to the recreation centers an average of at least 48 times over a 12-month period, applicable to employee only membership |
| Onsite Fitness Center | <ul style="list-style-type: none"> ★ FREE Fitness Centers available to employees during working hours and after hours based on badge access ★ Located in the Municipal Center and Public Works buildings |
| Employee Assistance Program ComPsych 855-365-4754 24/7 Support guidanceresources.com Web ID: ONEAMERICA6 | <ul style="list-style-type: none"> ★ Available to all employees and family even if not on the City's medical plan ★ Provides six free confidential counseling sessions per occurrence ★ Access to Masters and Doctoral level professionals ★ Your benefit offers assistance and support for all of these concerns and more: <ul style="list-style-type: none"> – Depression, stress and anxiety – Relationship difficulties – Financial and legal advice – Parenting and family problems – Child and elder care support – Dealing with domestic violence – Substance abuse and recovery – Eating disorders |
| Travel Assistance Program On Call International 866-816-2103 | <ul style="list-style-type: none"> ★ More than 100 miles away from home and trips lasting 90 days or less ★ Coverage for employees and dependents / Language interpretations ★ Replacement of medications/eyeglasses / Assistant with finding doctors, dentists, etc. ★ \$1,000,000 combined limit for emergency evacuation, medically |



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| | <div>necessary repatriation</div> <div>★ Please see Travel Assistance Brochure on City of Plano website for more information.</div> |
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