



City of Dallas

Active Employee

Benefits Enrollment Guide

◆ 2022 ◆



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 2022 está disponible en línea en www.cityofdallasbenefits.org.

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Greetings, City of Dallas Employee

It is our pleasure to welcome you to your 2022 Open Enrollment!

What You Need to Know:

- » Your 2022 Open Enrollment period is September 13–24, 2021.
- » **This is a passive enrollment:** Most of your current benefit elections will continue in 2022 if no action is taken. However, you **MUST complete** the enrollment process by the deadline if you want to do any of the following:
 - Participate in a Health Care or Limited Purpose Flexible Spending Account
 - Participate in a Dependent Care Flexible Spending Account
 - Contribute to a Health Savings Account
 - Make changes to your current benefit elections
 - Update your beneficiary designations
 - Add or drop a dependent
- » If you want to waive coverage, please do so online or on the phone.
- » 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).

If you have questions about your 2022 benefits or Open Enrollment, please call (214) 556-0971.



Benefit Highlights 2022

Medical and Dental Plans

- » There are no changes to current plan designs or coverage costs.

Vision Plan

- » Coverage costs will increase slightly. However, the plan designs will remain unchanged.

Other Plans

- » There are no changes to any other City of Dallas benefit plans, including Life and AD&D insurance, supplemental health products, and the Retirement Savings Plan, for 2022.

Health Savings Account (HSA)

- » The maximum annual contribution amounts will increase to \$3,650 for individual coverage and \$7,300 for family coverage.
- » If you would like to contribute to an HSA in 2022, you **MUST enroll** during Open Enrollment. Otherwise, your current HSA elections will end on December 31, 2021.

Flexible Spending Accounts (FSA)

- » If you would like to participate in a Flexible Spending Account (FSA) in 2022, you **MUST enroll** during Open Enrollment. Otherwise, your current FSA elections will end on December 31, 2021.

New Payroll Beneficiary Form: Action Needed

- » You **MUST complete** the new Payroll Beneficiary Designation Form during Open Enrollment by logging into <https://standard.benselect.com/cityofdallas>.
- » If you are unable to complete this form online, please call the Enrollment Center at (214) 556-0971 for assistance.
- » This form allows you to designate the beneficiary who would receive your final check and personal belongings in the unfortunate event of your passing during employment with the City of Dallas.

Hospital Indemnity, Accident, and Critical Illness Insurance

- » No evidence of insurability (EOI) required for most first-time elections during Open Enrollment.
- » Critical Illness insurance elections over \$30,000 will still require EOI.
- » After Open Enrollment, EOI may be required for all elections regardless of coverage level.

This 2022 Benefits Enrollment 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

Enrollment Overview

How to Enroll

The City of Dallas offers two convenient ways for you to enroll in benefits.

Online

1. Log on to <https://standard.benselect.com/cityofdallas>. **Note:** You MUST have */cityofdallas* in your URL! The correct page has the City of Dallas logo in the upper-right corner and looks like the picture on this page.
2. At the Employee Login screen, enter your user name and PIN. Your user name is your first name.last name and your 4-digit birth year (Example: John Smith born in 1966 is *john.smith1966*). Your PIN is 6 digits, composed of the last 4 digits of your Social Security number and the last 2 digits of your birth year. (Example: If the last 4 digits of your Social Security number are 1234 and you were born in 1966, your PIN would be *123466*). **Note:** You will be asked to change your PIN the first time you log in. Be sure to make note of your new secure PIN for future use.
3. Start your benefits enrollment by clicking *Next* to review your personal and dependent information. (Note: The *My Benefits* page provides a snapshot of your current benefit elections.)
4. Click *Next* to continue through each plan or click on the benefit plan names under *My Benefits* to enroll or waive coverage.
 - A checkmark means “enrolled”
 - An X means “waived” or “not available to enroll”
 - A blank square means “not yet enrolled”
5. Once you have made your benefit elections, the *Verify Your Benefits Election* page will appear. Review your elections.
6. Click *Next*, then sign the benefit confirmation form electronically using your PIN. You must complete this step for the system to process your elections.

If you have any questions about your 2022 benefits or need assistance with the enrollment process, please call (214) 556-0971.

By Phone

Benefit Specialists can enroll you over the phone as well. The call center is available to help you with questions, rates, and your enrollment. The call center is open during Open Enrollment, Monday – Friday, 8:15 a.m. – 5:15 p.m. To get started, just call (214) 556-0971.

Supporting Documentation Required

Any selections that require evidence or documentation will not be accepted or finalized until documentation is provided. 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 can provide dependent documentation in one of several ways:

- » Upload it from your computer during the online enrollment process (follow the on-screen instructions)
- » Send it from your Smartphone with the My Selerix app (available for free in the App Store and Google Play)
- » Fax it to (513) 371-5559
- » Email it to yourenrollment@ebcoh.com





Who Is Eligible

Regardless of your employment classification, if you intend to work an average of 30 hours or more per week, you are eligible for medical, dental and vision benefits from the City of Dallas. If you do not intend to work an average of 30 hours or more per week, you may or may not be eligible for the city's health benefits as a permanent part-time employee.

Variable Hour Employees

Under the Affordable Care Act, employees who have hours that vary from week to week are referred to as "variable hour" employees, not full-time or part-time. All variable hour employees have a 12-month "measurement period" to determine the average number of hours worked per week. If your average is 30 hours per week or more, you'll be eligible for the City of Dallas' health benefits for the 2022 plan year. And if your average is less than 30 hours per week, you won't be eligible for the City of Dallas' health benefits and will need to find other coverage, such as through a spouse, parent, or the Health Insurance Marketplace. The measurement period occurs annually, so your eligibility could change each plan year.

Employees who are intended to work an average of 30 hours a week or more will not have a measurement period. They will be automatically considered benefits-eligible.

Initial Enrollment

You have 30 days from your hire/rehire date (or the date your status changes to benefits-eligible) to enroll yourself and your dependents in benefits. Your coverage begins on your hire date or retroactively to your status change date, as appropriate. If you do not enroll within the 30-day timeframe, you will automatically be enrolled in basic life insurance (full-time employees only). You will have to wait until the next annual enrollment or experience a Qualifying Life Event to enroll in any other benefits.

Open Enrollment

You may also enroll or make changes during Open Enrollment, which occurs during the fall each year. Elections made during this time take effect on January 1.

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 can be provided via fax to (513) 371-5559, through the My Selerix app, online through the enrollment system, or via email to youenrollment@ebcoh.com.

Type of Eligible Dependent	Required Documentation
<p>Spouse</p>	<ul style="list-style-type: none"> - 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. <ul style="list-style-type: none"> - Lease or deed naming both partners - Joint checking account statement - Utility bills and/or credit accounts - Will and/or life insurance policies
<p>Domestic Partner</p>	<ul style="list-style-type: none"> - Copies of two documents showing that you and your partner live together. <ul style="list-style-type: none"> - Lease or deed naming both partners - Joint checking account statement - Utility bills and/or credit accounts - Will and/or life insurance policies
<p>Dependent Child</p> <p>Child who is married or unmarried up to age 26* and is the biological child, legally adopted child, grandchildren or stepchild of you and/or your spouse, domestic partner or common-law spouse.</p> <p>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 such 30 days, coverage for that child will end on the 30th day.</p>	<ul style="list-style-type: none"> - 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) - 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)
<p>Dependent Grandchild</p> <p>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.</p>	<p>Additional documentation required for disabled dependents:</p> <ul style="list-style-type: none"> - Physician affirmation of such condition and dependence

*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).

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 that 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 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 annual enrollment to make a change.

60-Day Special Enrollment Period

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

- » You or your dependent's Medicaid or CHIP (Children's Health Insurance Program) 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

Employee Resignation or Termination

- » Medical, dental and vision coverage ends at the end of the month of the last day of employment.
- » Life insurance, Accidental Death and Dismemberment insurance and FSA/DCAP ends the last day of employment.



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 percent.

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 percent 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.

Blue Essentials PCP Plan	Blue Choice Copay Plan	Blue Choice HSA 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 her/him for all other care*. This plan is only available to those who live in Texas in a Blue Essentials network area.	The Premium 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.	The 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).

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)	\$3,000 (Individual) \$6,000 (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% coinsurance after deductible is met	\$300 copay + 20% coinsurance after deductible is met	Plan pays 80% after deductible is met
Enhanced Facility Benefit (Facility Charges Only – Baylor or Methodist in the DF W 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
CareATC Clinic	Plan pays 100%	Plan pays 100%	Plan pays 100% for preventive visits; \$25 copay for non-preventive or “sick” visits
Telehealth Connection (MDLive)	\$15 copay	\$15 copay	Plan pays 100%

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

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 Services	\$40 copay per visit
Rx Coverage (BCBSTX-Prime Therapeutics)	See page 16 for program details
Convenience Care	\$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:

- » This plan utilizes a Texas-only network limited to doctors, specialists, and hospitals in your area (but care is available while traveling, if needed).
- » Participants must select a Primary Care Physician (PCP) and get referrals from her/him 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 & gynecologists, and pediatricians.
- » This 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.

PCP Plan	Full-Time Employee Bi-Monthly Rate*			Regular Part-Time Employee Bi-Monthly Rate*
	UNDER \$44,000 ANNUAL PAY	\$44,000 - \$66,000 ANNUAL PAY	\$66,001+ ANNUAL PAY	
Employee Only	\$15.00	\$20.00	\$25.00	\$57.00
Employee + Spouse	\$209.00	\$221.50	\$234.00	\$240.00
Employee + Child(ren)	\$65.50	\$75.50	\$85.50	\$156.00
Employee + Family	\$229.00	\$244.00	\$259.00	\$269.00

*Note: Per paycheck (24 out of 26)

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 Services	\$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
Convenience Care	\$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 towards your deductible, but will apply to your out-of-pocket maximum.

Premium Copay Plan	Full-Time Employee Bi-Monthly Rate*		
	UNDER \$44,000 ANNUAL PAY	\$44,000 - \$66,000 ANNUAL PAY	\$66,001+ ANNUAL PAY
Employee Only	\$32.50	\$37.50	\$42.50
Employee + Spouse	\$244.00	\$256.50	\$269.00
Employee + Child(ren)	\$100.50	\$110.50	\$120.50
Employee + Family	\$274.00	\$289.00	\$304.00

Premium Copay Plan	Regular Part-Time Employee Bi-Monthly Rate*
Employee Only	\$123.50
Employee + Spouse	\$268.40
Employee + Child(ren)	\$240.00
Employee + Family	\$325.00

* Note: Per paycheck (24 out of 26)

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	\$3,000 (Individual); \$6,000 (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	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 & 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
Convenience Care	Plan pays 80% after deductible is met
Telehealth (MDLive)	Plan pays 100%

HSA Plan	Full-Time Employee Bi-Monthly Rate*
Employee Only	\$15.00
Employee + Spouse	\$209.00
Employee + Child(ren)	\$65.50
Employee + Family	\$229.00

HSA Plan	Regular Part-Time Employee Bi-Monthly Rate*
Employee Only	\$57.00
Employee + Spouse	\$240.00
Employee + Child(ren)	\$156.00
Employee + Family	\$269.00

* Note: Per paycheck (24 out of 26)

About the 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. You can also enroll in the Limited Purpose Flexible Spending Account (FSA) to help you cover eligible out-of-pocket dental and vision expenses.

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.

You or your spouse participates in a Health Care Flexible Spending Account (FSA) at the City or at your spouse’s employer.

Note: Even if you do not contribute to the HSA, you cannot contribute to the City’s Health Care FSA if you are enrolled in the Blue Choice HSA medical plan. However, you *can* contribute to the City’s Limited Purpose FSA if you are enrolled in the Blue Choice HSA medical plan.

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 HSA Funds

- 1. Pay with your HSA Bank Debit Card** which will automatically debit your HSA balance at the point of purchase.
- 2. Pay your bill online.** Log in to <https://enterprise.hsabank.com> to pay medical providers directly from your HSA.
- 3. Pay for expenses out of your own pocket,** and 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 Bank 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 employee-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 an employee-owned account, you can take it with you even if you are no longer employed at the City of Dallas.
- » You can have an HSA and a Limited Purpose FSA at the same time. You will have one debit card for both accounts.

Coverage Level	Total HSA Contribution Allowed in 2022	Additional Catch-Up Contribution (Age 55+)
Employee Only	\$3,650	\$1,000
Employee + Dependents	\$7,300	\$1,000



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, 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
- » Headaches
- » Sore throats
- » Stomach aches
- » Urinary tract infections (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 iTunes store and Google Play.

Cost Information

For MDLive costs, please see page 9 of this guide.

BlueCross 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 MyPrime.com
- » 24/7 nurse line
- » Special Beginnings Maternity Program
- » Management resources for chronic health conditions

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 and Hospitals*.

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.

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.

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 and Hospitals* tab, then on *Find a Doctor or Hospital*.
2. Choose a Member Rewards eligible location, and you may earn a cash reward.
3. Complete your procedure and, once verified, you will receive a check within 4 to 6 weeks.

Questions? Call the number on the back of your member ID card.

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
- » Sun Basket
- » Nutrisystem
- » Dental solutions
- » Vision services
- » TruHearing
- » Beltone
- » American Hearing Benefits
- » Fitbit
- » Reebok
- » Skechers
- » InVite Health
- » Livekick
- » eMindful
- » And more

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

Prescription Drug Coverage

When you need a medication, ask your doctor or other prescriber if there is a generic 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.

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.
- Sign up at www.express-scripts.com/BCBSTX 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.

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 cityofdallasbenefits.org for a list of both the covered and non-covered drugs on the Balanced Drug List.

For additional specialty pharmacy information, visit www.accredo.com/BCBSTX or call Accredo at (833) 721-1619.



Diabetes Management Program

You don't have to manage diabetes alone.

Living with diabetes 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 diabetes 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 employees and their covered dependents enrolled in a City medical plan. Enroll today and get:

- » **Free** diabetic testing supplies delivered right to your door when you need them
- » A **wireless glucometer** that uploads your readings to a secure, private cloud
- » A dedicated, **certified diabetes coach** to help you self-manage your diabetes
- » 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 to get started.

Once you've enrolled, you'll be assigned your 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.

Enhanced Benefit 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.

What are facility charges?	Facility charges do NOT include
Facility charges include cost for running the facility, such as supplies, equipment, exam rooms and inpatient & outpatient rooms	Physicians fees, office visits, lab work, anesthesiologist, and prescription drugs and medications

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 her/him 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 & 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.



CareATC Onsite Clinic

CareATC offers reduced or no-cost medical care to City of Dallas medical plan members. Services are available to employees and their dependents and includes the following:

Services	
Acute Care	Treatment of common illnesses and minor injuries (flu, sinus infections, sprains etc.)
Chronic Disease Evaluation, Monitoring and Care Management	Hypertension, diabetes, asthma, etc.
Minor Procedures and Wound Care	Including simple biopsies and skin tag/mole removal
Preventive Care and Comprehensive Physical Exams	Age appropriate physicals, routine gynecological exams, prostate exams, kids sports/camp physicals, etc.
Diagnostic Testing and Screenings	Including on-site lab work and EKGs
Electronic Medical Records	With referral management ability and e-prescribing to your pharmacy of choice
On-site Medication Distribution	Voucher program available for Texas patients

Is there a fee to use the CareATC clinics?

- » Blue Essentials PCP and Blue Choice Copay Plan members have no copay for office visits, medications dispensed onsite, or lab work performed onsite.
- » Blue Choice HSA Plan members visiting the clinic for a preventive appointment will not be required to submit payment for the visit. Preventive appointments include visits for screenings, yearly physicals, etc. **For non-preventive or “sick” visits, a \$25 office visit fee will be required.** Non-preventive or “sick” visits are those for existing conditions such as sore throat, fever, high blood pressure, diabetes, thyroid disorders, etc. Many other services at the clinic, including prescription drug refills and labs, require no additional fee. Once the out-of-pocket maximum has been met, the non-preventive visit fee will drop to \$0.
- » Non-health plan member employees may use the clinic at City Hall for a fee of \$25.

Clinic Location

City of Dallas employees and family members currently have access to the clinic located in City Hall at 1500 Marilla Street, Room 1CS, Dallas, TX 75201.

Benefits of accessing CareATC Health Clinics:

- » **Longer visits with your medical provider** for increased quality of care.
- » **Chronic disease management.**
- » **CareATC mobile app.** With the CareATC mobile app you can make appointments 24/7, refill prescriptions, find clinic locations close to you, view your medical records, and view provider bios (available for iPhone and Android users).
- » **No more worries about out-of-network doctors.** The CareATC doctor knows who is in our health care network and will only send you to an in-network specialist.
- » **Low to no cost** for you and your family.
- » **Convenient locations and hours**, with little to no wait time to see the doctor.
- » **No-cost labwork.** CareATC will even send your results to your primary care doctor when requested.

Making An Appointment

Appointments are required for care. To make an appointment with CareATC, just call (214) 446-6029 or 1-800-993-8244, log in to <https://portal.careatc.com/Account/Login>, or use the CareATC mobile app. Please be sure to bring a valid I.D. and your medical insurance card.

The clinic is open Monday – Friday, 7:30 a.m. – 5:00 p.m. The clinic closes for lunch daily from 11:30 a.m. – 12:00 p.m.



Employee Assistance Program

You may be struggling with stress at work, seeking financial or legal advice, or coping with the death of a loved one. Maybe you just want to strengthen your relationships with your family. The Employee Assistance Program (EAP) offers assistance and support for all these concerns and more.

- » Depression
- » Stress Management
- » Relationship difficulties
- » Financial and legal advice
- » Parenting and family problems
- » Child and elder care support
- » Dealing with domestic violence
- » Substance abuse and recovery
- » Eating disorders
- » Pet care

EAP Counseling Benefits

You may be eligible for counseling sessions at no cost through your Employee Assistance program. To access your EAP counseling benefits, you need to get authorization before your counseling session.

To do this, call the EAP at (800) 424-1729 or log on to [MagellanAscend.com](https://www.magellanascend.com) and click *Find Care*.

The EAP covers up to five visits per member, per unique problem, per year. Employees, dependents (spouse and children), and household members (partner, in-law, etc.) are eligible for services.

Behavioral Benefits

For behavioral health services, you are encouraged to work with your primary care physician (PCP) on the best course of treatment for yourself and your family. Call the Benefit Value Advisor customer service phone number on the back of your medical ID card for help locating a provider and any authorizations, if needed. You can also log in to www.bcbstx.com/member to find an in-network provider.



Two Ways to Access

1. Call (800) 424-1729
2. Visit www.magellanascend.com

Flexible Spending Accounts

A Flexible Spending Account (FSA) allows you to save money by using “before-tax” dollars to pay for certain health care and dependent care expenses. To enroll, you elect an amount to be deducted pre-tax from your paycheck over 24 pay periods and deposited into your FSA. Then, you may request reimbursement from the account when eligible expenses are incurred.

Payroll Deduction

Medical Spending FSA (Not compatible with HSA Plan)	Limited-Purpose FSA (Compatible with HSA Plan)	Dependent Care FSA (Compatible with all plan options)
ELECT UP TO \$2,750 TAX-FREE	ELECT UP TO \$2,750 TAX-FREE	ELECT UP TO \$5,000 TAX-FREE
<ul style="list-style-type: none"> – Your Medical Spending FSA may be used to reimburse out-of-pocket medical expenses for you, your spouse, and your dependents. – Eligible expenses include deductibles, coinsurance and prescriptions. Dental, vision and hearing expenses may also be reimbursed. – The maximum annual Medical Spending FSA election is \$2,750. The entire annual amount you elect may be used at any time during the plan year and is available January 1. 	<ul style="list-style-type: none"> – If you have elected to contribute to an HSA in 2022, you may also enroll in a Limited-Purpose FSA, even though both accounts may reimburse dental and vision expenses. – To comply with HSA rules, your Limited-Purpose FSA may only be used to reimburse out-of-pocket dental and vision expenses for you, your spouse, and your dependents. – The maximum annual Limited-Purpose FSA election is \$2,750. The entire annual amount you elect may be used at any time during the plan year and is available January 1. 	<ul style="list-style-type: none"> – The annual maximum contribution to a Dependent Care FSA is \$5,000 (or \$2,500 if you are married and filing taxes separately.) – The Dependent Care FSA is used to reimburse you for certain expenses for children under age 13, or individuals unable to care for themselves. Unlike Medical Spending FSAs and Limited-Purpose FSAs, Dependent Care FSAs may only reimburse expenses up to the amount you have contributed to date. – Funds are available three business days after payroll deduction. Dependent Care FSA is for dependent daycare only.

How to Use Your Funds

- » When you enroll in the Medical Spending or Limited Purpose FSA, you will receive a debit card from HSA Bank in the mail. The card will hold Medical Spending and/or Limited-Purpose funds. It will NOT hold Dependent Care funds.
- » If you use the card at an Inventory Information Approval System (IIAS) merchant, the transaction will be approved at the point of sale. Generally, large pharmacies, grocery stores, and box stores (i.e.: Walgreens, Albertsons, Walmart) have IIAS capability.
- » If the expense will be considered for insurance reimbursement, try to wait until you receive the Explanation of Benefits (EOB) from the insurance company to be sure that the debit card transaction is for the correct out-of-pocket amount.
- » If the merchant does not accept the card, submit the expense through the HSA Bank website (<https://enterprise.hsabank.com>) or by mail.
- » Medical Spending/Limited Purpose reimbursement requests, as well as debit card transaction documentation, can be sent electronically, by fax, or by mail to HSA Bank. Claims are normally reimbursed within a week of HSA Bank receiving the claim.
- » For dependent care, you must submit the expense through <https://enterprise.hsabank.com> or by mail. After submission, you will be asked which method of reimbursement you prefer (electronic transfer, check, etc.).

FSA Tips

- » Visit <https://www.hsabank.com/hsabank/Learning-Center/IRS-Qualified-Medical-Expenses> for a list of eligible expenses and to set up direct deposit for expense reimbursement.
- » The Medical Spending FSA, Limited Purpose FSA, and Dependent Care FSA are separate. You cannot transfer funds between accounts or charge multiple accounts for the same expenditure.
- » Keep your receipts and invoices. You may be required to submit documentation of your expenditures.
- » In general, any money left in your FSA(s) at the end of the year must be forfeited. This is an IRS rule. However, there is a grace period ending March 15, 2023, to use your 2022 Medical Spending FSA or Limited Purpose FSA dollars on eligible expenses. All claims must be submitted by March 31, 2023. **Note:** If you currently participate in the Medical Spending FSA and elect the HSA medical plan for 2022, your FSA funds will expire on December 31, 2021. The grace period does not apply, and you may not roll these funds into a Limited Purpose FSA for 2022.
- » Dependent Care FSA funds must be used by December 31, 2022, and all claims must be filed by March 31, 2023.
- » If you retire or otherwise leave City employment, your FSA funds will terminate on the date of your departure. You will have 90 days following your departure date to submit claims for expenses incurred before you left. You cannot submit claims for services received after your departure date.

Dental Coverage

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

Dental Plan Comparison	Dental PPO	Dental HMO
Choice of Dentist	<p>You may use any dentist you wish. When you choose a Delta Dentist, though, you receive service at discounted prices.</p> <p>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.</p>	<p>Plan requires you to pre-select in-network dentists at the time of enrollment.¹</p> <p>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.</p>
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 dentists negotiated fee or the program allowance for non-Delta Dental dentists.	<p>Plan has no annual maximums, deductibles or claims.</p> <p>You are responsible for the copayments for each covered procedure performed.</p>

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
 - For DPPO dentists, choose *Delta Dental PPO* network*
 - For DHMO dentists, choose *DeltaCare USA* network

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.

* 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 dentists.



Create an Online Account

Get information about your plan anytime, anywhere by signing up for an online account at www.deltadentalins.com (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.

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 % of Negotiated Fee*	Out-of-Network % of Program Allowance*
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	Plan Pays
Preventive¹		
<ul style="list-style-type: none"> – Exams – Cleanings (2 per calendar year) – X-rays – Sealants 	100%	100%
¹ Services do not apply to annual maximum		
Basic		
<ul style="list-style-type: none"> – 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[†]		
<ul style="list-style-type: none"> – Crowns, dentures, bridges – Endodontics – Surgical Periodontics 	50% after deductible	50% after deductible
[†] Implants not covered		
Type D – Orthodontia (Adults and Dependent Children up to Age 26)		
<ul style="list-style-type: none"> – All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia 	50%	50%

Dental PPO Bi-Monthly Rate	
Employee Only	\$22.27
Employee + Spouse	\$40.97
Employee + Child(ren)	\$41.50
Employee + Family	\$57.89

* 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.

** Subject to limitations, additional charges, and exclusions.

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

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.

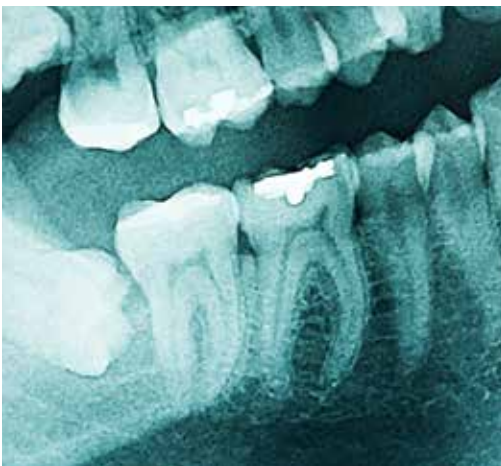
	Copayment
Office Visit	\$5 per visit (including all fees for sterilization and/or infection control)
Preventive Services Visit (cleanings, exams, fluoride, X-rays)	No cost
Crowns	\$160 – \$380 (resin, porcelain, metal, or titanium)
Orthodontics	\$2,100 adults* \$1,900 children*
Osseous surgery	\$275 – \$345
Root canals	\$110 – \$380
Extractions	\$5 – \$130 (higher cost for impacted tooth)
General anesthesia & 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

Dental HMO Bi-Monthly Rate

Employee Only	\$6.17
Employee + Spouse	\$11.35
Employee + Child(ren)	\$11.41
Employee + Family	\$16.05

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.

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



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 helps you care for your eyes while saving you money⁵. Choose from a national network of independent, private practice doctors or select retail partners in 50 states. Visit www.davisvision.com/member (client code **7955** for High Plan or **9573** for Low Plan) 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	YOU PAY	YOU PAY
Retinal imaging	\$10	\$10
Contact lens evaluation, fitting, and follow-up care	\$39	\$39
Spectacle lenses	\$10	\$20
Frames	YOU PAY	YOU PAY
Any frame in the eye care professional's office	20% off balance after \$150 allowance ¹ OR Covered-in-full frames at Visionworks locations ³	20% off balance after \$140 allowance ¹ OR Covered-in-full frames at Visionworks locations ³
Davis Vision Fashion/Designer/Premier frame collection ¹	\$0/\$0/\$0 (in lieu of allowance)	\$0/\$0/\$25 (in lieu of allowance)
Spectacle Lenses		
Single vision, lined bifocal, lined trifocal, lenticular, oversize	YOU PAY	YOU PAY
Gradient or solid tinting	\$10	\$20
Basic scratch-resistant coating	\$0	\$15
Polycarbonate lenses	\$0	\$0 ³ or \$35
UV coating	\$0	\$15
Standard AR coating	\$0	\$40
Standard progressive	\$0	\$65
Contacts		
Evaluation and Fitting		
– Davis Vision collection	\$10	\$20
– Non-Davis Vision collection	15% discount after \$60 allowance ^{1,4}	15% discount after \$60 allowance ^{1,4}
Elective		
– Davis Vision collection ²	\$0 (up to 8 boxes)	\$0 (up to 4 boxes)
– Non-Davis Vision collection	15% discount after \$130 allowance ^{1,4}	15% discount after \$130 allowance ^{1,4}
Visually required (with prior approval)	\$0	\$0

How to Locate an In-Network Eye Care Professional

Visit www.davisvision.com/members or call 1 (877) 923-2847. Enter client code **7955** (High Plan) or **9573** (Low Plan), and then choose *Find an eye care professional*.

Out-of-Network Benefits	Reimbursement Amount		Claims
	HIGH PLAN	LOW PLAN	
Eye exam	Up to \$40	Up to \$45	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 mobile app.
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	

Value-Added Features and Extras

- » **Paid-in-full eyeglasses and contacts.**
 - Frame collection¹: The plans include a selection of designer, name-brand frames that are covered for no more than a \$25 copay.
 - Contact lens collection^{1,4}: Select from the most popular contact lenses on the market today with Davis Vision’s contact lens collection.
- » **One-year eyeglass breakage warranty** included on plan eyewear at no additional cost.
- » **A national network of top-notch eye care professionals** throughout the 50 states.
- » **Use your in-network benefits to shop online** at 1-800-Contacts, Befitting.com, and Glasses.com.
- » **Freedom of choice** with access to care through either Davis Vision’s network of independent, private practice doctors (optometrists and ophthalmologists) or select retail partners.
- » **Additional value-added features.**
 - Mail order contact lenses 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 provides you and your eligible dependents with the opportunity to receive discounted laser vision correction through QualSight. For more information, visit www.davisvision.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.

Vision Bi-Monthly Rate	High Plan	Low Plan
Employee Only	\$4.03	\$2.68
Employee + Spouse	\$7.38	\$4.89
Employee + Child(ren)	\$7.74	\$5.13
Employee + Family	\$11.88	\$7.88

¹ 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.

² Additional discounts not applicable at Walmart, Sam’s Club or Costco locations.

³ The free frame benefit is available at all Visionworks locations nationwide and includes all frames except Maui Jim eyewear.

⁴ Including, but not limited to toric, multifocal and gas permeable contact lenses.

⁵ Refer to the plan summary for a complete list of lens options and applicable member charges.

Basic and Additional Life Insurance

It's not easy to think about, but could your family live without your income if you suddenly passed away? Would your family be able to cover the medical expenses associated with a terminal illness or with burial and funeral expenses? The City of Dallas offers life insurance for you and your family when tough situations arise. This coverage is administered through The Standard.

Eligibility

To be eligible for Basic and Additional Life:

- » You must be an active employee of the City of Dallas. Temporary and seasonal employees, full-time members of the armed forces, leased employees, intern employees, and independent contractors are not eligible for this benefit.
- » If you are a full-time employee, you must be regularly working at least 40 hours each week
- » If you are a part-time employee, you must be regularly working at least 20 hours each week, but less than 40 hours
- » For Additional Life, full-time employees must be insured for Basic Life
- » For Dependent Life insurance – Your spouse/domestic partner or children must not be full-time members of the armed forces or an active City of Dallas employee

Basic Life Insurance

Full-time employees receive \$75,000 of Basic Life insurance coverage — the City of Dallas pays the full cost of this coverage for you.

Calculating Your Costs

Follow these steps to calculate your Supplemental Life Insurance coverage cost:

Choose the amount of coverage you want.

Divide the amount in Line 1 by \$1,000.

Use the chart to the right to find the cost for your age and enter on Line 3. Your rate =

Multiply the amount in Line 2 by the amount in Line 3 to find your bi-weekly cost.

You may also visit The Standard's online coverage needs estimator at

<https://www.standard.com/individual/products-services/workplace-benefits/insurance/estimate-life-insurance-needs>.

Supplemental Life Insurance

In addition to Basic Life insurance, you may elect Supplemental Life insurance for yourself. Full-time employees must have Basic Life insurance to elect Supplemental Life insurance. Part-time employees can elect this coverage without having Basic Life insurance.

Option 1	1 times your annual earnings, rounded to the next higher multiple of \$1,000, if not already of multiple of \$1,000. The maximum amount is \$500,000
Option 2	2 times your annual earnings, rounded to the next higher multiple of \$1,000, if not already of multiple of \$1,000. The maximum amount is \$500,000
Option 3	3 times your annual earnings, rounded to the next higher multiple of \$1,000, if not already of multiple of \$1,000. The maximum amount is \$500,000

Supplemental Life Insurance Bi-Monthly Rate	
EMPLOYEE'S AGE (ON LAST OCTOBER 1)	RATE (PER \$1,000 OF TOTAL COVERAGE)
<25	\$0.0215
25-29	\$0.0260
30-34	\$0.0360
35-39	\$0.0370
40-44	\$0.0450
45-49	\$0.0750
50-54	\$0.1150
55-59	\$0.2110
60-64	\$0.3050
65-69	\$0.5750
70+	\$1.0300

Line 1

Line 2

Line 3

Line 4

You will be required to name a beneficiary – the person(s) who will receive the life insurance benefit in the event of your death – upon your initial enrollment. If you want to make changes to your beneficiary(ies) at any time during the year, please contact our benefits enrollment vendor at (214) 556-0971.

Evidence of Insurability

During open enrollment each year, employees who are eligible but uninsured may elect Option 1 of Supplemental Life insurance without submitting Evidence of Insurability (EOI). Those insured may increase coverage by one option without submitting EOI. However, EOI is required if:

- » You increase coverage by more than 1 times your annual earnings, not to exceed 3 times your annual earnings
- » The date you apply is more than 30 days after you become eligible
- » You request coverage increases, reinstatement of terminated coverage, or coverage for members eligible but not insured under prior plans

If you have questions regarding the EOI form, please contact our benefits enrollment vendor at (214) 556-0971.

Dependent Life Insurance

You may also buy optional life insurance for your eligible dependents. The amount of coverage for your spouse or children may not exceed 100 percent of your combined basic and additional life coverage.

Option 1	\$15,000 Spouse \$5,000 Children	\$1.215 per pay period, regardless of the number of eligible dependents covered
Option 2	\$25,000 Spouse \$10,000 Children	\$2.230 per pay period, regardless of the number of eligible dependents covered

Accelerated Benefits

Under the Accelerated Benefit provision, if you are a full-time employee regularly working at least 40 hours each week, you may be eligible to receive up to 75 percent, or a maximum of \$500,000, of your Additional Life insurance coverage if you become terminally ill, have a life expectancy of less than 12 months, and meet other eligibility requirements.

The amount of Additional Life insurance payable upon your death is reduced by the Accelerated Benefit paid and an interest charge.

Active Work Requirements

If you are not actively at work on the day before the scheduled effective date of insurance including Dependent Life insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Age Reductions

Under this plan, your insurance will not be reduced because of your age.

Suicide Exclusion

Supplemental (employee paid) Life coverage includes an exclusion for death resulting from suicide or other intentionally self-inflicted injury. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage. Please contact The Standard at (877) 474-4250 for additional information.

Voluntary Accidental Death & Dismemberment (AD&D) Insurance

Voluntary AD&D insurance provides benefits to you or your beneficiaries in the event of an accidental injury or death.

Employee Coverage

You may elect voluntary AD&D coverage in increments of \$25,000, up to a maximum of \$250,000. However, amounts above \$150,000 cannot exceed 10 times your annual earnings.

Dependent Coverage

If you elect coverage for yourself, you may also elect coverage for your dependents.

- » Spouse/Domestic Partner only: 60 percent of your voluntary AD&D coverage amount
- » Children only: 20 percent of your voluntary AD&D coverage amount, up to a maximum of \$50,000 per child
- » Spouse/Domestic Partner and Children: 50 percent of your voluntary AD&D coverage amount for your spouse/domestic partner and 15 percent of your voluntary AD&D coverage amount for each child. The amount of coverage for your children may not exceed \$50,000 per child

Benefit Amount

The amount of this AD&D Insurance Benefit for other covered losses is a percentage of the amount payable for Additional AD&D insurance coverage on the date of the accident.

Type of Loss	Percentage Payable
Life ¹	100%
One hand or foot ²	50%
Sight in one eye	50%
Audible speech	50%
Hearing in both ears	50%
Two or more of the losses listed above	100%
Thumb and index finger of the same hand ³	25%
Quadriplegia ⁴	100%
Hemiplegia ⁴	50%
Paraplegia ⁴	75%
Uniplegia ⁴	25%
Coma	*

1 This benefit includes loss of life due to exposure or disappearance. Disappearance must be caused directly by an accident that could have reasonably resulted in death and must occur independently of all other causes continuing for a period of 365 days after the date of the accident despite reasonable search efforts.

2 This benefit is payable whether or not the hand or foot is surgically reattached.

3 This benefit is not payable if an AD&D insurance benefit is payable for the loss of the entire hand.

4 This benefit is not payable for loss of function of a hand or foot if an AD&D Insurance Benefit is payable for Quadriplegia, Hemiplegia, Paraplegia or Uniplegia involving that same hand or foot.

* Payments for coma is 1 percent per month of the remainder of the AD&D Insurance Benefit payable for Loss of life after reduction by any AD&D Insurance Benefit paid for any other Loss as a result of the same accident. Payments for coma will not exceed a maximum of 11 months.

Features

- » **Air Bag Benefit** – provides an additional benefit in the event of a covered automobile accident for which a Seat Belt Benefit is payable
- » **Family Benefits Package** – eligible family members may be entitled to receive additional financial help for child care, college or career training. Included are the Child Care Benefit, Higher Education Benefit and Career Adjustment Benefit
- » **Paralysis Benefit** – provides a portion of your AD&D benefit if you suffer an accident that results in quadriplegia, hemiplegia, or paraplegia
- » **Public Transportation Benefit** – provides an additional benefit in the event of death as a result of an accident that occurs while you are riding as a fare-paying passenger on public transportation
- » **Seat Belt Benefit** – provides an additional benefit in the event of a covered automobile accident
- » **Adaptive Home and Vehicle Benefit** – provides an additional benefit if you suffer a loss, other than loss of life and is a onetime benefit in which accommodations may be made to your principal residence or automobile
- » **Line of Duty Benefit** – Additional benefit for Public Safety Officers who suffer an AD&D loss. Lesser of \$50,000 or 100 percent of the AD&D benefit

Premium Examples (Age under 70)

Below you will find the actual cost per Pay Period, based on the benefit amount you elect.

Employee Only	
BENEFIT AMOUNT	BI-MONTHLY RATE
\$25,000	\$0.310
\$50,000	\$0.625
\$75,000	\$0.935
\$100,000	\$1.250
\$125,000	\$1.560
\$150,000	\$1.875
\$175,000	\$2.185
\$200,000	\$2.500
\$225,000	\$2.810
\$250,000	\$3.125

Employee/Family	
BENEFIT AMOUNT	BI-MONTHLY RATE
\$25,000	\$0.500
\$50,000	\$1.000
\$75,000	\$1.500
\$100,000	\$2.000
\$125,000	\$2.500
\$150,000	\$3.000
\$175,000	\$3.500
\$200,000	\$4.000
\$225,000	\$4.500
\$250,000	\$5.000

Active Work Requirements

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until you complete one day of active work as an eligible employee.

Age Reductions

Under this policy, insurance coverage reduces to 65 percent at age 70, 45 percent at age 75, 30 percent at age 80, and 15 percent at age 85.

Limitations

The loss must occur solely by an accident and independently of all other causes, within 365 days after the accident. Loss of life must be evidenced by a certified copy of the death certificate. All other losses must be certified by a physician in the appropriate specialty as determined by The Standard.

Disability Insurance

Disability benefits can help injured or ill employees meet their financial obligations, such as mortgage or rent payments- expenses that medical insurance does not cover. Coverage through the City of Dallas can give you access to affordable rates and comprehensive services, including assistance when you are returning to your job.

Are you interested in Short-Term or Long-Term Disability insurance? Contact our benefits enrollment vendor at (214) 556-0971 for rates and additional details.

Short-Term Disability (STD) Insurance

Definition of Disability

You will be considered disabled if, as a result of physical disease, injury, pregnancy, or mental disorder:

- » You are unable to perform with reasonable continuity the material duties of your own occupation, and
- » You suffer a loss of at least 20 percent in your pre-disability earnings (PDE) when working in your own occupation
- » You are not disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

Overview of Your Benefits

Pre-disability earnings (PDE) means your pre-disability earnings will be based on your earnings on your last full day of active work. Your benefit may be reduced by deductible income if you earn income from certain other sources while receiving disability benefits. Evidence of Insurability (EOI) may be required if you elect coverage after your initial enrollment period.

Short-Term Disability	
Benefit Amount	Your weekly STD benefit is 60 percent of the first \$2,500 of your weekly insured pre-disability earnings, reduced by deductible income. Your minimum weekly benefit is \$15.
Maximum Benefit Period	180 days minus the length of the benefit waiting period.

Resources for Employees

- » **Reasonable Accommodation Expense Benefit (if you are on the job):** The purchase of equipment or tools for an employee to use in the workplace may be covered through The Standard's Reasonable Accommodation Expense Benefit (up to \$25,000). You do not need to have an active claim to qualify.
- » **Contact our benefits enrollment vendor at (214) 556-0971 for cost and additional details.**



Long-Term Disability (LTD) Insurance

Definition of Disability

For the benefit waiting period and the first 24 months for which LTD benefits are paid, you are considered disabled if, as a result of physical disease, injury, pregnancy, or mental disorder, you are unable to perform with reasonable continuity the material duties of your own occupation AND are suffering a loss of at least 20 percent of your indexed pre-disability earnings when working in your own occupation. You are not disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

After the first 24 months of disability, you will be considered disabled if, as a result of physical disease, injury, pregnancy, or mental disorder, you are unable to perform with reasonable continuity the material duties of any occupation.

Overview of Your Benefits

Long-Term Disability	
Benefit Amount	Your monthly benefit is 60 percent of the first \$8,333 of your insured pre-disability earnings reduced by deductible income. Your minimum monthly benefit is \$100.
Maximum Benefit Period	If you become disabled before age 62, LTD benefits may continue during disability until age 65 or to the Social Security Normal Retirement Age (SSNRA) or 3 years and 6 months, whichever is longer. If you become disabled at age 62 or older, the benefit is based on a schedule.

Pre-disability earnings (PDE) means your pre-disability earnings will be based on your earnings in effect on your last full day of Active Work. Your benefit may be reduced by deductible income if you earn income from certain other sources while receiving disability benefits. Evidence of Insurability (EOI) may be required if you elect coverage after your initial enrollment period.

Resources for Employees

- » **Reasonable Accommodation Expense Benefit (if you are on the job):** The purchase of equipment or tools for an employee to use in the workplace may be covered through The Standard's Reasonable Accommodation Expense Benefit (up to \$25,000). You do not need to have an active claim to qualify.
- » **Contact our benefits enrollment vendor at (214) 556-0971 for cost and additional details.**



Supplemental Health Products

Hospital Indemnity: A Cash Benefit When You Need It.

Even the best budgeters can forget to set aside money for medical expenses. Hospital Indemnity insurance provides a way to cover unexpected out-of-pocket expenses when you end up in the hospital. It also allows you to:

- » **Choose how to spend your benefit.** It's your money — spend it however you want, whether it's to pay for your groceries, rent or medical bills.
- » **Get a break from paying premiums during long hospital stays.** If you are in the hospital for more than 30 days, you will be able to stop making premium payments until you're discharged.
- » **Take it with you.** If you leave your job, you can take your coverage with you.
- » **Receive a benefit for taking care of your health.** You can get a Health Maintenance Screening Benefit of \$50 once a calendar year just for going to the doctor for a covered wellness exam, such as a bone density screening or mammogram — routine preventive visits that typically cost you nothing under your medical plan.

Accident Insurance: Help Ensure Your Financial Plans Stay Healthy Even When You're Not.

In the event of a covered accident, your Accident insurance will pay a benefit directly to you. You can use this money wherever you need it most — whether that's to help with your deductible, copays and other medical bills, or your daily expenses while you recover. Just a couple of the many benefits of this plan include:

- » **Affordable group rates.** Because you'll be buying this insurance through City of Dallas, you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck. Your rates will not increase as you grow older — meaning you'll pay the same premium for the life of the policy, even if you continue your coverage after your employment with City of Dallas ends (this is known as portability).
- » **Health maintenance screening benefit.** You can get a Health Maintenance Screening Benefit of \$75 each year just for going to the doctor for a covered wellness exam, such as a stress test or lipid panel — a routine preventive visit that typically costs you nothing under your medical insurance.

Supplemental Health Products, including Hospital Indemnity, Accident insurance and Critical Illness insurance, can help you pay for medical expenses not covered by medical insurance!

Hospital Indemnity Bi-Monthly Rates

Employee Only	\$7.35
Employee + Spouse	\$15.62
Employee + Child(ren)	\$13.97
Employee + Family	\$23.69

Accident Insurance Bi-Monthly Rates

Employee Only	\$7.33
Employee + Spouse	\$11.57
Employee + Child(ren)	\$13.82
Employee + Family	\$21.62



Critical Illness insurance: An Extra Layer of Protection

- » **Update your coverage as needed.** As your life circumstances change, increase* or decrease your coverage.
- » **Lock in your rate.** For example, if you're 35 when your coverage becomes effective, you'll pay a 35-year-old's rate for as long as you have the coverage. If you increase your coverage amount at age 45, you will continue to pay a 35-year-old's rate for that increased coverage amount for so long as you have that increased coverage amount.
- » **Take it with you.** If you leave your job, you can take your coverage with you.
- » **Pick and choose how to spend your benefit.** Spend your lump-sum benefit however you want.
- » **Protect your loved ones.** Cover your spouse up to \$30,000. Your kids are automatically covered at 50 percent of the amount elected for yourself for the same critical illnesses that you are. Kids are also covered for 21 additional childhood diseases, including cystic fibrosis, Down syndrome, muscular dystrophy, spina bifida and cerebral palsy.
- » **Receive a benefit for taking care of your health.** You and your covered loved ones receive a Health Maintenance Screening benefit of \$50 once per calendar year when visiting the doctor for a covered wellness exam, such as a cholesterol screening (part of a lipid panel) or mammogram — routine preventive visits that typically cost you nothing under your medical insurance.
- » **Receive additional benefits.** If you are diagnosed with a covered illness again after a treatment-free period of 12 months, you will receive 100 percent of the original benefit amount. If you are diagnosed with a different and subsequent covered illness at least 90 days after the diagnosis of the first critical illness, you will receive an additional Critical illness benefit.

*Evidence of good health may be necessary in some cases. Contact the Benefits Service Center for more information.

Non-Tobacco Bi-Monthly Issue Age Premiums					
COVERAGE AMOUNT	AGE BAND				
	< 30	30-39	40-49	50-59	60-70
\$5,000	\$1.60	\$2.78	\$4.75	\$9.18	\$16.48
\$10,000	\$3.20	\$5.55	\$9.50	\$18.35	\$32.95
\$15,000	\$4.80	\$8.33	\$14.25	\$27.53	\$49.43
\$20,000	\$6.40	\$11.10	\$19.00	\$36.70	\$65.90
\$25,000	\$8.00	\$13.88	\$23.75	\$45.88	\$82.38
\$30,000	\$9.60	\$16.65	\$28.50	\$55.05	\$98.85
\$35,000	\$11.20	\$19.43	\$33.25	\$64.23	\$115.33
\$40,000	\$12.80	\$22.20	\$38.00	\$73.40	\$131.80
\$45,000	\$14.40	\$24.98	\$42.75	\$82.58	\$148.28
\$50,000	\$16.00	\$27.75	\$47.50	\$91.75	\$164.75

Tobacco Bi-Monthly Issue Age Premiums					
COVERAGE AMOUNT	AGE BAND				
	< 30	30-39	40-49	50-59	60-70
\$5,000	\$2.20	\$4.58	\$9.18	\$19.95	\$37.53
\$10,000	\$4.40	\$9.15	\$18.35	\$39.90	\$75.05
\$15,000	\$6.60	\$13.73	\$27.53	\$59.85	\$112.58
\$20,000	\$8.80	\$18.30	\$36.70	\$79.80	\$150.10
\$25,000	\$11.00	\$22.88	\$45.88	\$99.75	\$187.63
\$30,000	\$13.20	\$27.45	\$55.05	\$119.70	\$225.15
\$35,000	\$15.40	\$32.03	\$64.23	\$139.65	\$262.68
\$40,000	\$17.60	\$36.60	\$73.40	\$159.60	\$300.20
\$45,000	\$19.80	\$41.18	\$82.58	\$179.55	\$337.73
\$50,000	\$22.00	\$45.75	\$91.75	\$199.50	\$375.25

Retirement Savings Plan

Everyone wants to be financially secure in retirement. At the City of Dallas, we're here to help by offering you the exceptional opportunity to save for retirement through our 401(k) or 457(b) plans. After all, it's never too early to start saving.

Why Invest?

Convenience	Your contributions are automatically deducted regularly from your paycheck.
Tax savings now	Your pretax contributions are deducted from your pay before income taxes are taken out. This means that you can actually lower the amount of current income taxes you pay each period. It could mean more money in your take-home pay versus saving money in a taxable account.
Roth options	You may make after-tax contributions and take any associated earnings tax-free* at retirement — as long as the distribution is a qualified one. Additionally, converting to a Roth can be beneficial if you expect your tax rate to increase in the future, because you pay taxes on the money you convert now.
Tax-deferred savings opportunities	You pay no taxes on any earnings until you withdraw them from your account, enabling you to keep more of your money working for you now.
Portability	You can rollover eligible savings from a previous employer into this Plan. You can also take your plan vested account balance with you if you leave the City.
Investment options	You have the flexibility to select from investment options that range from more conservative to more aggressive, making it easy for you to develop a well-diversified investment portfolio.

Key Features

- » You can contribute up to 99 percent of your gross annual pay, up to the annual IRS dollar limits.
- » You are always 100 percent vested in your own contributions.
- » You decide how you invest your savings by choosing from a portfolio of investment options.
- » You receive account statements and have 24-hour access to your account information.

Enrolling and More Information

If you are ready to enroll or would like more information, log on to Fidelity NetBenefits at www.netbenefits.com/enroll or call the Fidelity Retirement Representatives at (800) 343-0860.

Need More Help?

Schedule a complimentary one-on-one appointment with a Fidelity Retirement Planner by calling (800) 642-7131 or go to www.mysavingsatwork.com/atwork.htm. Or, call the City's Deferred Compensation office at (214) 670-4861.

*A distribution from a Roth account is tax free and penalty free, provided the five-year aging requirement has been satisfied and one of the following conditions is met: age 59 1/2, disability, qualified first-time home purchase, or death.



If You Are Turning 65 or Are Over 65 and Retiring:

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 or your spouse are not otherwise 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.

How to Enroll for New Retirees After Open Enrollment

If you are planning to retire in 2022, 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.

Notes

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Notes

A series of horizontal dotted lines for taking notes.

Important Contacts

Resource	Carrier	Phone Number	Email/Web Address
City of Dallas Benefits Service Center	N/A	(214) 671-6947	hrbenefits@dallascityhall.com
Benefits Enrollment	Enrollment Benefit Concepts (EBC)	(214) 556-0971	https://standard.benselect.com/cityofdallas
Medical Plan	BlueCross BlueShield of Texas (BCBSTX)	(855) 756-4445	www.bcbstx.com/member
Telemedicine	MDLive	(888) 680-8646	www.mdlive.com
Onsite and Near-site Clinics	CareATC	(214) 446-6029 (800) 993-8244	https://portal.careatc.com/Account/Login
Diabetes Management	Kannact	(855) 722-5513	www.kannact.com/cityofdallas
Pharmacy Plan	BCBSTX-Prime Therapeutics	(855) 756-4445	www.myprime.com
Vision Plan	Davis Vision	(800) 999-5431 Client code: 7955 (High), 9573 (Low)	www.davisvision.com/member Client code: 7955 (High), 9573 (Low)
Dental Plan	Delta Dental	(800) 521-2651 (DPPO) (800) 422-4234 (DHMO)	www.deltadentalins.com
HSA/FSA/DCAP	HSA Bank	(833) 228-9336	www.hsabank.com askus@hsabank.com
Basic and Additional Life Insurance	The Standard	(800) 628-8600	www.standard.com
Voluntary AD&D Insurance	The Standard	(800) 628-8600	www.standard.com
Hospital Confinement Indemnity	The Standard	(866) 851-5505	www.standard.com
Accident Insurance	The Standard	(866) 851-5505	www.standard.com
Lump Sum Critical Illness	The Standard	(866) 851-5505	www.standard.com
Short-Term Disability Insurance	The Standard	(800) 368-2859	www.standard.com
Long-Term Disability Insurance	The Standard	(800) 368-1135	www.standard.com
Employee Assistance Program	Magellan Health	(800) 424-1729	www.magellanascend.com
401(k) and 457 Plans	Fidelity	(800) 343-0860	www.mysavingsatwork.com/atwork.htm
Employee Retirement Fund	N/A	(214) 580-7700	www.dallaserf.org
Dallas Police and Fire Pension	N/A	(800) 638-3861	www.dppf.org
COBRA	WageWorks/ Health Equity	(888) 678-4872	www.cobra.healthequity.com



For 2022 benefits and enrollment questions, please call (214) 556-0971.

For all other questions, such as general benefits, HR, payroll, or work-related questions, please call the Benefits Service Center at (214) 671-6947, option 1.



City of Dallas

This guide highlights the main features of many of the benefit plans sponsored by the City of Dallas. Full details of these plans are contained in the legal documents governing the plans. If there is any discrepancy between the plan documents and the information described here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract.

The City of Dallas reserves the right to modify, amend or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time.