City of Dallas

2026 Pre-65 Retiree Benefits (Non-Medicare)

Summaries of Benefits and Coverage

The government-required Summaries of Benefits and Coverage (SBC), which summarize important information about your City of Dallas BCBSTX Medical plan options, are available online at **www.cityofdallasbenefits.org**.

A paper copy is also available, free of charge, by calling the Benefits Service Center at **(214) 671-6947** (option 1).

¡Español disponible en línea!

Una copia en español de nuestra guía de inscripción de beneficios 2026 está disponible en línea en **www.cityofdallasbenefits.org**.

Important:

If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, the Blue Cross Group Medicare Advantage Open Access (PPOSM) plans gives you more choices about your prescription drug coverage. Please see **page 35** for more details.

Welcome to Your 2026 Benefits Guide

Use this Benefits Guide to see what's new and to learn about your benefit plan options.

What's Inside

Greetings, City of Dallas Retirees

It is our pleasure to welcome you to your 2026 Open Enrollment!

WHAT YOU NEED TO KNOW:

- Your 2026 Open Enrollment period is October 6–17, 2025.
- **This is an ACTIVE enrollment**: Everyone **MUST complete** the enrollment process by the deadline.
- If you **do not** enroll, you will not have coverage in 2026, and ALL of your 2025 elections will end on December 31, 2025, and you will lose your coverage with the City of Dallas forever.
- Detailed enrollment steps are on **page 5**.
- You must provide supporting documentation in order to enroll a dependent for the first time, such as a marriage license or birth certificate.
- Open Enrollment is the only time of the year that you will be able to make any changes to your coverage, unless you have a Qualifying Life Event (QLE).

Health Benefits Coverage Under State and Federal Laws

The City of Dallas Retiree Health Benefit Plan ("Plan") provides all retirees who are not eligible for Medicare benefits with the same level of benefits as the City provides its active employees and substitutes Medicare Supplement coverage for all Medicare eligible retirees, as provided in Texas Local Government Code chapter 175. The Plan is minimum essential coverage, as defined by section 5000A(f)(E)(2)(A) of the Internal Revenue Code, because it is a governmental plan within the meaning of section 2791(d)(8) of the Public Health Service Act.

If you have questions about your 2026 benefits or Open Enrollment, please call **(214) 671-6947** (option 1) or email **codretireebenefits@dallas.gov**.

Benefits Changes and Highlights for 2026

MEDICAL PLANS

- For 2026, there will be a 5% increase to retiree premium contributions for the Medical plans.
- The Blue Choice HSA in-network deductible will increase to $3,400 for Individual and $6,800 for Family coverage.

DENTAL AND VISION PLANS

- There will be no increase to the Dental plan retiree premium contributions.
- The Vision plan retiree premium contribution will increase by 20% on both options.

HEALTH SAVINGS ACCOUNT (HSA)

- The maximum annual contribution amounts will increase to $4,400 for individual coverage and $8,750 for family coverage.
- If you would like to participate in an HSA in 2026, you MUST enroll during Open Enrollment.
- Otherwise, your current HSA elections will end on December 31, 2025.

EAP PROGRAM

- ComPsych free visits will increase to eight sessions per member, per unique issue, per year.

HEALTH ADVOCATE RETIREE CONCIERGE

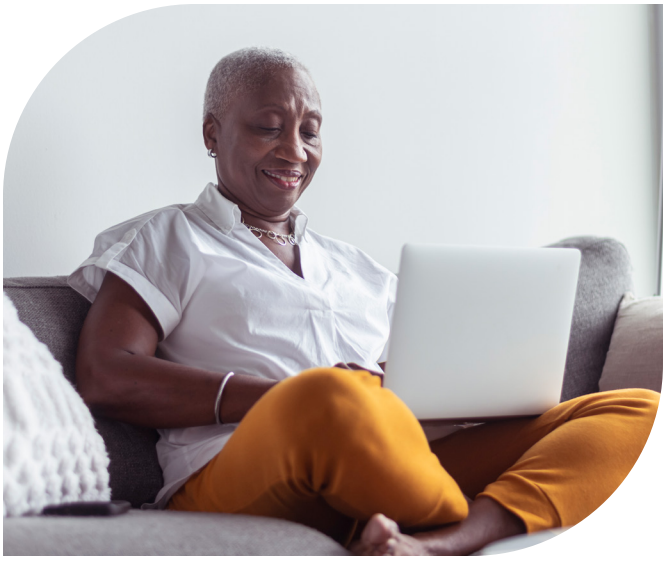
- Health Advocate can help you if you're considering retirement, are a pre-65 retiree, or are transitioning to a post-65 retiree.
- A Health Advocate representative will walk you through your City of Dallas and non-City of Dallas benefit options.
- They will review the many plans and parts of Medicare, explain what each covers and what they cost, and inform you of Medicare enrollment deadlines.
- They can also help you find doctors that participate in the City's pre-65 retiree or post-65 retiree plans.

HOW TO ENROLL

Benefit Specialists can enroll you over the phone or by email. The call center is available to help you with questions, rates, and your enrollment. The call center is open during Open Enrollment, Monday–Friday, 8:00 a.m.–5:00 p.m. To enroll, make changes, or get answers to questions about your 2026 benefits, call **(214) 671-6947** (option 1) or email **codretireebenefits@dallas.gov**.

This 2026 Pre-65 Retiree Benefits Guide provides details about your benefit options. Reviewing the material contained in this guide will help you make informed decisions about your benefits. If you have any questions, please refer to the vendor contact information section at the back of this guide to access our service providers.

Sincerely ,
City of Dallas Benefits Team



MAKING CHANGES TO COVERAGE

Once you enroll, you cannot change your benefit choices until the next annual enrollment period. This is an IRS rule. However, you may make certain changes if you have a qualifying event that affects your benefits — and the event is consistent with your requested change. Typical qualifying events include:

- Marriage
- Divorce, legal separation, or annulment
- Birth, adoption, or legal guardianship of a child
- Death of a spouse/domestic partner or eligible dependent
- A change in the employment status of yourself, your spouse/domestic partner, or a dependent
- A dependent qualifies or no longer qualifies due to age
- Significant cost increases for benefit coverage
- Enrollment in or loss of state or federal Medical coverage
- You move out of your health plan's service area, which requires a change in plans
- A spouse or dependent gains or loses coverage in another qualified health plan

You must notify the Benefits Service Center and provide proof of your Qualifying Life Event as soon as possible and before 30 days have passed. Coverage will be effective based on the date of the event. If you wait longer than 30 days, you must wait until the next Open Enrollment to make a change.

Reminders

To enroll in a benefits plan or change your current plan, please remember:

- The Open Enrollment period for 2026 benefits starts October 6, 2025 and ends on October 17, 2025.
- You must report a Qualifying Life Event within 30 days of that event to change your benefits plan.
- New retirees must enroll in a benefits plan within 30 days of their retirement date; otherwise, they forfeit coverage.

NOTE: As a retiree, you may waive coverage at any time by completing a waiver form. Please be advised once your Pre-65 benefits are waived, you may not re-enroll in a City of Dallas Pre-65 benefits plan.

Pre-65 Retiree Information

Active Enrollment Period: October 6, 2025 through October 17, 2025. We encourage you to enroll early in this period to avoid the high volume of activity that occurs late in the enrollment period. If you do not enroll, you will not have coverage in 2026, and ALL of your 2025 elections will end on December 31, 2025, and you will lose your coverage with the City of Dallas forever.

VERIFICATION OF PERSONAL INFORMATION

To receive your identification cards promptly, make sure that the Benefits Service Center maintains your correct address in the City's Human Resources Information System (HRIS). You may call the Benefits Service Center at **(214) 671-6947** (option 1), to report an address change or other corrections. You will also need to contact the Pension Department for address changes.

HOW TO ENROLL FOR NEW RETIREES AFTER OPEN ENROLLMENT

If you are planning to retire in 2026, call or make an appointment with the Benefits Service Center before your retirement date to discuss retiree enrollment options and payroll deductions. You must enroll within 30 days of your date of retirement. You may be asked to pay up to 1.5 months of retiree health premiums in advance, depending on the date of retirement. If you do not want to participate in the City's Pre-65 benefits, but do want to have the option at age 65 and have met all the requirements to enroll in one of the City-sponsored Medicare Advantage Plans, you are required to complete the Comeback Provision form within 10 days of your retirement date. Should you not enroll within 30 days of your retirement date, the Benefits Service Center will presume that you have waived your retiree coverage with the City of Dallas, and you will not be eligible to re-enroll in the City's Pre-65 health coverage in the future.

If you enroll in retiree coverage, that coverage is effective on the first day of the month following your retirement date with the City or when Medicare has determined your effective date. Upon retirement, all life insurance and voluntary benefits will end unless you exercise your right to convert your coverage to an individual plan. Please contact the Benefits Service Center for additional information.

DEPENDENT INFORMATION

To update your dependent information for 2026, please take one of the following steps:

1. Call **(214) 671-6947** (option 1) and speak with a representative to add or remove a dependent(s). Please provide documentation as listed on the Eligible Dependent chart in this guide.

Elections made will be treated as an agreement to pay any required premium through pension check deductions.

SPECIAL NOTE

If you cancel your medical coverage as a retiree, this is considered a voluntary waiver of coverage. You may not re-enroll in the City's Pre-65 medical plans in the future. You will no longer be eligible to continue Pre-65 dental and/or vision through the City of Dallas upon waiver of medical coverage.

DUPLICATE MEDICAL COVERAGE BY RETIREE

In the case where two city retirees are eligible for coverage, only one may enroll for dependent coverage. Both retirees cannot cover each other. If both retirees have eligible dependents, only one retiree can cover the dependents. Both retirees cannot cover their eligible dependents. If a retiree and his or her spouse are employed or retired from different employers, and are covered by the same insurance carrier, the health plan will pay only up to the allowable amount.

Important Disclaimers

PAYING FOR MEDICAL COVERAGE

Medical contributions are paid on a post-tax basis for all retirees. Your annual cost of medical coverage depends on the benefits option you choose and the level of coverage you need. Contribution costs for 2026 can be found in this benefits guide.

- Contributions shall be paid by pension check deduction by all Members who receive pension checks in sufficient amount to permit deduction for the contributions. For each regular pension check during the plan year, a member will pay the monthly rates indicated in Article IV of the Master Plan Document. If for any reason a Member's pension check is not reduced by the amount of a contribution or does not receive pension check with a sufficient amount to permit deduction for the contributions, contributions must be paid by cashier's check or money order on a monthly basis.
- A grace period of 30 days shall be allowed for the payment of each contribution paid directly by the member. If any contribution is not paid within the grace period, the coverage shall terminate on the last date for which contributions are paid.
- Dropping coverage: In order to drop the City's coverage, a waiver must be signed. The waiver for the City of Dallas states that all benefits will be stopped at the end of the month in which it is **received**. A waiver of coverage prevents the Retiree and dependents from re-enrollment in the City's Pre-65 plan. Termination of coverage due to nonpayment will automatically be considered a request to waive coverage.

SUPPORTING DOCUMENTATION REQUIRED

Any selections that require evidence or documentation will not be accepted or finalized until documentation is received. All required documentation must be provided prior to the close of the Open Enrollment period. (Example: If you wish to enroll a dependent child for the first time, you must provide the required supportive documentation at the time of enrollment and prior to the close of Open Enrollment, otherwise your dependent child will not be enrolled.)

You must email your dependent documentation to **codretireebenefits@dallas.gov**.

Note: If you do not email your supporting documentation, your enrollment will not be complete.

DEPENDENT ELIGIBILITY

If you are covered by a plan, in most cases, you may also cover your eligible dependents, as outlined below. Your dependents (spouse and/or children) cannot be covered on a plan if you are not covered.

If you need to add dependents not previously covered, you must provide supporting documentation during your enrollment period. Please be prepared to provide supporting documentation, as outlined below. Documentation must be emailed to **codretireebenefits@dallas.gov**.

TYPE OF ELIGIBLE DEPENDENT	REQUIRED DOCUMENTATION
SPOUSE	• Copy of Marriage License and Date of Birth • If Common-Law Marriage applies, please provide copies of two documents showing that you and your spouse live together. – Lease or deed naming both partners – Joint checking account statement – Utility bills and/or credit accounts – Will and/or Life insurance policies
DOMESTIC PARTNER	• Copies of two documents showing that you and your partner live together. – Lease or deed naming both partners – Joint checking account statement – Utility bills and/or credit accounts – Will and/or Life insurance policies
DEPENDENT CHILD Child who is married or unmarried up to age 26* and is the biological child, legally adopted child, stepchild of you and/or your spouse, domestic partner, or common-law spouse. Note: Dependent children will become insured on their date of birth if you elect Dependent Insurance no later than 30 days after the birth. If you do not elect to insure your newborn child within 30 days, coverage for that child will end on the 30th day.	• Copy of Birth Certificate showing you as a parent, or • Copy of Verification of Birth Form (accepted for up to 3 months post-birth only), or • Copy of Adoption Agreement, or • Copy of court custody or guardianship documents, or • Copy of the portion of the divorce decree showing the dependent, or • Copy of Qualified Medical Court Support Order (QMCSO) ADDITIONAL DOCUMENTATION REQUIRED FOR DISABLED DEPENDENTS: • Physician affirmation of such condition and dependence
DEPENDENT GRANDCHILD Grandchild who is married or unmarried up to age 26* and is the biological grandchild of you and/or your spouse, domestic partner, or common-law spouse. You must have guardianship or cover the child to cover a grandchild.	

* Dependent children and dependent grandchildren are covered until the end of the month of their 26th birth month for Medical, Dental, and Vision coverage and until the age of 25 for Life insurance. Disabled children are eligible to be covered past their 26th birthday if they are unmarried, primarily supported by you, and incapable of self-sustaining employment by reason of mental or physical disability.

NOTE: If you and your spouse work at the City of Dallas and have dependents covered on any of the plans, only one employee can cover all of the dependents. You cannot split dependents with each employee taking Employee + Child(ren) coverage. The City of Dallas will allow employees who both work for the City to determine which coverage will work best for them. For example, married City employees can pick either Employee Only for themselves or one can select Employee + Spouse. If they have children, one employee can elect Employee + Family or they can elect Employee Only or Employee + Child(ren).

Medical Coverage

When it comes to Medical coverage, the City of Dallas offers three options through BlueCross BlueShield of Texas (BCBSTX). Each Medical plan provides coverage for the same types of expenses, such as doctor's office visits, preventive care, prescription drugs, and hospitalization. Most in-network preventive care services are covered at 100%.

Under the Blue Choice Copay and Blue Choice HSA plans, you choose a network provider each time you need medical care. The Blue Essentials PCP Plan uses a Texas-only network limited to doctors, specialists, and hospitals in your area. While the network is smaller, rest assured that Blue Essentials providers offer top-tier quality and cost-efficiency. This plan is only available to those who live in Texas in a Blue Essentials network area.

Under all plans, you receive no benefits from the plan if you use a non-network provider — you will be responsible for 100% of the cost for all care you receive.

To find providers in your network, log in to Blue Access for Members at **www.bcbstx.com/member** and click on the *Provider Finder* tool. All you'll need are your group and ID numbers, found on your member ID Card.

Treatment to affirm gender identity: You are covered for management, consultation, counseling, hormones, laboratory services, and surgical services for purposes of affirming your gender identity and/or gender transition (diagnostically, this may be referred to as "gender dysphoria"), including all related medical visits.

BLUE ESSENTIALS PCP PLAN

The Blue Essentials PCP Plan offers a Texas-only "Blue Essentials" network of providers with top-tier quality and cost- efficiency. You must select a Primary Care Physician (PCP) and get referrals from them for all other care.* This plan is only available to those who live in Texas in a Blue Essentials network area.

BLUE CHOICE COPAY PLAN

The Blue Choice Copay Plan lets you pay for certain medical services at a set rate, called a copay. You will pay the copay amount even if you have not yet met your deductible for the year.

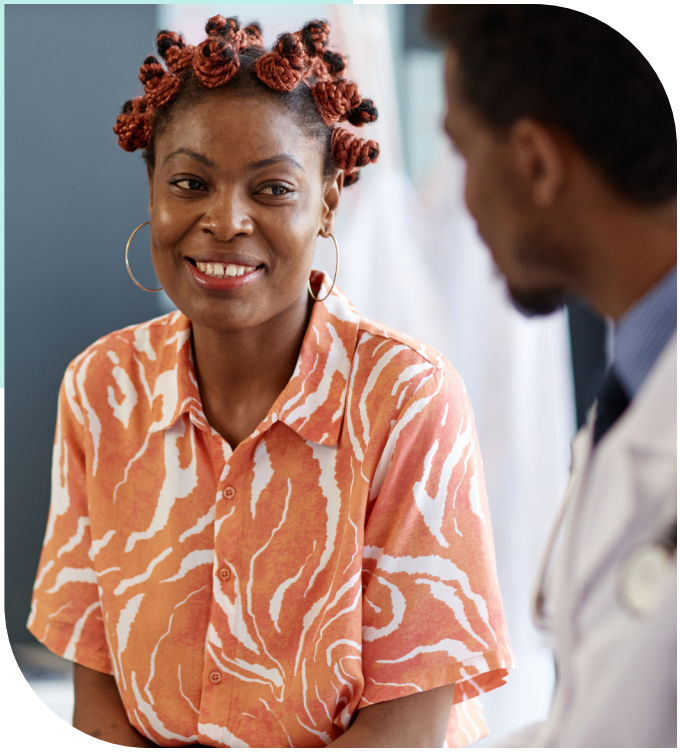
BLUE CHOICE HSA PLAN

The Blue Choice HSA Plan has lower monthly premiums and higher deductibles than a traditional health plan. There are no copays — you and the plan begin sharing expenses only after you've met the deductible. This plan also offers a Health Savings Account (HSA).

* Emergencies, obstetrical and gynecological services, behavioral health/chemical dependency services, and annual diabetic retinal eye exams do not require a referral.

Medical Plan Comparison

	PCP	COPAY	HSA
NETWORK	**BLUE ESSENTIALS (HMO)**	**BLUE CHOICE PPO (BCA)**	**BLUE CHOICE PPO (BCA)**
NETWORK TYPE	Narrow, Texas-Only	Broad	Broad
CALENDAR YEAR DEDUCTIBLE	$1,500 (Individual) $3,000 (Family)	$1,500 (Individual) $3,000 (Family)	$3,400 (Individual) $6,800 (Family)
CITY HSA CONTRIBUTION	N/A	N/A	$700 (Individual) $1,700 (Family)
CALENDAR YEAR OUT-OF-POCKET MAXIMUM	$6,350 (Individual) $12,700 (Family)	$6,350 (Individual) $12,700 (Family)	$6,350 (Individual) $12,700 (Family)
COINSURANCE	Plan pays 80%	Plan pays 80%	Plan pays 80%
PREVENTIVE CARE	Plan pays 100%	Plan pays 100%	Plan pays 100%
OFFICE VISITS (PRIMARY CARE PHYSICIAN/ SPECIALIST)	$25 copay/$50 copay	$25 copay/$50 copay	Plan pays 80% after deductible is met
URGENT CARE FACILITY	$40 copay	$40 copay	Plan pays 80% after deductible is met
INPATIENT FACILITY AND SERVICES	Plan pays 80% after deductible is met	Plan pays 80% after deductible is met	Plan pays 80% after deductible is met
OUTPATIENT FACILITY AND SERVICES	Plan pays 80% after deductible is met	Plan pays 80% after deductible is met	Plan pays 80% after deductible is met
EMERGENCY CARE	$300 copay + 20% after deductible is met	$300 copay + 20% after deductible is met	Plan pays 80% after deductible is met
ENHANCED FACILITY BENEFIT (FACILITY CHARGES ONLY — BAYLOR OR METHODIST IN THE DFW AREA)	N/A	Plan pays 90% after deductible is met	Plan pays 90% after deductible is met
CVS MINUTE CLINIC/ WALGREENS HEALTHCARE CLINIC	$40 copay	$40 copay	Plan pays 80% after deductible is met
TELEHEALTH CONNECTION (MDLIVE)	$15 copay	$15 copay	Plan pays 100% after deductible is met



Enhanced Benefit Facility Tier (Copay and HSA Plans)

The Blue Choice Copay and Blue Choice HSA Medical plans offer an enhanced facility benefit that will increase the benefits you receive when you use certain BCBSTX network facilities.

When you visit a regular BCBSTX in-network facility for care, the plan pays your facility charges at 80% coinsurance after you meet your deductible. When you visit a facility that is part of the enhanced benefit tier, the plan pays your facility charges at **90% coinsurance** after you meet your deductible. This enhanced benefit applies to facility charges only — all other charges (physician fees, lab services, etc.) are paid at your plan's regular levels.

The enhanced benefit tier includes many Baylor and Methodist facilities all over the DFW Metroplex. Please call the number on the back of your ID card to have a Benefit Value Advisor assist you in finding a facility and scheduling an appointment.

Blue Essentials Network Information

The Blue Essentials PCP Medical plan uses the Blue Essentials (HMO) network, which is a Texas-only network limited to doctors, specialists, and hospitals in your area. While the network is smaller, rest assured that Blue Essentials providers offer top-tier quality and cost-efficiency. And if you need care while traveling, you can use doctors or hospitals in the Away from Home Care feature.

Blue Essentials PCP plan participants must select a Primary Care Physician (PCP) and get referrals from them for all other care except for the following: emergencies, obstetrical and gynecological services, behavioral health/chemical dependency services, and annual diabetic retinal eye exams. Doctors that you can designate as your PCP include family practitioners, general practitioners, internists, obstetricians and gynecologists, and pediatricians.

Having one health care expert — your PCP — to coordinate all of your health care needs can help keep your costs and your health on track. And an early diagnosis and treatment can keep many common health issues from getting worse.

Note: This Medical plan is only available to those who live in Texas in a Blue Essentials network area. It is not recommended for those who travel outside of Texas for long periods or who have a dependent living out-of-state.

Facility Charges

WHAT ARE FACILITY CHARGES?

Facility charges include costs for running the facility, such as supplies, equipment, exam rooms, and inpatient and outpatient rooms.

FACILITY CHARGES DO NOT INCLUDE

Physicians' fees, office visits, lab work, anesthesiologist, and prescription drugs and medications.

Your Cost for Medical Care

BLUE ESSENTIALS PCP (PRIMARY CARE PHYSICIAN) PLAN

BLUE ESSENTIALS (HMO) NETWORK (NARROW TEXAS-ONLY PROVIDER NETWORK, IN-NETWORK BENEFITS ONLY)	
LIFETIME MAXIMUM	Unlimited
CALENDAR YEAR DEDUCTIBLE	$1,500 (Individual); $3,000 (Family)
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (COMBINED WITH PHARMACY)	$6,350 (Individual); $12,700 (Family)
COINSURANCE	Member pays 20%; Plan pays 80% after deductible is met
OFFICE VISITS	Primary Care Physician $25 copay/Specialist $50 copay
X-RAY AND LAB WORK	Plan pays 80% after deductible is met*
PREVENTIVE CARE	Plan pays 100% (in-network only)
OUTPATIENT SERVICES	Plan pays 80% after deductible is met
INPATIENT SERVICES	Plan pays 80% after deductible is met
EMERGENCY CARE	$300 copay + 20% coinsurance per visit after deductible is met
URGENT CARE VISITS	$40 copay per visit
ENHANCED FACILITY BENEFIT	N/A
RX COVERAGE PRIME THERAPEUTICS)	See page 16 for program details
RETAIL HEALTH CLINIC	$40 copay
TELEHEALTH (MDLIVE)	$15 copay

*** In order for these services to be covered under your office visit copay, they must be performed and billed by your physician's office. If they are performed and/or billed by a third party, they will be subject to the plan's deductible and coinsurance.**

You will pay the listed copay amount no matter how much you have spent on health care services throughout the year. The copay will not count toward your deductible, but it will count toward your out-of-pocket maximum.

Important Notes:

- You must select a Primary Care Physician (PCP) that can be a family practitioner, general practitioner, internist, obstetrician and gynecologist, and pediatrician, and get referrals for care except for the following: emergencies, obstetrical and gynecological services, behavioral health/chemical dependency services, and annual diabetic retinal eye exams.\
- This plan utilizes a Texas Blue Essentials network and is limited to doctors, specialists, and hospitals in the state. It is only available if live in Texas. Care is available while traveling, but the plan is not recommended for if you travel outside of Texas for long periods or have a dependent living out-of-state.

PCP PLAN			
	RETIREE MONTHLY RATE	EMPLOYER MONTHLY RATE	RETIREE HIRED AFTER 1/1/2010 MONTHLY RATE (NOT ELIGIBLE FOR CITY SUBSIDY)
RETIREE ONLY	$787.23	$787.24	$1,574.47
RETIRE + SPOUSE	$2,361.70	$787.24	$3,148.94
RETIRE + CHILD(REN)	$1,574.47	$787.23	$2,361.70
RETIRE + FAMILY	$3,148.94	$787.23	$3,936.17
SPOUSE ONLY	$1,102.13	$472.34	$1,574.47
SPOUSE + CHILD(REN)	$1,889.36	$472.34	$2,361.70
CHILD ONLY	$787.24	$0.00	$787.24

* Pending Council approval.

BLUE CHOICE COPAY PLAN

BLUE CHOICE NETWORK (IN-NETWORK BENEFITS ONLY)	
LIFETIME MAXIMUM	Unlimited
CALENDAR YEAR DEDUCTIBLE	$1,500 (Individual); $3,000 (Family)
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (Combined with Pharmacy)	$6,350 (Individual); $12,700 (Family)
COINSURANCE	Member pays 20%; Plan pays 80% after deductible is met
OFFICE VISITS	Primary Care Physician $25 copay/Specialist $50 copay
X-RAY AND LAB WORK	Plan pays 80% after deductible is met*
PREVENTIVE CARE	Plan pays 100% (in-network only)
OUTPATIENT SERVICES	Plan pays 80% after deductible is met
INPATIENT SERVICES	Plan pays 80% after deductible is met
EMERGENCY CARE	$300 copay + 20% coinsurance per visit after deductible is met
URGENT CARE VISIT	$40 copay per visit
ENHANCED FACILITY BENEFIT	Plan pays 90% after deductible is met when you use either Baylor or Methodist Hospitals in Dallas/Fort Worth. This applies to facility charges only. All other charges are paid at 80% after deductible is met.
RX COVERAGE (BCBSTX-Prime Therapeutics)	See **page 16** for program details
RETAIL HEALTH CLINIC	$40 copay
TELEHEALTH (MDLIVE)	$15 copay

* In order for these services to be covered under your office visit copay, they must be performed and billed by your physician's office. If they are performed and/or billed by a third party, they will be subject to the plan's deductible and coinsurance.

You will pay the listed copay amount no matter how much you have spent on health care services throughout the year. The copay will not apply toward your deductible but will apply to your out-of-pocket maximum.

COPAY PLAN RATES			
	RETIREE MONTHLY RATE	**EMPLOYER MONTHLY RATE**	**RETIREE HIRED AFTER 1/1/2010 MONTHLY RATE (NOT ELIGIBLE FOR CITY SUBSIDY)**
RETIREE ONLY	$761.90	$761.90	$1,523.79
RETIRE + SPOUSE	$2,285.70	$761.90	$3,047.59
RETIRE + CHILD(REN)	$1,523.80	$761.90	$2,285.69
RETIRE + FAMILY	$3,047.59	$761.90	$3,809.48
SPOUSE ONLY	$1,066.65	$457.14	$1,523.79
SPOUSE + CHILD(REN)	$1,828.55	$457.14	$2,285.69
CHILD ONLY	$761.90	$0.00	$761.90

* Pending Council approval.

BLUE CHOICE HSA PLAN

BLUE CHOICE NETWORK (IN-NETWORK BENEFITS ONLY)	
CITY HSA CONTRIBUTION	$700 (Individual); $1,700 (Family)
LIFETIME MAXIMUM	Unlimited
CALENDAR YEAR DEDUCTIBLE	$3,400 (Individual); $6,800 (Family)
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (Combined with Pharmacy)	$6,350 (Individual); $12,700 (Family)
COINSURANCE	Member pays 20%; Plan pays 80% after deductible is met
OFFICE VISITS	Plan pays 80% after deductible is met
X-RAY AND LAB WORK	Plan pays 80% after deductible is met
PREVENTIVE CARE	Plan pays 100% (in-network only), does not reduce HSA
OUTPATIENT SERVICES	Plan pays 80% after deductible is met
INPATIENT SERVICES	Plan pays 80% after deductible is met
EMERGENCY CARE	Plan pays 80% after deductible is met
SPECIALIST SERVICES AND URGENT CARE SERVICES	Plan pays 80% after deductible is met
ENHANCED FACILITY BENEFIT	Plan pays 90% after deductible is met when you use either Baylor or Methodist Hospitals in Dallas/Fort Worth. This applies to facility charges only. All other charges are paid at 80% after deductible is met.
RX COVERAGE (BCBSTX-Prime Therapeutics)	See page 16 for program details
RETAIL HEALTH CLINIC	Plan pays 80% after deductible is met
TELEHEALTH (MDLIVE)	Plan pays 100% after deductible is met

HSA PLAN RATES			
	RETIREE MONTHLY RATE	EMPLOYER MONTHLY RATE	RETIREE HIRED AFTER 1/1/2010 MONTHLY RATE (NOT ELIGIBLE FOR CITY SUBSIDY)
RETIREE ONLY	$736.78	$736.77	$1,473.55
RETIRE + SPOUSE	$2,210.33	$736.77	$2,947.10
RETIRE + CHILD(REN)	$1,473.55	$736.77	$2,210.32
RETIRE + FAMILY	$2,947.10	$736.77	$3,683.87
SPOUSE ONLY	$1,031.49	$442.06	$1,473.55
SPOUSE + CHILD(REN)	$1,768.26	$442.06	$2,210.32
CHILD ONLY	$736.77	$0.00	$736.77

* Pending Council approval.

BlueShield of Texas (BCBSTX) Programs

BLUE ACCESS FOR MEMBERS (BAM)

Visit BCBSTX's secure website at **www.bcbstx.com/member** to get immediate online access to resources, including:

- Claim status and history
- Network provider search
- ID cards
- Cost treatment estimator tool
- Prescription drug access to **www.myprime.com**
- 24/7 nurse line
- Special Beginnings Maternity Program
- Management resources for chronic health conditions

Blue Access for Members (BAM)

Access online resources for all of our medical plans using BAM by visiting **www.bcbstx.com/member** or scanning the QR code.

BENEFITS VALUE ADVISOR (BVA)

When you need help navigating your health care benefits, call a Benefit Value Advisor (BVA)! BVAs can help you:

- Maximize your benefits to get better value
- Get cost estimates for various providers and procedures
- Schedule appointments
- Find a doctor or facility
- Set up preauthorization

In addition, you can access *Provider Finder* to search for in-network providers and estimate the cost of your out- of-pocket expenses for hundreds of services. Just log in to your BAM account at **www.bcbstx.com/member** and click on *Doctors or Hospitals*.

BVA MEMBER REWARDS

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? That's why BCBSTX offers *Member Rewards* — a program that offers cash rewards when a lower-cost, quality provider is selected from several options.

If you exceed $599 in Member Rewards or Blue Points redemption, you will be sent a 1099 form that will need to be filed with your annual tax return.

HOW DOES IT WORK?

1. When your doctor recommends a treatment, call a Benefits Value Advisor (BVA) at the number on the back of your member ID card, or log into BAM at **www.bcbstx.com/member** and click on the *Doctors or 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?

To learn more, text MYBVA to 33633 on your mobile phone (text and data charges may apply), or call the number on the back of your member ID card.

BLUE DISTINCTION SPECIALTY CENTERS

BCBSTX has awarded specific hospitals and facilities with the Blue Distinction designation. These particular facilities have demonstrated expertise in delivering clinically proven specialty health care, available nationwide for the following specialty health care services: bariatric surgery, cardiac care, transplants, complex and rare cancers, knee and hip replacement surgery, and spine surgery.

Blue Distinction Centers are proven to have better outcomes and potentially lower costs for covered services. Blue Distinction Centers cover in-network services at 80%.*

* Exception: Coverage for transplants is 90% at the facility level.

BLUE365 DISCOUNT PROGRAM

Blue365 offers discounts on a variety of health and wellness products and services from top retailers not covered by insurance, such as:

- Jenny Craig
- Sunbasket
- Nutrisystem
- Dental solutions
- Vision services
- TruHearing
- Beltone
- Fitbit American Hearing Benefits
- Reebok
- Skechers
- InVite Health
- Livekick
- eMindful
- And more

To sign up, just visit **www.blue365deals.com/bcbstx**.

MANAGING DIABETES, OBESITY, AND GLP-1 WITH KEEPWELL™ BY VIDA HEALTH

Through your BCBSTX medical plan, you have access to KeepWell™, administered by Vida Health, which provides you with a personalized and effective path to wellness, supporting you with obesity, diabetes, hypertension, and high cholesterol.

Anyone enrolled in a City of Dallas medical plan through BCBSTX and utilizing GLP-1 medications for weight loss will need to participate in the KeepWell™ program to obtain access to your prescription.

Pharmacy Coverage

When you need medication, ask your doctor or other prescriber if there is a generic option available, as these generally cost less and you may be eligible for an additional discount. Additionally, many diabetic and hypertension drugs are available at no cost for PCP and Copay plan participants. For Blue Choice HSA plan members, certain generic preventive drugs (including diabetic and hypertension drugs) are subject to 20% coinsurance, deductible waived. Qualifying drug lists are available on the City of Dallas Benefits website.

Retail Pharmacy Network

Short-term medications can be filled at network pharmacies up to a 31-day supply. The BCBSTX-Prime Therapeutics Advantage Choice network includes more than 55,000 participating pharmacies nationwide. To locate a pharmacy, log in to **www.myprime.com**.

	PCP PLAN	COPAY PLAN	HSA PLAN
GENERIC MEDICATIONS	$15 copay	$15 copay	You pay 20% after medical deductible is met
PREFERRED BRAND-NAME MEDICATIONS	$40 copay	$40 copay	You pay 20% after medical deductible is met
NON-PREFERRED BRAND-NAME MEDICATIONS (INCLUDES SPECIALTY DRUG FORMULARY)	$75 copay	$75 copay	You pay 20% after medical deductible is met

Long-Term (Maintenance) Medications

The City's prescription drug coverage offers you choice and savings when it comes to filling long-term or maintenance prescriptions (up to a 90-day supply). You have two ways to save, and you can easily order refills and manage your prescriptions anytime at **www.myprime.com** or by scanning the QR code.

RETAIL PHARMACY

- Pick up your maintenance medication at a time that is convenient for you at a retail pharmacy.
- Enjoy same-day prescription availability.
- Talk with a pharmacist face-to-face.

MAIL SERVICE PHARMACY

- Enjoy convenient home delivery of your prescriptions with Express Scripts® Pharmacy by Evernorth.
- Sign up at **www.express-scripts.com/rx**, scan the QR code, or call **(833) 715-0942**.
- Your doctor can fax, call, or send your prescription electronically to Express Scripts® Pharmacy. They may call **(888) 327-9791** for assistance.

GENERIC STEP THERAPY

For certain high-cost prescription drugs, you may need to try two alternative, generic medications first before "stepping up" to a more costly treatment. Your pharmacist will let you know at the time of purchase if your prescription requires step therapy.

DISPENSE AS WRITTEN PENALTY

If you elect to fill a brand-name medication when a generic is available, you will pay your generic copay AND the cost difference between the brand-name and the generic medication. Generic drugs can save you money. They are chemically equivalent to brand-name medications, but they generally cost a fraction of the price.

GLP-1 Medications

Anyone enrolled in a City of Dallas medical plan through BCBSTX and utilizing GLP-1 medications for weight loss will need to participate in the KeepWell™ program to obtain access to your prescription. See page 15 for program details.

SPECIALTY DRUG FORMULARY PRESCRIPTIONS

Certain specialty drug formulary prescriptions—medications used to treat complex conditions like cancer, multiple sclerosis, and autoimmune disorders—must be filled with a drug on BCBSTX-Prime Therapeutics' approved list. If you choose to fill your prescription with a drug on the "non-covered" list, you will be required to pay the full cost of that drug. Please visit **www.cityofdallasbenefits.org** for a list of both the covered and non-covered drugs on the Performance Select Drug List.

Your specialty pharmacy is managed through Advocate+, where you can get support from care specialists that will help you understand your prescriptions. Advocate+ will match your prescription to a pharmacy that helps you save time and money while giving you the best care.

For additional specialty pharmacy information through Advocate+, please call the phone number listed on the back of your member ID card, or by call **(833) 950-3858**.

COST PLUS DRUGS

The City of Dallas is proud to offer an additional Mail-Order Pharmacy option to our valued retirees: The Mark Cuban Cost Plus Drug Co., known as Cost Plus Drugs.

Cost Plus Drugs is based right here in Dallas and offers more than 1,000 of the most commonly prescribed generic medications at low prices. And you can see exactly how much your prescription will cost before you buy it, thanks to Cost Plus Drugs' transparent pricing model.

To use Cost Plus Drugs, follow these simple steps:

1. Visit **www.costplusdrugs.com/medications** or scan the QR code and check to see whether your prescription is available.
   a. If it is, proceed to step 2.
   b. If it is not, you will have to fill your prescription through another pharmacy.
2. Create your account and complete your User Profile at **www.costplusdrugs.com/create-account**. If you participate in the City's medical plan, be sure to add your BCBSTX insurance information when prompted.
3. Ask your doctor to write a new prescription that includes ALL of the following information:
   a. Name
   b. Date of Birth
   c. Email address (must match the email address provided in your User Profile)
   d. Medication(s), including quantity and dosage
4. Give your doctor the following information for the Cost Plus Drugs pharmacy so that he or she can submit your prescription electronically:
   a. Mark Cuban Cost Plus Drug Company
   b. NCPDP ID #3689568

Cost Plus Drugs will match the prescription to your account and notify you via email. Then, you may log in and order your medications!

Questions?

If you have questions about Cost Plus Drugs:

- Visit the Cost Plus Drugs FAQ page at **www.costplusdrugs.com/faq**.
- Learn more or explore the website at **www.costplusdrugs.com**.
- Contact Cost Plus Drugs directly via the online support form at **www.costplusdrugs.com/contact/support**.

Telehealth MDLive

With MDLive, you can connect with a board-certified doctor 24/7, 365 days a year, through the convenience of phone or video consults from the comfort of your own home.

MDLive doesn't replace your primary care physician but is a convenient option for quality care when needed. You can use an MDLive network provider whether you're at home, at work, on vacation, or while traveling in the U.S. or internationally.

MDLive physicians can write prescriptions according to the regulatory guidelines of your state and can treat many of the most common medical conditions, including:

- Colds and flu (but not COVID-19)
- Fever
- Headache
- Stomach ache
- Urinary tract infection (UTI)
- And more

With a national network of experienced physicians, you don't need to wait for care, and you will always speak with doctors who are licensed in the state in which you live.

To learn more or start a visit, go to **www.bcbstx.com/member** or download the MDLive app available in the App Store and Google Play. For MDLive costs, please see **page 7** of this guide.

Contact MDLive

Scan the QR code or go to **www.bcbstx.com/member** or download the MD Live app, available in the App Store and Google Play.

Health Advocate Retiree Concierge

Retirement is an important milestone, but it can also come with many questions about health care and Medicare.

The City of Dallas has partnered with Health Advocate to help make navigating your health care easier. Whether you're considering retirement, a current pre-65 or post-65 retiree, or transitioning to post-65, Health Advocate's experts can walk you through all of your choices so you can make the best decisions. This benefit is available at no cost to you.

HEALTH ADVOCATE CAN:

- Answer questions about the benefits provided by the City of Dallas.
- Explain your Medicare and City of Dallas health plan options, and help choose the best plan for you by comparing coverage costs and features.
- Review the many plans and parts of Medicare, what each covers, and what they cost.
- Discuss the City of Dallas' Comeback Provision for retirees.
- Inform you about enrollment deadlines and when to sign up to avoid paying late Medicare enrollment penalties.

Contact Health Advocate:

- Email **answers@HealthAdvocate.com**
- Call **(866) 799-2731**
- Visit **www.HealthAdvocate.com/cityofdallas** or scan the QR code to send a message or chat live with a representative

Employee Assistance Program

ComPsych GuidanceResources, our no-cost Employee Assistance Program (EAP), offers assistance and support for all of life's concerns, such as stress and anxiety, financial and legal issues, substance abuse, grief and loss, and more. The EAP covers up to eight visits per member, per unique problem, per year. Once you've used these free sessions, you can use your BCBSTX network benefits to keep seeing the same therapist in most cases. Employees, dependents (spouse and children), and household members (partner, in-law, etc.) are eligible for services.

Emotional Support

A trained mental health professional can counsel you through concerns like:

- Sadness, worry, and stress
- Alcohol or drug use
- Grief, loss, and personal struggles
- Conflicts with people in your life

Check Off Your To-dos

Specialists can help you find:

- Child care, elder care, or pet care
- Movers or home repair services
- And much more

Have Legal Questions Answered

Talk to a lawyer for help with legal questions, including:

- Divorce, adoption, and family law
- Wills and trusts
- Landlord/tenant issues

Get Help with Your Finances

Financial experts can help with a wide range of money matters. Call to discuss:

- Retirement planning or taxes
- Relocation, mortgages, or insurance
- Budgeting, debt, or bankruptcy

Access Online Tools 24/7

GuidanceResources Online offers a variety of information and support:

- Articles, podcasts, videos, and slideshows
- On-demand trainings
- "Ask the Expert" responses to your questions

Three Ways to Access

- Call **(844) 213-8968**
- **www.guidanceresources.com** (Web ID: BCBSTXEAP)
- Download the GuidanceNow app on your smartphone

Headway

Headway helps you get matched with the right provider for your mental health care needs. Whether you know what you need or aren't sure where to start, Headway will help you find the right fit based on your clinical needs and personal preferences.

- Headway offers same-day matching with providers who have openings within 48 hours.
- You can schedule in-person or virtual appointments.
- Headway offers a diverse network of over 4,000 providers in Texas, with over 1,200 that specialize in child and adolescent care.

GET STARTED

1. Find matching support at **www.headway.co/m/cityofdallas**.
2. Filter your preferences, such as race/ethnicity, gender, and language to find the right provider.
3. Add your insurance details to see your cost before you schedule an appointment. You can schedule an appointment on the website for the provider of your choice.

Wellness Programs

Kannact Diabetes and Hypertension Management Program

Living with diabetes or hypertension can be overwhelming, and it can be difficult knowing how to begin self-management. That's why there's Kannact! Kannact is a better way to manage these chronic conditions and gives you the tools and support needed to be successful in your health journey. It's an optional, no-cost benefit for City of Dallas retirees and their covered dependents enrolled in a City Medical plan. Enroll today and get:

- **Free** medical devices and supplies delivered to your door, so you can easily monitor your vitals at home
- A dedicated, **certified diabetes coach** to help you self-manage your condition
- A **personalized action plan** based on your lifestyle
- A **mobile app** that is customizable to your needs

Sign up is easy, confidential, and takes less than five minutes to complete. Go to **www.kannact.com/cityofdallas** or scan the QR code to get started.

Once you've enrolled, you'll be assigned a dedicated certified diabetes coach to help support your health. Please note: If you have enrolled in Kannact previously, you do not need to re-enroll.

Questions? Contact Kannact at **(855) 722-5513** or **support@kannact.com**.

Airrosti

Airrosti is an in-network health care provider under the City's BCBSTX Medical plans that provides rapid recovery treatment for soft tissue injuries. The goal with a treatment plan through Airrosti is to fix pain fast (within 3-4 visits) based on patient-reported outcomes. Airrosti providers help diagnose and treat most common musculoskeletal and joint conditions, including pain in the neck, back, shoulders, hips, elbows, knees, and feet.

You can choose from two care options — make an appointment in person or connect with an Airrosti provider virtually.

For all City of Dallas health plan members:

- EPO/Copay Plan – $50 Copay
- HMO Plan – $50 Copay
- HDHP/HSA Plan – Deductible/Coinsurance

Navigate Wellness Portal

Navigate is the City's total well-being portal and dedicated resource hub for all City of Dallas wellness information. Navigate helps all team members and retirees focus on their Social, Financial, Mental, Physical, and Community well-being.

The portal provides resources, such as online learning tools, videos, well-being assessments, group challenges, personal challenges, and much more, to help all City retirees achieve their Social, Financial, Mental, Physical, and Community well-being goals.

To get started, scan the QR code or visit **www.wellbeingfirstabalancedyou.com**. If you have questions or need assistance, contact the City of Dallas Wellness Team at **citywellnesscenters@dallas.gov**.

Wondr Health

Wondr is a weight-loss program that is clinically proven to help you lose weight, sleep better, stress less, and more. This program teaches you simple skills that are based on behavioral science, so you can enjoy your favorite foods and feel better than ever — at no cost to you.

To enroll in Wondr Health, go to: **www.wondrhealth.com/cityofdallas** or scan the QR code.

Retirees, spouses, and covered dependents age 18 and over enrolled in the BCBSTX Medical plan are eligible to apply to the program.

Dental Coverage

The City of Dallas offers two Dental plans through Delta Dental — Dental PPO (DPPO) and Dental HMO(DHMO). Both plans offer valuable features to save you money on dental care.

DENTAL PLAN COMPARISON	DENTAL PPO	DENTAL HMO
CHOICE OF DENTIST	You may use any dentist you wish. When you choose a Delta Dentist, though, you receive service at discounted prices. When you use a non-Delta dentist, you pay more out of your own pocket since you're responsible for 100% of the amount the dentist charges that exceeds Delta Dental's program allowance.	Plan requires you to pre-select in-network dentists at the time of enrollment.[1] You MUST pre-select a dental provider to be able to use your benefits. You will not be able to see a dentist until you select a provider.
SPECIALTY CARE	No referral needed.	Your dentist will provide you with a referral to an in-network specialist.
IN-NETWORK DISCOUNT	Participating dentists have agreed to accept negotiated fees as payment in full for in-network services.	Plan provides access to hundreds of dental services that may be lower than your cost would be without the plan.[2]
BENEFITS	Plan covers a percentage of an in-network dentist's negotiated fee or the program allowance for non-Delta Dental dentists.	Plan has no annual maximums, deductibles, or claims. You are responsible for the copayments for each covered procedure performed.

Finding a Delta Dental Participating Dentist

- Visit **www.deltadentalins.com** and click on *Find a Dentist*.
- Enter your zip code and select your plan network
  - DPPO dentists, choose Delta Dental PPO network[3]
  - DHMO dentists, choose DeltaCare USA network

Create an Online Account

Get information about your plan anytime, anywhere by signing up for an online account. Visit **www.deltadentalins.com** or scan the QR code, then click *Log In* in the upper right-hand corner. This useful service lets you check benefits and eligibility information, find a network dentist, and more.

1. If your first-choice provider is no longer accepting DHMO patients or is no longer a part of the DHMO network, you must select another in-network provider before plan benefits can begin.
2. Certain limitations apply to some services. Please refer to your Schedule of Benefits at **www.cityofdallasbenefits.org** for full details.
3. If you do not locate a provider in the PPO network, your next best option is to search for a Delta Dental Premier dentist before selecting a non-Delta dentist.

Dental PPO Plan

With the City of Dallas' Dental PPO plan, you may use any dentist you wish. When you choose a Delta Dentist, though, you receive services at discounted prices.

When you use a non-Delta dentist, you pay more out of your own pocket since you're responsible for 100% of the amount the dentist charges that exceed Delta Dental's program allowance.

	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE (PER PERSON*)	$50	$50
ANNUAL MAXIMUM BENEFIT (PER PERSON)	$1,750	$1,750
ORTHODONTIA LIFETIME MAXIMUM (PER PERSON)	$1,750	$1,750
COVERAGE TYPE	**PLAN PAYS % OF NEGOTIATED FEE****	**PLAN PAYS % OF PROGRAM ALLOWANCE****
PREVENTIVE[1]		
• Exams • Cleanings (2 per calendar year) • X-rays • Sealants 1. Services do not apply to annual maximum	100%	100%
BASIC		
• Fillings • Extractions • Oral surgery • Non-surgical periodontics • General anesthesia: When administered by a provider for covered oral surgery or selected endodontic and periodontal surgical procedures	80% after deductible	80% after deductible
MAJOR[2]		
• Crowns, dentures, bridges • Endodontics • Surgical periodontics 2. Implants not covered	50% after deductible	50% after deductible
TYPE D – ORTHODONTIA (Adults and Dependent Children up to Age 26)		
• All dental procedures performed in connection with orthodontic treatment are payable as orthodontia	50%	50%

DENTAL PPO	MONTHLY RATE
RETIREE ONLY	$44.53
RETIREE + SPOUSE	$81.93
RETIREE + CHILD(REN)	$82.99
RETIREE + FAMILY	$115.77

* Subject to limitations, additional charges, and exclusions. **Note**: Child(ren)'s eligibility for Dental coverage is from birth up to age 26.

** Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing, and benefits maximums. Negotiated fees are subject to change.

Dental HMO Plan

The DHMO Plan offers a wide range of dental benefits through a network of participating dentists. With this plan, you are responsible for copayments associated with each covered procedure.

This plan offers lower out-of-pocket costs on more than 400 procedures.

Here are some of the services in this plan, all of which will help you lower your dental care costs.

	COPAYMENT
OFFICE VISIT	$5 per visit (including all fees for sterilization and/or infection control)
PREVENTIVE SERVICES VISIT (cleanings, exams, fluoride, x-rays)	No Cost
CROWNS	$160 – $380 (resin, porcelain, metal, or titanium)
ORTHODONTICS	$2,100 adults* $1,900 children*
OSSEOUS SURGERY	$275 – $345
ROOT CANALS	$110 – $380
EXTRACTIONS	$5 – $130 (higher cost for impacted tooth)
GENERAL ANESTHESIA AND IV SEDATION	$80
CLEANINGS (every 6 months)	No cost per 6-month period; additional cleanings within the 6-month period: $45 adults/$35 children
PERIODONTAL CLEANINGS (every 6 months)	$40 per 6-month period; additional periodontal cleanings within the 6-month period: $55
IMPLANTS	Not covered

* Additional charges for pre-treatment exam, treatment planning session, orthodontic retention, and pre- and post-orthodontic records.

DENTAL HMO	MONTHLY RATE
RETIREE ONLY	$12.33
RETIREE + SPOUSE	$22.70
RETIREE + CHILD(REN)	$22.82
RETIREE + FAMILY	$32.09

You Must Select a Provider

Please note: If you elect the Delta Dental HMO Plan, you MUST select a dental provider to be able to use your benefits. You will not be able to see a dentist until you elect a provider.

Vision Coverage

Healthy eyes and clear vision are an important part of your overall health and quality of life. Your Vision plan through Davis Vision by MetLife helps you care for your eyes while saving you money.[1] Choose from a national network of independent, private practice doctors, or select retail partners in 50 states. Visit **www.mybenefits.metlife.com** to find providers in your network.

IN-NETWORK BENEFITS	HIGH PLAN	LOW PLAN
FREQUENCY		
EYE EXAM	Once every calendar year	Once every calendar year
CONTACT LENS EVALUATION AND FITTING	Once every calendar year	Once every calendar year
FRAMES	2 pairs per calendar year or mix and match with contacts	Once every other calendar year
SPECTACLE LENSES	Once every calendar year or mix and match with contacts	Once every calendar year
CONTACT LENSES	2 pairs per calendar year or mix and match with glasses	Once every calendar year in lieu of glasses
COPAY		
EYE EXAM	$10	$10
RETINAL IMAGING	$39	$39
CONTACT LENS EVALUATION, FITTING, AND FOLLOW-UP CARE	$10	$20
SPECTACLE LENSES	$10	$20
FRAMES		
ANY FRAME IN THE EYE CARE PROFESSIONAL'S OFFICE	20% off balance after $150 allowance[2] OR Covered-in-full frames at Visionworks locations[3]	20% off balance after $140 allowance[2] OR Covered-in-full frames at Visionworks locations[3]
DAVIS VISION FASHION/DESIGNER/ PREMIER FRAME COLLECTION[2]	$0/$0/$0 (in lieu of allowance)	$0/$0/$25 (in lieu of allowance)
SPECTACLE LENSES		
SINGLE VISION, LINED BIFOCAL, LINED TRIFOCAL, LENTICULAR, OVERSIZE	$10	$20
GRADIENT OR SOLID TINTING	$0	$15
BASIC SCRATCH-RESISTANT COATING	$0	$0
POLYCARBONATE LENSES	$0	$0[4] or $35
UV COATING	$0	$15
STANDARD AR COATING	$0	$40
STANDARD PROGRESSIVE	$0	$65
CONTACTS		
EVALUATION AND FITTING • Davis Vision collection[2] • Non-Davis Vision collection	$10 15% discount after $60 allowance[2,5]	$20 15% discount after $60 allowance[2,5]
ELECTIVE • Davis Vision collection[2] • Non-Davis Vision collection	$0 (up to 8 boxes) 15% discount after $130 allowance[2,5]	$0 (up to 4 boxes) 15% discount after $130 allowance[2,5]
• Visually Required (with prior approval)	$0	$0

See footnotes on the bottom of the next page.

Locate an In-Network Eye Care Professional

Visit **www.mybenefits.metlife.com** or call (833) 393-5433 to find an in-network eye care professional.

Out-of-Network Benefits

REIMBURSEMENT AMOUNT	HIGH PLAN	LOW PLAN
EYE EXAM	Up to $40	Up to $45
FRAMES	Up to $50	Up to $50
SPECTACLE LENSES (Single Vision/ Bifocal/Trifocal/ Lenticular)	Up to $40/$60/ $80/$100	Up to $40/$60/ $80/$90
CONTACT LENSES (Elective/Visually Required)	Up to $105/$225	Up to $120/$225

VISION MONTHLY RATE	HIGH PLAN	LOW PLAN
RETIREE ONLY	$11.75	$6.67
RETIREE + SPOUSE	$21.49	$12.19
RETIREE + CHILD(REN)	$22.54	$12.79
RETIREE + FAMILY	$34.62	$19.64

1. Refer to the plan summary for a complete list of lens options and applicable member charges.
2. The Davis Vision Collection is available at most participating independent provider locations. Collection is subject to change. Collection is inclusive of select toric and multifocal contacts.
3. Additional discounts not applicable at Walmart, Sam's Club, or Costco locations.
4. The free frame benefit is available at all Visionworks locations nationwide and includes all frames except Maui Jim eyewear.
5. Including, but not limited to toric, multifocal, and gas permeable contact lenses.
6. The breakage warranty applies to Davins Collection frames and the lenses installed in them for one year from the date of delivery. The warranty does not apply to non-Collection frames.

Value-Added Features and Extras

- **Paid-in-full eyeglasses and contacts**
  - Frame collection:[2] The plans include a selection of designer, name-brand frames that are covered for no more than a $25 copay.
  - Contact lens collection:[2,5] Select from the most popular contact lenses on the market today with Davis Vision by MetLife's contact lens collection.
- One-year eyeglass breakage warranty included on Davis Collection frames and lenses at no additional cost.[6]
- A national network of top-notch eye care professionals throughout the 50 states.
- Use your in-network benefits to shop online at **www.1800Contacts.com**, **www.Befitting.com**, and **www.Glasses.com**.
- Freedom of choice with access to care through either Davis Vision by MetLife's network of independent, private practice doctors (optometrists and ophthalmologists), or select retail partners.
- Additional value-added features.
  - Ordering contact lenses or replacement contacts (after initial benefit) through **www.DavisVisionContacts.com** mail-order service ensures easy, convenient purchasing online and quick, direct shipping to your door.
  - Davis Vision by MetLife provides you and your eligible dependents with the opportunity to receive discounted laser vision correction through QualSight. For more information, visit **www.mybenefits.metlife.com**. In addition, a one-time/lifetime allowance of $500 is available.
  - Hearing services receive discounts of up to 40% off with the Your Hearing Network.

Claims

Pay the provider directly for all charges and then submit a claim for reimbursement to:

Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110

Or, submit your claim via the Davis Vision by MetLife mobile app.

Health Savings Account (HSA)

The Blue Choice HSA Plan offers a tax-savings feature called the Health Savings Account (HSA). With this account, you can pay for certain out-of-pocket medical expenses throughout the year.

Who is Eligible for the HSA?

You can participate in the HSA only if you enroll in the Blue Choice HSA plan. You are not eligible to contribute if:

- You are enrolled in Medicare.
- You are covered by another Medical plan (such as your spouse's plan) that does not qualify as a high deductible health plan.
- You are claimed as a dependent on another individual's tax return.

Learn More

To learn more, view our FAQ document at www.cityofdallasbenefits.org.

Prorated HSA Funds

If you enroll as a new hire or experience a Qualifying Life Event (QLE) after January 31, the funds allocated to your account balance will be reduced based on the table below.

ENROLLMENT MONTH	EMPLOYEE ONLY	EMPLOYEE + FAMILY
JANUARY	$700.00	$1,700.00
FEBRUARY	$641.67	$1,558.33
MARCH	$583.33	$1,416.66
APRIL	$525.00	$1,275.00
MAY	$466.67	$1,133.33
JUNE	$408.33	$991.66
JULY	$350.00	$850.00
AUGUST	$291.67	$708.33
SEPTEMBER	$233.33	$566.67
OCTOBER	$175.00	$425.00
NOVEMBER	$116.67	$283.33
DECEMBER	$58.33	$141.67

Accessing Your Funds

1. Pay with your HSA Debit Card, which will automatically debit your HSA balance at the point of purchase.
2. Pay your bill online to pay medical providers directly from your HSA.
3. Pay for expenses out of your own pocket, then reimburse yourself from your HSA.

HSA Details

- The HSA is available when you enroll in the Blue Choice HSA Medical Plan and remain continuously enrolled.
- You can use the HSA to help pay for eligible health care expenses, such as deductibles, coinsurance, and other out-of-pocket dental, vision, and prescription drug expenses not covered by a health plan.
- You must use your HSA Debit Card or use online transfers through the website to access HSA funds. Claims will not be automatically paid.
- If you contribute to your HSA, the City will contribute up to $700 to your HSA for retiree-only coverage or up to $1,700 to your HSA for family coverage.
- Your HSA contribution does not count as taxable income. That means you can cover eligible medical, dental, and vision costs with tax-free dollars.
- Your HSA balance rolls over from year to year and there are no "use it or lose it" rules. The HSA is a retiree-owned account and you can take it with you even if you are no longer employed at the City of Dallas.

COVERAGE LEVEL	TOTAL HSA CONTRIBUTION ALLOWED IN 2026	ADDITIONAL CATCH-UP CONTRIBUTION (AGE 55+)
RETIREE ONLY	$4,400	$1,000
RETIREE + DEPENDENTS	$8,750	$1,000

Comeback Option

The City of Dallas offers a one-time Retiree Health Insurance "Comeback" option for Pre-65 retirees, which provides additional flexibility when it comes to your health insurance benefits. If you decide to opt out of the City's **Pre-65** Retiree health insurance coverage at any time before age 65 and elect coverage that meets your needs and budget elsewhere, you can generally "come back" and enroll in the City's **Post-65** Medicare Advantage plans when you reach age 65 (provided you meet all other eligibility criteria at that time).

WHO IS ELIGIBLE

The Comeback option is available to City of Dallas pension-eligible retirees who retire(d) on or after January 1, 2026. Spouses covered under the City of Dallas health insurance plans are generally eligible for the Comeback option, provided both the retiree and spouse meet all required criteria. **Please note**: If the retiree does not meet all the criteria, then neither the retiree nor the spouse may participate.

COMEBACK CRITERIA

- Upon initial eligibility for the City's Pre-65 health benefits, you must either enroll or actively opt out of coverage within 10 days of retirement; if you do nothing, you will NOT be eligible for the Comeback option when you reach age 65.
  - If you enroll in the City's Pre-65 health benefits, you may opt out of this coverage at any time. However, once you opt out of your Pre-65 benefits, you may not re-enroll in a City of Dallas Pre-65 plan at any point in the future. You must wait until you reach age 65 and are eligible for the City-sponsored Post-65 Medicare Advantage plans.
- You must show proof of three years of continuous health coverage immediately preceding reaching age 65. This continuous coverage could be through your spouse's health insurance plan, the Health Insurance Marketplace (Exchange), or another qualified group health plan.
- Enrollment in the City-sponsored Post-65 plans must be requested within 31 days of the loss of your other coverage and within 90 days of initial Medicare eligibility (at age 65).
- You must complete all required forms contained in the Comeback Option Information Packet and return them to the appropriate parties by their applicable deadlines.

If you are approaching age 65 and think you may be interested in using the Comeback option, please contact the Benefits Service Center at **codretireebenefits@dallas.gov** or (214) 671-6947 (option 1), to request an Information Packet.

Questions?

If you have any questions or would like more information, please contact the Benefits Service Center at **codretireebenefits@dallas.gov** or 214-671-6947 (option 1).

IF I DO THIS FOR PRE-65 BENEFITS	CAN I STILL ENROLL IN THE CITY'S POST-65 BENEFITS?
Enroll in the City's Pre-65 plans at the time of retirement until age 65	YES
Enroll in the City's Pre-65 plans at the time of retirement, then opt out and find coverageelsewhere until age 65	YES
Opt out of the City's Pre-65 plan at the time of retirement and find coverage elsewhere until age 65	YES

If You Are Turning 65 or Are Over 65 and Retiring

Medicare & Supplemental Insurance

1. ENROLL IN MEDICARE PARTS A AND B

Three months (90 days) before you become Medicare eligible, contact your local Social Security Administration Office to enroll in Medicare Parts A and B.

- Retirees and/or their covered spouses must enroll in Medicare Parts A and B upon becoming Medicare eligible as a requirement of Medical coverage through the City's benefit programs. Contact the Benefits Service Center if you were hired prior to April 1, 1986, and are not qualified for premium-free Medicare Part A coverage due to quarters earned through your employment or your spouse's employment.
- Retirees must pay the full cost of the monthly premium for Medicare Part B. Medicare may charge a penalty to retirees who delay enrollment in Medicare Part B at the time of initial eligibility.
- If a retiree waives coverage in a City-sponsored health plan, the retiree will not be eligible for inclusion of Medicare Part A premium payments to be made on their behalf by the City of Dallas. Contact your local Social Security Administration office or go to **www.ssa.gov** to enroll and determine eligibility.

2. ENROLL IN A MEDICAL SUPPLEMENT PLAN

Once you have enrolled in Medicare Parts A and B, and become Medicare eligible, you are no longer eligible to participate in the City's regular health plans. You may instead enroll in one of the Medicare Advantage plans offered by the City or another Medicare plan offered through a private insurance carrier. Both plans offered by the City include prescription coverage — you do not need to enroll in a separate Medicare Part D plan in addition to a Medical Supplement plan if you choose one of the City-sponsored options.

Health Advocate

Health Advocate helps navigate health care options for those considering retirement, those who are a current pre-65 or post-65 retiree, or those transitioning to post-65. See page 19 for more details.

How to Enroll for New Retirees After Open Enrollment

If you are planning to retire in 2026, call the Benefits Service Center before your retirement date to discuss retiree enrollment options and payroll deductions.

You must enroll within 30 days of your date of retirement. You may be asked to pay half a month or one-half and a full month of retiree health premiums in advance, depending on the date of retirement. If you do not enroll within 30 days of your retirement date, the Benefits Service Center will presume that you have waived your retiree coverage with the City of Dallas. You will not be eligible to participate in the City's health coverage in the future.

If you enroll in retiree coverage, that coverage is effective on the first day of the month following your retirement date with the City. Upon retirement, all Life insurance benefits will end unless you exercise your right to convert your coverage to an individual plan.

Please contact the Benefits Service Center for additional information.

Important Information

To be eligible for coverage under the BCBS Group Medicare Advantage (PPO) plans, you must be enrolled in Medicare Parts A and B.
You must also continue paying your Medicare Part B premium.

Medicare also requires certain information in order to process your enrollment:

- A permanent street address (**this cannot be a P.O. Box**)
- Your Medicare ID card number

If you are not enrolled in Medicare Parts A and B, you should contact your local Social Security Administration office.

Important Contacts

For 2026 benefits and enrollment questions, please reach out to HR Benefits via email at **codretireebenefits@dallas.gov** or call **(214) 671-6971** (option 1). For all other questions, such as general HR, payroll, or work-related questions, please call **(214) 671-6971** (option 1) and follow the prompts.

RESOURCE	CARRIER	PHONE	WEBSITE/EMAIL
CITY OF DALLAS BENEFITS SERVICE CENTER	N/A	**(214) 671-6947** (option 1)	**codretireebenefits@dallas.gov**
MEDICAL PLAN	BlueCross BlueShield of Texas (BCBSTX)	**(855) 756-4445** Group# 297755	**www.bcbstx.com/member**
TELEMEDICINE	MDLive	**(888) 680-8646**	**www.mdlive.com**
HEALTH ADVOCACY	Health Advocate	**(866) 799-2731**	**answers@HealthAdvocate.com** **www.HealthAdvocate.com/members**
WELLNESS PORTAL	Navigate	N/A	**www.wellbeingfirstabalancedyou.com**
DIABETES MANAGEMENT	Kannact	**(855) 722-5513**	**www.kannact.com/cityofdallas**
PHARMACY PLAN	BCBSTX-Prime Therapeutics	**(855) 756-4445** Group# 297755	**www.myprime.com**
VISION PLAN	Davis Vision by MetLife	**(833) 393-5433** Group# 118274	**www.mybenefits.metlife.com**
DENTAL PLAN	Delta Dental	DPPO: **(800) 521-2651** DPPO Group# 21015 DHMO: **(800) 422-4234** DHMO Group# 79345	**www.deltadentalins.com**
HSA	Vendor Information Coming Soon		
EMPLOYEE ASSISTANCE PROGRAM	ComPsych GuidanceResources	**(844) 213-8968**	**www.guidanceresources.com** (Web ID: BCBSTXEAP)
EMPLOYEE RETIREMENT FUND	N/A	**(214) 580-7700**	**www.dallaserf.org**
DALLAS POLICE & FIRE PENSION	N/A	**(800) 638-3861**	**www.dpfp.org**

Health Coverage Notices

FOR YOUR FILES

This guide contains legal notices for participants in group health plans sponsored by The City of Dallas. The notices included in this guide are:

- Health Insurance Marketplace Coverage Options and Your Health Coverage that describes the Health Insurance Marketplace and eligibility and tax credit information.
- Notice of Privacy Practices that explains how the health care plan(s) protect your personal medical information.
- Medicare Part D Notice that provides information about how your current prescription drug coverage under the health care plan(s) is affected—and your options for coverage—when you become eligible for Medicare.
- Newborn & Mothers Health Protection Notice that describes federal laws that govern benefits for hospital stays for mothers following the birth of child.
- Women's Health and Cancer Rights Act that summarizes the benefits available under your medical plan if you have had or are going to have a mastectomy.
- Patient Protection Disclosure that explains who you and your family can designate as a primary care provider under the health care plans and rules around access to obstetrical/gynecological care.
- Wellness Program and Reasonable Alternatives Notice that informs retirees of what information will be collected, how it will be used, who will receive it, and what will be done to keep it confidential, as well as options for those who have a medical condition that makes wellness program participation difficult.
- Notice of Special Enrollment Rights that explains when you can enroll in the health care plan(s) due to special circumstances.
- 60-Day Special Enrollment Period that describes a special 60-day timeframe to elect or discontinue coverage.

IMPORTANT: If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, the Medicare Prescription Drug program gives you more choices about your prescription drug coverage. Please see pages 35 and 36 for more details.

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: GENERAL INFORMATION

Since key parts of the health care law took effect in 2014, there is another way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

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. You may also be eligible for a tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace's annual Open Enrollment period or if you experience a qualifying life event.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

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 meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax 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 meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.96% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution — as well as your retiree contribution to employer-offered coverage — is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact City of Dallas Benefits Service Center at (214) 671-6947 (option 1).

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 Dallas		4. Employer Identification Number 75-6000508
5. Employer Address 1500 Marilla Street, 1DS		6. Employer Phone (214) 671-6947 (option 1)
7. City Dallas	8. State TX	9. Zip Code 75201
10. Who can we contact about employee health coverage at this job? The City of Dallas Benefits Service Center, Room 1DS		
11. Phone Number (if different from above)		12. Email Address codretireebenefits@dallas.gov

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

As your employer, we offer a health plan to some employees. Eligible employees are:

- Full-time permanent employees, permanent part-time employees and variable-hour employees who intend to work at least 30 hours per week on average.

With respect to dependents, we do offer coverage. Eligible dependents are:

- A spouse, children up to age of 26 years, and grandchildren

[X] 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, **www.healthcare.gov** will guide you through the process.

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

OUR COMPANY'S PLEDGE TO YOU

This notice is intended to inform you of the privacy practices followed by the Plan and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on 1/1/2026.

The Plan often needs access to your protected health information in order to provide payment for health services and perform administrative plan functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. The City of Dallas requires all members of our workforce and third parties that are provided with access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As permitted or Required by Law. We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted

to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

Pursuant to Your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor. We may disclose protected health information to certain employees of the City of Dallas for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Your Rights

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

City of Dallas
1500 Marilla St, Room 1DS
Dallas, Tx 75201
codretireebenefits@dallas.gov

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit **www.hhs.gov/ocr** for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

IMPORTANT NOTICE 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 the City of Dallas 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. **The City of Dallas has determined that the prescription drug coverage offered by the City of Dallas 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 15th to December 7th.

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 Dallas coverage will be affected. If you do decide to join a Medicare drug plan and drop your current City of Dallas coverage, be aware that you and your dependents may not 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 Dallas 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 the City of Dallas 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 "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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 1-800-772-1213 (TTY 1-800-325-0778).

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).

City of Dallas
1500 Marilla St, Room 1DS
Dallas, Tx 75201
codretireebenefits@dallas.gov

OTHER NOTICES

WELLNESS PROGRAM AND REASONABLE ALTERNATIVES NOTICE

The City of Dallas has a voluntary wellness program available to all pre-65 retirees . The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve retiree health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete If you choose to participate in the wellness program you will be asked to complete an online health assessment that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease); an annual physical or age appropriate screening with your physician; and a biometric screening with your physician (or at a City of Dallas onsite event, if applicable), which includes height, weight, waist circumference, and a blood test for cholesterol, glucose levels, and triglyceride levels. You are not required to participate in the wellness program or complete any of the activities mentioned above.

However, retirees who choose to participate in the wellness program will receive an incentive for completing the steps outlined above. Although you are not required to participate, only retirees who do so and are enrolled in a City of Dallas medical plan will receive the incentive.

If you are unable to participate in any of the health-related activities needed to earn an incentive, you may be entitled to reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Benefits Service Center at (214) 671-6947 (option 1) or **codretireebenefits@dallas.gov**.

The information from your health assessment and the results from your screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services, such as diabetes management or tobacco cessation. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the City of Dallas may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are health coaches or other wellness program representatives in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

Reasonable Alternatives

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all eligible retirees. If you think you might be unable to meet a standard for a reward under the wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Benefits Service Center at (214) 671-6947 (option 1) or **codretireebenefits@dallas.gov**, and we will work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Benefits Service Center at (214) 671-6947 (option 1) or **codretireebenefits@dallas.gov**.

PATIENT PROTECTION DISCLOSURE

The City of Dallas generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Benefits Service Center at (214) 671- 6947 (option 1).

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the City of Dallas or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Benefits Service Center at (214) 671- 6947 (option 1).

60-DAY SPECIAL ENROLLMENT PERIOD

In addition to the qualifying events listed in the enrollment guide, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you decline enrollment in medical coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in the City of Dallas's medical coverage 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 no more than 30 days after your or your dependent's other coverage ends (or after the employer stops contributing to the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in the City of Dallas's medical coverage as long as you request enrollment by contacting the benefits manager no more than 30 days after the marriage, birth, adoption or placement for adoption. To request special enrollment or obtain more information, contact the Benefits Service Center at (214) 671- 6947 (option 1).

NEWBORN & MOTHERS HEALTH PROTECTION NOTICE

For maternity hospital stays, in accordance with federal law, the Plan does not 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 delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

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 consultations with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, call your plan administrator at (800) 736-1364.

City of Dallas