



2024-2025 employee benefits guide



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Benefits Resource List



For more information on the wide range of City of Lancaster benefits, programs and tools, contact the following resources:

If You Have Questions About	Contact	By Phone	On the Internet
MEDICAL COVERAGE Directories of network providers, claims status or pre-notification	Blue Cross Blue Shield HSA-Group #: 151533 HMO-Group #: 151532 PPO-Group #: 151475	800-521-2227	www.bcbstx.com
PRESCRIPTION DRUG COVERAGE	Express Scripts HSA-Group #: 151533 HMO-Group #: 151532 PPO-Group #: 151475	833-715-0942	www.esrx.com/bcbstx
TELEMEDICINE	MDLive HSA-Group #: 151533 HMO-Group #: 151532 PPO-Group #: 151475	888-680-8646	www.bcbstx.com
HEALTH SAVINGS ACCOUNT	H.S.A. Bank	800-357-6246	www.hsabank.com
DENTAL COVERAGE	Blue Cross Blue Shield Group #: 151475	800-521-2227	www.bcbstx.com
VISION COVERAGE	Surency Group #: 16907	866-818-8805	www.surency.com
TERM LIFE & AD&D INSURANCE COVERAGE	Dearborn Group#: GAE60152	877-442-4207	www.dearbornnational.com
UNIVERSAL LIFE	TexasLife	800-283-9233	www.texlife.com
VOLUNTARY SHORT-TERM DISABILITY COVERAGE	Dearborn Group#: GAE60152	877-442-4207	www.dearbornnational.com
LONG-TERM DISABILITY COVERAGE	Dearborn Group#: GAE60152	877-442-4207	www.dearbornnational.com
EMPLOYEE ASSISTANCE PROGRAM	Alliance Work Partners Code: AWP-COLAN-246	800-343-3822	www.alliancewp.com
HEALTH CARE & DEPENDENT CARE SPENDING ACCOUNTS	WEX Inc.	866-451-3399	www.wexinc.com/discovery-benefits/
MANDATORY RETIREMENT	TMRS	800-924-8677	www.tmr.org
VOLUNTARY RETIREMENT	MissionSquare Retirement	202-759-7007 800-669-7400	www.missionsq.org

Changing Your Elections

In general, your annual pre-tax benefit elections are irrevocable for the plan year, October 1, 2024 through September 30, 2025.

However, if you experience a Change in Status or special enrollment event that directly affects your eligibility for coverage; you may change your election within 31 days of the event.

Under limited circumstances, an election change based solely on a Change in Status must be consistent with your Change in Status (i.e. if a child is born to you, you add coverage for that child).

In general:

Change in Status events provide more opportunities for you to make an election change than do special enrollment rights.

If your event could be considered both a Change in Status event and a special enrollment right, you may make any change allowed by either a Change in Status or special enrollment right.

What Constitutes a Qualifying Life Event?

Qualifying Life Event	Benefits Allowed to Change									Documentation
	Medical	Dental	Vision	Supp. EE Life	Vol. Sp. Life	Vol. Child Life	Dep. Care	Health Care	Beneficiaries	
Change in marital status: · Marriage · Divorce or Annulment · Legal Separation · Domestic Partner Dissolution · Death of Spouse	✓	✓	✓		✓	✓	✓	✓	✓	Marriage Certificate Divorce Decree Final Court Document Notarized Statement of Disenrollment Death Certificate
Change in the number of dependents: · Birth · Adoption · Guardianship of a Child · Death of a Dependent	✓	✓	✓			✓	✓	✓	✓	Birth Certificate, Hospital Announcement Adoption Agreement Court Decree for Guardianship Death Certificate
Dependent Becomes Eligible	✓	✓	✓		✓	✓	✓	✓	✓	Provide Name, Social Security Number, and Date of Birth for dependents
Dependent Loses Other Coverage	✓	✓	✓				✓	✓	✓	Proof of Loss of Coverage, such as termination letter; Certificate of Creditable Coverage
Dependent Gains Other Coverage	✓	✓	✓				✓	✓	✓	Proof of Coverage with start date of benefits and name(s) of covered dependents
A change in Employee's, spouse's, or dependent's work hours (including a switch between full and part-time status)	✓	✓	✓	✓	✓	✓	✓	✓	✓	Proof of loss of Coverage due to employment status change, such as a Certificate of Creditable Coverage or letter from the company
Change in Dependent Care Costs							✓			Letter from your Day Care Provider
Court Ordered Dependent, add or drop from coverage	✓	✓	✓			✓	✓	✓	✓	Contact your Benefits Team Directly

Monthly Contributions Medical, Dental, & Vision

City of Lancaster – 2024-2025

<u>Medical</u>			<u>*Tobacco Use, No Physical by 12/31, Spousal Surcharge</u>
Blue Cross Blue Shield HMO	<u>Employee Pays</u>	<u>Lancaster Pays</u>	<u>*Surcharge</u>
Employee Only	\$25.45	\$675.51	\$80, \$80, n/a
Employee + Spouse	\$365.48	\$1,177.10	\$80, \$80, \$50
Employee + Child(ren)	\$308.78	\$1,093.45	\$80, \$80, n/a
Employee + Family	\$706.63	\$1,680.30	\$80, \$80, \$50
Blue Cross Blue Shield PPO	<u>Employee Pays</u>	<u>Lancaster Pays</u>	<u>*Surcharge</u>
Employee Only	\$170.14	\$686.43	\$80, \$80, n/a
Employee + Spouse	\$547.05	\$1,337.96	\$80, \$80, \$50
Employee + Child(ren)	\$484.20	\$1,229.33	\$80, \$80, n/a
Employee + Family	\$925.18	\$1,991.63	\$80, \$80, \$50
Blue Cross Blue Shield HDHP / HSA	<u>Employee Pays</u>	<u>Lancaster Pays</u>	<u>*Surcharge</u>
Employee Only	\$0.00	\$635.32	\$80, \$80, n/a
Employee + Spouse	\$278.83	\$1,119.31	\$80, \$80, \$50
Employee + Child(ren)	\$232.34	\$1,038.60	\$80, \$80, n/a
Employee + Family	\$558.57	\$1,604.90	\$80, \$80, \$50
HSA City Contribution:			
Employee Only: \$1,000 annually (1/2 in October 2024, 1/2 in April 2025)			
Employee + Dependents: \$2,000 annually (1/2 in October 2024, 1/2 in April 2025)			
<i>*Employees hired <u>after October 1, 2024</u> but before April 1, 2025 will receive the second installment only. Those hired <u>after April 1, 2025</u> will not receive a city contribution.</i>			
<u>Dental</u>	<u>Employee Pays</u>	<u>Lancaster Pays</u>	
Employee Only	\$0.00	\$34.31	
Employee + Family	\$33.20	\$35.75	
<u>Vision</u>	<u>Employee Pays</u>	<u>Lancaster Pays</u>	
Employee Only	\$5.19	\$0.00	
Employee + Spouse	\$9.58	\$0.00	
Employee + Child(ren)	\$10.42	\$0.00	
Employee + Family	\$14.74	\$0.00	

PLEASE READ: Insurance takes effect the first of the month following 30 days of employment, however, deductions begin a month in advance. Therefore, if you separate employment you are covered through the end of the month you separate employment, and we will reimburse any medical/dental deductions taken for months you are not covered.



City of Lancaster Spousal Surcharge Affidavit

To avoid the Spousal Surcharge of \$50 monthly until 9-30-2025 this form must be completed by you and returned to the Human Resources Department by December 31, 2024.

I, _____ certify that _____
Employee Name (Print) Spouse Name (Print)

does not have access to health care coverage outside the plan offerings through the City of Lancaster.

I understand that this information is considered confidential and is subject to disclosure only as required by law.

I certify under penalty of perjury that this information is true and correct. When a person no longer meets the definition of a covered spouse, I understand that person no longer qualifies as a Dependent. The employee agrees to notify Human Resources of any change in status within (30) days of the change.

I, the undersigned employee, understand that willful falsification of information on this affidavit may lead to disciplinary action, up to and including termination from employment.

Employee Signature: _____

Date: _____

EMPLOYEE + SPOUSE & EMPLOYEE + FAMILY

MEDICAL PLAN PARTICIPANTS ONLY



City of Lancaster Tobacco Use Surcharge

To avoid the Tobacco Use Surcharge this form must be completed by you and returned to the Human Resources Department by December 31, 2024.

EMPLOYEES WHO USE TOBACCO PRODUCTS AND DO NOT PROVIDE PROOF OF COMPLETION OF A TOBACCO CESSATION PROGRAM BY 12-31-2024 WILL PAY A \$80 PER MONTH SURCHARGE UNTIL 9-30-2025.

City of Lancaster Employee Assistance Program offers a FREE Tobacco Cessation Program for employees.

You may sign up by calling 1-800-343-3822 or visit alliancewp.com

I certify under penalty of perjury that this information is true and correct. When a person no longer meets the definition of tobacco free, the employee agrees to notify the Human Resources of any change in status within (30) days of the change. I acknowledge supervisors may confirm tobacco use form status with Human Resources to help enforce the program.

I, the undersigned employee, understand that willful falsification of information on this affidavit may lead to disciplinary action, up to and including termination from employment.

Tobacco Use Verification (to be completed by employee)

Choose one of the following:

I certify that I, _____ do **NOT** use tobacco products.

I certify that I, _____ do use tobacco products and acknowledge a tobacco surcharge will be deducted from my paycheck.

I certify that I, _____ do use tobacco products, however, I wish to enroll in the tobacco cessation program (number above) offered by the City of Lancaster. I understand that failure to provide proof of enrollment by December 31, 2024 will activate the tobacco surcharge.

Signature: _____

Date: _____

(MEDICAL PLAN PARTICIPANTS ONLY)



Medical Benefits

Effective October 1, 2024

Here is a snapshot of the coverage offered through the 2024-2025 medical plan(s). For a complete summary of medical benefits, please refer to the plans provided or on <http://workforcenow.adp.com>.

	PPO Plan		HMO Plan	HDHP / HSA	
	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network
Deductible	\$750 Individual \$2,250 Family	\$1,500 Individual \$4,500 Family	\$1,000 Individual \$2,000 Family	\$3,200 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family
Out-of-Pocket Maximum	\$4,000 Individual \$10,200 Family	\$8,000 Individual \$24,000 Family	\$4,000 Individual \$8,000 Family	\$3,200 Individual \$6,000 Family	\$12,000 Individual \$24,000 Family
Co-Insurance	80%	60%	80%	100%	60%
Lifetime Maximum	Unlimited		Unlimited	Unlimited	
Office Visit	\$35 Copay	Deductible / 40%	PCP - \$35 Copay Specialist - \$55 Copay	Deductible / 100%	Deductible / 60%
Wellness Visit	Plan Pays 100%	Deductible / 40%	Plan Pays 100%	Plan Pays 100%	Deductible / 60%
In-Patient & Out-Patient Hospital	Deductible / 20%	Deductible / 40%	Deductible + 20%	Deductible / 100%	Deductible / 60%
Urgent Care	\$50 Copay	Deductible / 40%	\$75 Copay	Deductible / 100%	Deductible / 60%
Emergency Room	\$250 Copay / 20% Waived if Admitted		\$250 Copay / 20% Waived if Admitted	Deductible / 100%	Deductible / 60%
Prescriptions					
Generic/Brand/Non-Formulary	Out of Pocket Maximum: \$1,000 Individual / \$3,000 Family \$30 / \$45 / \$60	60% of Allowable Amount Minus Copayment Amount	Out of Pocket Maximum: \$1,000 Individual / \$3,000 Family \$20 / \$35 / \$50	Deductible / 100%	
Mail Order					
Generic/Brand/Non-Formulary	\$90 / \$135 / \$180		\$60 / \$105 / \$150	Deductible / 100%	
Network Website	www.bcbstx.com		www.bcbstx.com	www.bcbstx.com	

Note: This is a brief summary and not intended to be a contract

To prevent "Double-Dipping", an employee of the City of Lancaster may not enroll in the HDHP / HSA if their spouse has enrolled in an FSA with their employer.



Wellable Physical Surcharge Form

We are thrilled to continue offering our employees a comprehensive well-being program through our wellness program partner Wellable. Throughout the coming year Wellable will be providing engaging wellness resources and hosting wellness events through monthly webinars and on-demand classes. All wellness events and resources revolve around one simple idea — to provide you the health and wellness tools and support needed to live well. Your Wellable wellness team is eager to get started on another great year!

Below is a list of wellness programs to look forward to:

- Wellness Calendar with City-Wide Participation Opportunities
- Collaborative Onsite and Virtual Wellness Events
- Wellness Champions Opportunities
- Biometric Intake and Tracking
- Updated Wellness Portal with Health Screening Completion Confirmation
- A Multitude of Online Wellness Resources

More information will be emailed to employees and posted on the city's intranet as these programs are scheduled and the portal is updated.

Wellness Program Minimum Requirements

- **Complete a Wellness Physical by December 31, 2024**

EMPLOYEES WHO DO NOT PROVIDE PROOF OF A WELLNESS PHYSICAL BY 12-31-2024 WILL PAY AN \$80 PER MONTH SURCHARGE UNTIL 9-30-2025. FORMS WILL NOT BE ACCEPTED AFTER 12-31-2024.

Keep in mind; wellness will be paid at 100% on all three health plan options with no co-pay applied. It's important to know, a wellness exam includes a routine exam by a Family or General Practitioner/Internist OR a well man or well woman exam by either of these providers OR a well woman exam by an Ob-Gyn. To ensure your wellness benefit is applied to wellness at 100%, make sure the claim coding is correct upon check-out on the date of your visit. Because wellness visits are covered 100% without a co pay, the City will not be reimbursing office visit co pays for the 2024-2025 benefit plan year.

If you have already completed your annual health screening within the date ranges listed above: Simply provide the health screening form to your physician's office to complete. This form will be emailed to you in the coming weeks.

Privacy Statement: Data collected on this form is considered Protected Health Information (PHI). This PHI is provided directly to Wellable and not the City of Lancaster. Wellable will provide high level summary data to the City of Lancaster once per year about the overall employee population, but the City does not receive any individual person's data collected on this form. For more information about the City's Privacy Policy, contact the City of Lancaster Human Resources office.



The City of Lancaster

is

investing in your well-being by
helping our workplace get

Wellable



To join your coworkers, go to:
<https://app.wellable.co/cityoflancaster>

For more information, contact:
support@wellable.co



Powered by
MDLIVE[®]

Care When and
Where You Need It
Just Got Easier

Virtual Visits

Convenient health care
at your fingertips

Getting sick is never convenient, and finding time to get to the doctor can be hard. Blue Cross and Blue Shield of Texas (BCBSTX) provides you and your covered dependents access to care for non-emergency medical issues through MDLIVE.

Whether you're at home or traveling, access to a board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care center.¹

MDLIVE doctors can help treat the following conditions and more:

General Health

- Allergies
- Asthma
- Nausea
- Sinus infections

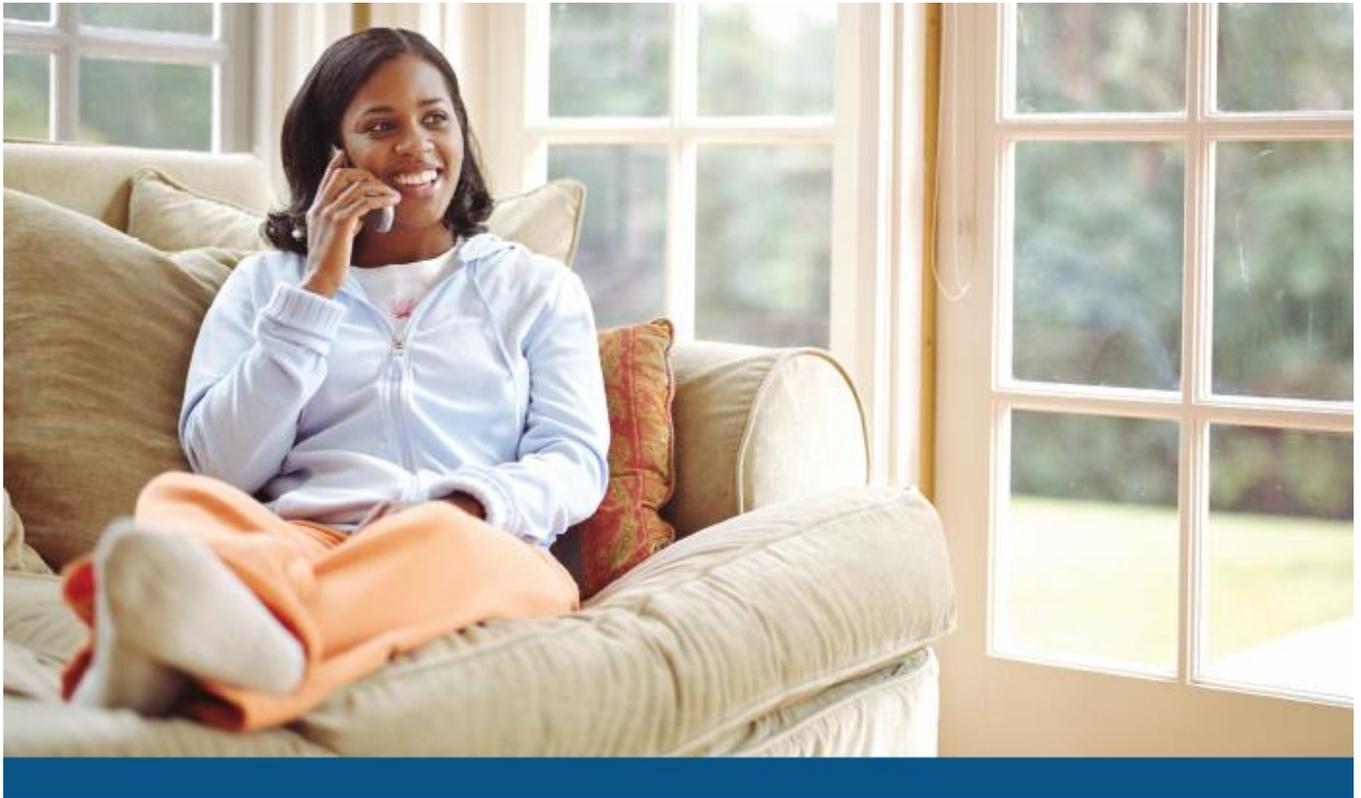
Pediatric Care

- Cold/flu
- Ear problems
- Pinkeye

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. Blue Cross[®], Blue Shield[®] and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of Independent Blue Cross and Blue Shield Plans. MDLIVE, an independent company, provides virtual visit services for Blue Cross and Blue Shield of Texas. MDLIVE operates and administers the virtual visit program and is solely responsible for its operations and that of its contracted providers. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission.

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MDLive (continued)



Connect²

Access where the BCBSTX App, online video or telephone service is available



Interact

Real-time consultation with a board-certified doctor or therapist



Diagnose

Prescriptions sent electronically to pharmacy of your choice (when appropriate)



Telephone:

- Call MDLIVE (888-680-8646)
- Speak with a health service specialist
- Speak with a doctor

Get connected today!

To register, you'll need to provide your first and last name, date of birth and BCBSTX member ID number.

¹ In the event of an emergency, this service should not take place of an emergency room or urgent care center. MDLIVE doctors do not take the place of your primary care doctor. Proper diagnosis should come from your doctor, and medical advice is always between you and your doctor.

² Internet/Wi-Fi connection is needed for computer access. Data charges may apply when using your tablet or smartphone. Check your phone carrier's plan for details. Service is limited to interactive-audio consultations (phone only), along with the ability to prescribe, when clinically appropriate, in Texas. Service is limited to interactive-audio/video (video only), along with the ability to prescribe, when clinically appropriate, in Idaho, Montana, New Mexico and Oklahoma. Virtual visits are currently not available in Arkansas. Service availability depends on member's location. Virtual visits may not be available on all plans.

MDLIVE is not an insurance product nor a prescription fulfillment warehouse. MDLIVE operates subject to state regulations and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services.

Health Savings Account (HSA)

A Health Savings Account is an alternative to traditional health insurance; it is a savings product that offers a different way for consumers to pay for their health care. HSAs enable you to pay for current health expenses and save for future qualified medical retiree health expenses on a **tax-free basis**.

You must be covered by a High Deductible Health Plan (HDHP) to be able to take advantage of the HSA. A HDHP generally costs less than what traditional health care coverage costs, so the money that you save on insurance premiums can therefore be put into the Health Savings Account.

You own and you control the money in your HSA. Decisions on how to spend the money are made by you without relying on a third party or a health insurer. You can also (after a certain balance is reached) decide what types of investments to make with the money in the account in order to make it grow.

How does the HSA plan work?

1. Contributions to your HSA will be made by the City of Lancaster. **The City of Lancaster's 2024 / 2025 contribution is \$1,000 for single coverage for the year and \$2,000 for Employee & Spouse/Child(ren) or Family, deposited bi-annually on October 1st, and April 1st.** You can also elect at Open Enrollment to make your own additional contribution to the HSA which would be taken out of your paycheck on a pre-tax basis. That money is available to pay for the qualifying medical expenses throughout the year.
2. When you need medical care and visit the doctor, emergency room or hospital, you will be responsible for the full cost of the visit (minus any network discounts). You can use the HSA account funds to pay for that visit at the time of the service, you can reimburse yourself at the end of the year or you can choose to pay for the visit out of pocket and let the HSA funds grow.
3. You may also use your HSA funds for dependent health care costs even if your dependent is not on the City's plan.

HSA Advantages

Choosing a High Deductible Health Plan with the Health Savings Account may help you save money:

1. The monthly premium on this plan is **less** expensive than the monthly premium for the buy-up PPO or the HMO plans.
2. **Contributions to an HSA are made by the City of Lancaster** and additional contributions may be made by the employee on a pre-tax basis up to the annual limits listed above.
3. Unused HSA contributions **carry over** from year to year and remain in the HSA for the following year's medical expenses.
4. At age 65, the unused contributions and earned interest can be used to supplement retirement needs.

2024 Annual Contribution Limits

- ◆ The maximum annual HSA contribution for an eligible individual with self-only coverage is \$4,150 or \$8,300 for family coverage.
- ◆ Catch up contribution for individuals who are between ages 55 to 65 is \$1,000.



Medical Eligible Expenses for HSA or FSA

Acupuncture	Lifetime Care—Advance Payments
Alcoholism	Lodging - for medical care
Ambulance	Long-Term Care
Artificial Limb	Meals - for medical care
Artificial Teeth	Medical Conferences
Bandages	Medical Information Plan
Breast Reconstruction Surgery	Medical Services
Birth Control Pills	Medicines (excluding over-the-counter without an Rx)
Braille Books and Magazines	Nursing Home
Capital Expenses - ramps, rails, etc.	Nursing Services & Home Care
Car - special design	Operations
Chiropractor	Optometrist
Christian Science Practitioner	Organ Donors
Contact Lenses	Osteopath
Crutches	Oxygen
Dental Treatment (not teeth whitening)	Pregnancy Test kit
Diagnostic Devices	Prosthesis
Disabled Dependent Care Expenses	Psychiatric Care
Drug Addiction - inpatient treatment	Psychoanalysis
Drugs (excluding over-the-counter)	Psychologist
Eyeglasses	Special Education
Eye Surgery	Sterilization
Fertility Enhancement	Stop-Smoking Programs
Founder's Fee - care at retirement home	Surgery
Guide Dog or Other Animal	Telephone for hearing-impaired
Health Institute	Television for hearing impaired
Health Maint. Org. (HMO)	Therapy
Hearing Aids	Transplants
Home Improvements - ramps, lifts, etc.	Transportation - for medical care
Hospital Services	Trips - for medical care
Insurance Premiums - see IRS list	Vasectomy
Laboratory Fees	Vision Correction Surgery
Lead-Based Paint Removal	Weight-Loss Program
Learning Disability	Wheelchair

Dental Benefits



Effective October 1, 2024

Here is a snapshot of the coverage offered through the 2024-2025 dental plan(s). For a complete summary of dental benefits, please refer to the plans provided or on <http://workforcenow.adp.com>.

BENEFITS	BCBSTX
Type I – Preventive Services Oral examinations (2 Per Year) X-rays (Bitewing/2 Per Year) (Full Mouth/1 Per 3 Years) Cleanings (2 Per Year)	No Waiting Period 100%
Type II – Basic Services Fillings Extractions Root Canal	No Waiting Period 80%
Type III – Major Services Crowns Removable / fixed bridge-work Partial or complete dentures	No Waiting Period 50%
Type IV - Orthodontia Adult & Child (dependent up to age 26)	No Waiting Period 50%
Annual Deductible	
Individual	\$50
Family	\$150
Annual Maximums	
Dental Annual Maximum	\$1,500
Orthodontia Lifetime Maximum	\$1,500
Network Website: bcbstx.com	BlueCare Dental PPO

NOTE: This is a brief summary and not intended to be a contract.

BlueCare Dental PPO offers you and your family access to one of the largest national dental PPO provider networks.¹

This network includes general and specialty dentists in Texas as well as across the country. As a BlueCare Dental PPO plan member, you can go to any dentist. However, you'll save money and get more from your benefits when you use an in-network dentist. These in-network dentists have agreed to:

- Accept set fees for covered services
- Not bill you for costs over the negotiated fees (except copayments, coinsurance and deductibles)

If you choose an out-of-network dentist, he or she may have higher fees and charge you for amounts not covered by your insurance. To get the most from your benefits, choose an in-network dentist.

Finding an In-Network Dentist is Easy

For a list of in-network general and specialty dentists, go to bcbstx.com and use the Provider Finder® tool by clicking on **Find Care** and then on **Find a Dentist** on the left side of the page. You can search for a dentist near your home, school or office.

Dedicated Customer Service

After signing up, you will get more detailed information about your dental plan. Look at your plan materials for complete details. Customer Service can answer questions about eligibility, claims, benefits and providers. Just call **877-442-4207** between 8 a.m. and 6 p.m. (CT), Monday through Friday.

Voluntary Vision Benefits



Effective October 1, 2024

Here is a snapshot of the coverage offered through the 2024-2025 vision plan(s). For a complete summary of vision benefits, please refer to the plans provided or on www.surency.com

BENEFITS		Surency
Eye Exam	Network	\$10 Copay
	Non-Network	Up to \$35 Reimbursement
Frames/ Lens		
Single Vision	Network	\$20 Copay
	Non-Network	Up to \$25 Reimbursement
Bifocal Lenses	Network	\$20 Copay
	Non-Network	Up to \$40 Reimbursement
Trifocal Lenses	Network	\$20 Copay
	Non-Network	Up to \$55 Reimbursement
Frames	Network	Up to \$130 Allowance
	Non-Network	Up to \$65 Reimbursement
Contacts *In Lieu of Glasses		
Network	Medically Necessary	\$0 Copay/Covered in Full
	Elective	Up to \$130 Allowance
Non-Network	Medically Necessary	Up to \$200 Reimbursement
	Elective	Up to \$90 Reimbursement
Exam Frequency		12 Months
Lens Frequency		12 Months
Frames Frequency		24 Months
Network Website	www.surency.com	Surency Network of Providers

NOTE: This is a brief summary and not intended to be a contract.

Basic Life & AD&D Benefits



Effective October 1, 2024

City of Lancaster provides Basic Life and AD&D (Accidental Death and Dismemberment) insurance for you as a full-time employee at no additional cost. If you would like to purchase additional life insurance for yourself and/or your dependents, please see the Voluntary Life Insurance page for more information.

BENEFICIARY INFORMATION

Remember, it is important to designate beneficiaries for all of your insurance policies that require them. If you don't, laws may cause death benefits to be distributed differently than you had planned resulting in additional taxes and may unnecessarily delay the process of finalizing payment to your loved ones. You should regularly review and, if necessary, update your beneficiary designations. You can update your beneficiary at any time by *submitting a new beneficiary form to HR*.

BASIC LIFE/AD&D BENEFITS	Dearborn National
Basic Life & AD&D Schedule	1X Basic Annual Earnings
Guarantee Issue Amount	\$200,000
Maximum Amount	\$200,000
Employee Age Reduction Schedule	To 65% @ Age 70 To 45% @ Age 75 To 30% @ Age 80 To 15% @ Age 85
Waiver of Premium	Included
Accelerated Death Benefit	Included
Conversion	Included
Portability	Not Included

NOTE: This is a brief summary and not intended to be a contract.

For more information on the basic life plan(s), please visit <http://workforcenow.adp.com>.

Voluntary Life & AD&D Benefits

Effective October 1, 2024

VOLUNTARY LIFE BENEFITS	Dearborn National
Employee Life Amount	Increments of \$10,000
Employee AD&D Amount	Same as Life
Employee Guarantee Issue Amount - New Hires Only	\$150,000
Employee Maximum Amount	\$500,000
Employee Age Reduction Schedule	To 65% @ Age 70 To 45% @ Age 75 To 30% @ Age 80 To 15% @ Age 85
Spouse Life Amount	Increments of \$5,000 to a maximum of \$500,000
Spouse Guarantee Issue Amount	\$20,000
Spouse Maximum Amount	May not exceed Employee Voluntary Life Benefit
Child Life Amount	Birth to 6 months: \$100 6 months to 26 years: \$5,000 or \$10,000
Child Maximum Amount	\$10,000
Waiver of Premium	Included
Conversion	Included
Suicide Clause	Included – 1 Year
AGE RATED PREMIUMS (Rates based on Employee/Spouse)	Employee & Spouse (Rate Per \$1,000)
AD&D Rate: (per \$1,000)	\$0.045
Life Rate: Up to 24	\$0.08
25-29	\$0.08
30-34	\$0.08
35-39	\$0.12
40-44	\$0.19
45-49	\$0.28
50-54	\$0.48
55-59	\$1.29
60-64	\$2.03
65-69	\$3.23
70-74	\$5.72
75-79	\$5.72
Child Life Rate (Per \$5,000)	\$1.00

NOTE: This is a brief summary and not intended to be a contract.

Guarantee issue Amounts listed are only available to new hires and their spouses. All other eligible employees and spouses will be required to submit Evidence of Insurability for any new coverage amount or increase in coverage amount, except as noted.



LIFE INSURANCE YOU CAN KEEP!



PURELIFE-PLUS

Life insurance can be an ideal way to provide money for your family when they need it most. PURELIFE-PLUS offers permanent insurance with a high death benefit and long guarantees¹ that can provide financial peace of mind for you and your loved ones. PURELIFE-PLUS is an ideal complement to any group term and optional term life insurance your employer might provide and has the following features:



YOU OWN IT



YOU CAN TAKE IT
WITH YOU WHEN YOU
CHANGE JOBS OR RETIRE



YOU PAY FOR IT
THROUGH CONVENIENT
PAYROLL DEDUCTIONS



YOU CAN COVER YOUR
SPOUSE, CHILDREN AND
GRANDCHILDREN, TOO²



YOU CAN GET A LIVING
BENEFIT IF YOU BECOME
TERMINALLY ILL³



IT'S AFFORDABLE



3 QUICK QUESTIONS

You can qualify by answering
just 3 questions –
no exams or needles.

DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

1. Been actively at work on a full time basis, performing usual duties?
2. Been absent from work due to illness or medical treatment for a period of more than 5 consecutive working days?
3. Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation, dialysis treatment, or treatment for alcohol or drug abuse?

¹ Guarantees are subject to product terms, limitations, exclusions and the insurer's claims paying ability and financial strength.

² Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.

³ Conditions apply. Accelerated Death Benefit Due to Terminal Illness Rider Form ICC07-ULABR-07 or Form Series ULABR-07

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative or see the PureLife-plus brochure for costs and complete details. Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO. Texas Life is licensed to do business in the District of Columbia and every state but New York.

TEXASLIFE INSURANCE
COMPANY

Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

Voluntary Short-Term Disability Benefits

Effective October 1, 2024

If you are a full-time employee regularly scheduled to work at least 30 hours per week, Short-Term Disability benefits are available to you on a voluntary basis. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

SHORT TERM DISABILITY BENEFITS	Dearborn National
Weekly Percentage	60%
Weekly Maximum	\$1,000
Benefit Duration	Up to 26 Weeks (1 st week elimination period)
Accident Benefit Begin	8th Day
Sickness Benefit Begin	8th Day
Pre-existing Condition	12/12

Rates per \$10 Covered Benefit (Rates based as of October 1, 2024)	
<20	\$0.378
20-24	\$0.380
25-29	\$0.395
30-34	\$0.370
35-39	\$0.355
40-44	\$0.379
45-49	\$0.408
50-54	\$0.506
55-59	\$0.673
60-64	\$0.848
65-69	\$0.867
70+	\$0.980

NOTE: This is a brief summary and not intended to be a contract.

Should an employee leave employment or otherwise become ineligible to participate in the STD plan, coverage will end the day the employee becomes ineligible to participate.

Long-Term Disability Benefits

Effective October 1, 2024

City of Lancaster provides full-time employees with long-term disability income benefits. The cost for this coverage is paid in full by the City. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

Long-Term Disability Benefits	Dearborn National	
	Core Plan (Employer Paid)	Buy-Up Plan
Monthly Percentage	40%	60%
Monthly Maximum	\$5,000	\$5,000
Definition of Disability	2 Years / Own Occupation	2 Years / Own Occupation
Elimination Period	180 Days	180 Days
Benefit Duration	Social Security Normal Retirement Age	Social Security Normal Retirement Age
Definition of Earnings	Base Annual Earnings	Base Annual Earnings
Pre-existing Limitation	3 / 12	3 / 12
Mental / Nervous Limitation	24 Months per Disability	24 Months per Disability
Drug / Alcohol Limitation	24 Months per Disability	24 Months per Disability
Self-Reported Limitation	No Limitation	No Limitation



Rates per \$100 Covered Benefit	
<20	\$0.038
20-24	\$0.048
25-29	\$0.057
30-34	\$0.071
35-39	\$0.078
40-44	\$0.099
45-49	\$0.159
50-54	\$0.252
55-59	\$0.268
60-64	\$0.246
65-69	\$0.129
70+	\$0.120

Note: If you are enrolling for Voluntary Disability coverage as a late entrant, you will be required to submit Evidence of Insurability before coverage is approved.

Employee Assistance Program (EAP)

Effective October 1, 2024

City of Lancaster Employee Assistance Program (EAP)



Alliance Work Partners is
here for you as life happens.

AWP is proud to serve as your EAP, offering you and your household valuable, confidential services at no cost to you.

Your benefits are designed to help you manage daily responsibilities, major events, work stresses, or any issue affecting your quality of life.

All benefits can be
accessed by calling:

toll free

1-800-343-3822

TDD

1-800-448-1823

teen line

1-800-334-TEEN (8336)

We are available to take your call
24 hours a day, 7 days a week.



Visit your EAP website at
alliancewp.com

and create a
customized account.

Go to <http://www.alliancewp.com>
Select "Access Your Benefits"

Initial Login:

Email: COLANmember

Password: AWP4me
(case-sensitive)

You will be prompted to
create your own unique
username and password.

Registration Code:
AWP-COLAN-2146

Your EAP Benefits:

LawAccess

Legal and Financial services provided by a lawyer or financial professional specializing in your area of concern. Available online or by telephone.

HelpNet

Customized EAP website featuring resources, skill-building tools, online assessments and referrals.

WorkLife

Resources and referrals for everyday needs. Available by telephone.

WellCoach

Personalized planning and 1-on-1 support, online or by telephone, to help you improve and maintain your health and well-being.

SafeRide

Reimbursement for emergency cab fare for eligible employees and dependents that opt to use a cab service instead of driving while impaired.

1 to 6 Counseling Sessions

Per problem, per year. Short-term counseling sessions which include assessment, referral, and crisis services.

Newsletters

Webcast Training Series

Monthly Webchat



Employee Assistance Program (EAP)

Criteria for Benefits Eligibility

Full Benefits:

Employee, retiree, married/divorced spouse, partner, significant other

Any household member, regardless of age or relationship, residing in employee's home, including significant other and their children

All covered employees may bring anyone with them to their authorized/covered sessions regardless of relationship to employee.

Children and grandchildren, age 26 or under, residing in US or Puerto Rico. This includes children and grandchildren of significant other or partner.

Any person meeting benefit eligibility prior to lay-off or termination of an employee will continue to be eligible for benefits up to 6 months from the date of employee's lay-off or termination. Benefits are extended for 6 months from date of employee's call within this timeframe.

Assessment & Referral:

Children and grandchildren age 27 and over of employee, married/divorced spouse, partner, or significant other living outside employee's home

Employee instructed by law to receive court-ordered counseling

All crisis cases (suicidal/homicidal, domestic violence, chemical dependence, substance abuse, child/elderly abuse) not otherwise covered

Any person meeting benefit eligibility prior to lay-off or termination of an employee will continue to be eligible for assessment and referral after 6 months and up to 1 year from the date of employee's lay-off or termination. Benefits are extended 1 year from date of employee's call within this timeframe.

Information & Referral:

Anyone contacting Alliance Work Partners regardless of contract status

Children under the age of 18 must have a written, signed release by their guardian who has custody (whether living in the home or not) to attend counseling on their own. This release is given to their affiliate provider. Divorced parents who bring their children in for counseling must bring a copy of their divorce decree or have signed permission from the other parent before bringing a child into counseling. Grandparents who bring their grandchildren into counseling must have proof of guardianship or written permission from the child's parents.



Flexible Spending Account

Effective October 1, 2024

A Flexible Spending Account, or FSA, lets you set aside pre-tax money from your paychecks to spend on out-of-pocket healthcare expenses (i.e. co-pays, deductibles, over-the-counter items, etc.). Money that goes into an FSA is pre-tax, so by anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

Health Care Reimbursement FSA

This program lets employees pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars. The annual maximum amount you may contribute to the **Health Care Reimbursement FSA** is **\$3,200**. Some examples include:

- Deductible, Prescriptions & Doctor Visit Co-Payments
- Over-the-Counter Medicines with a Prescription
- Vision services, including Lasik Eye Surgery, Glasses & Contacts
- Hearing services, including hearing aids and batteries
- Orthodontics, Dental deductibles and coinsurance
- Acupuncture

Dependent Care FSA

The Dependent Care FSA allows employees to use pre-tax dollars towards qualified dependent care for children under the age of age 13 or caring for elders. The annual maximum amount you may contribute to the **Dependent Care FSA** is **\$5,000** for 2024, (or \$2,500 if married and filing separately).

Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

FSA Smart Tips

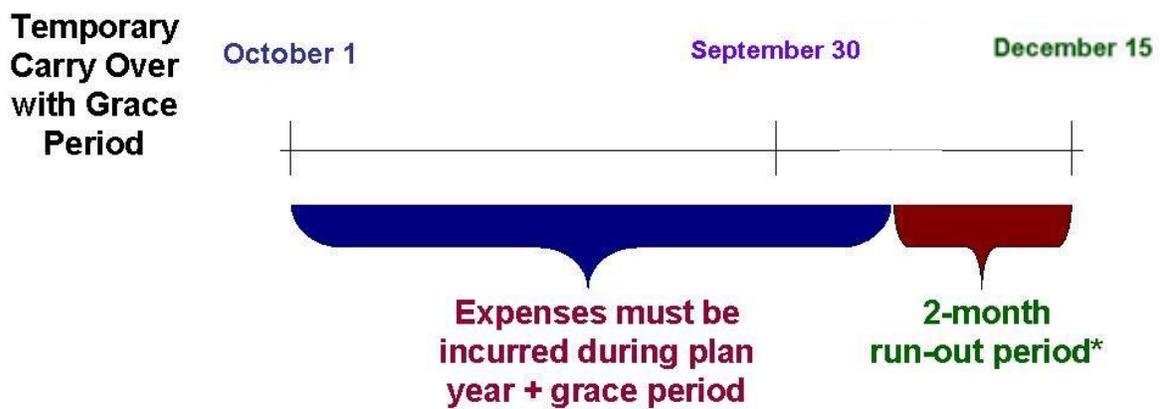
Cover any significant medical expenses early in the year using your FSA. You'll spend the remainder of the year paying yourself back with the regular payroll deductions.

Save your receipts as proof of purchase in order to be reimbursed for your health care expenses from your FSA. So if you are making purchases that are eligible for reimbursement, you'll want to keep them separate from other items.

Take advantage of the pre-tax savings and use your FSA dollars. Remember, unused money in an FSA at the end of the year is lost.

If enrolled in an HSA you cannot enroll in a traditional FSA program.

Temporary Carry Over + Grace Period Timeline



Limited Flexible Spending Account

Effective October 1, 2024

**For those on the HDHP/HSA*

Limited FSA

A Limited FSA is a cost-effective and easy way to help you manage expenses for dental and vision care. Like a traditional FSA, it allows you to use tax-free dollars to pay for expenses that are not covered, or only partially covered, by insurance. It's known as a Limited FSA because the expenses you'll pay from this account will be "limited" to what you spend on dental and vision care.

The best part of this FSA is that since you're setting aside pre-tax dollars to cover these expenses, you'll save money because less of your income is taxable. Expenses include:

- Dental and vision copayments, coinsurance amounts and deductibles
- Dental and orthodontic services
- Lasik eye surgery; and
- Vision care products like eyeglasses and contact lenses

IRS Rules for Married Couples

Under IRS rules for married couples, an employee whose spouse has non-HDHP coverage, including a Health Flexible Spending Account (FSA), is not eligible for an HSA. For example, a wife may not contribute to an HSA if her husband has a health FSA through his employer; the reason being is that the Health FSA is considered "other coverage" and therefore, disqualifies the wife from contributing to the HSA.

There are very strict limits on the use of HSAs with FSAs – HSAs can be used with FSAs as long as there is no "Double-Dipping" – meaning that payments cannot be duplicated.

To prevent "Double-Dipping", an employee of the City of Lancaster may not enroll in the HDHP / HSA if their spouse has enrolled in an FSA with their employer.



TMRS Is Your Retirement Plan

FOR MEMBERS

You become a TMRS Member as soon as you begin working in a position with a TMRS city that normally requires 1,000 hours per year. As a TMRS Member, you can qualify to receive a monthly retirement benefit for life and possibly the life of any beneficiary.

Your contributions to TMRS. You contribute a percentage (5%, 6%, 7%) of your paycheck to TMRS. The percentage is selected by your city; you cannot change that percentage.

Annual 5% guaranteed interest. Your contributions are deposited into your individual TMRS account and earn a guaranteed 5% interest annually.

City contributions. Your city matches your account balance when you retire at your city's matching contribution rate (1:1, 1.5:1, 2:1).

Service credit. You earn a month of service credit for each month that you work for a TMRS participating city. Once you have received enough service credit, you become eligible to receive a TMRS lifetime monthly benefit at retirement.

Eligibility for a lifetime retirement benefit. To be eligible to receive a TMRS monthly benefit for life, you must:

- Be at least 60 years old and have at least five years of service credit (some cities may require 10 years of service credit)

OR

- Have at least 20 years of service credit, regardless of your age (some cities may require 25 years of service credit)

For more information about TMRS or your retirement account, please visit tmrs.com. There, you can sign up for MyTMRS, which provides 24/7 access to your account information.

Member Service Center

800-924-8677

Fax • 512-476-5576

Website

tmrs.com

Mailing Address

P.O. Box 149153

Austin, TX 78714-9153

MyTMRS is an online portal on tmrs.com where you can access your TMRS account 24/7.

How to Register for MyTMRS

- Go to tmrs.com and click the red MyTMRS button in the upper right corner
- At the Log In screen (upper right), click on the “Create an Account” link
- Fill in the required information on the Registration screen (bottom right), and follow the directions
- Use a personal email address

What You Can Do on MyTMRS

- Update your contact information
- View and update your beneficiary designation
- Choose your preferences for electronic or mail delivery of TMRS newsletters and annual statements
- View, download and print your Member Account Statement or Retirement Benefit Statement

What Active Members Can Do

- Review your account balance and service credits
- Print an Account Balance letter to document your account
- View your City’s Plan
- Run personal retirement estimates

What Retirees Can Do

- View your benefit payment summary and tax withholding details
- Change your IRS withholding instructions
- Download tax documents (Form 1099-R)
- Print Benefit Confirmation letters to document your benefit payments
- Update your direct deposit information
- Update your HELPS insurance premium deduction

Member Service Center

800-924-8677
Fax • 512-476-5576

Website

tmrs.com

Mailing Address

P.O. Box 149153
Austin, TX 78714-9153

My City Plan as of September 2022

City name and number

Lancaster (00726) since 07-1967

Employee's deposit rate

7% (01-1998)

City's matching ratio

200% (01-1996)

Vesting requirement

5 years of service

Retirement eligibility

5 years of service/Age 60; 20 years of service/Any Age

Additional provisions

Supplemental Death Benefits (Employee & Retiree)
100% Updated Service Credit (with Transfers) - Auto-Readopt
50% Annuity Increase - Auto-Readopt
Military Service Credit
Restricted Service Credit



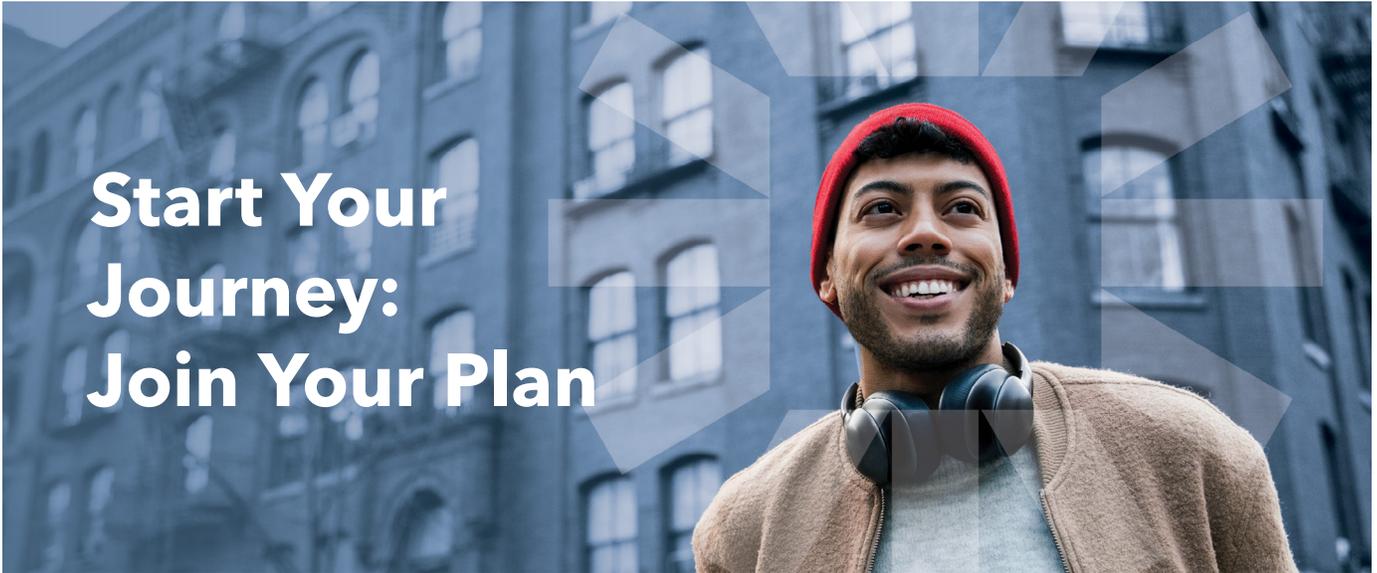
TMRSFACTS

Texas Municipal Retirement System

2717 Perseverance Drive, Suite 300, Austin, Texas 78731

PO Box 149153, Austin, Texas 78714-9153

512.476.7577 • 800.924.8677 • Fax 512.476.5576 • phonecenter@tmrs.com



Join your plan using your computer, tablet, or mobile device. To enroll, or view your plan's features and investment options, scan the QR code or visit www.missionsq.org/enroll.

How much could my account be worth at age 65?*

You can save even more by making voluntary contributions, which are in addition to the mandatory amount your employer sets aside for your retirement. The sooner you start making voluntary contributions, the less pressure you may face to catch up later on. And, starting early can give you an advantage due to compounding, in which your investments produce earnings from previous earnings.

* For illustrative purposes only. Assumes \$50 bi-weekly contributions and an effective annual return of 6%, compounded bi-weekly.



Questions? Get personalized help from your MissionSquare Retirement Plans Specialist. See next page for contact information.



Steven Whitman

Retirement Plans Specialist

Mission Square Retirement

777N. Capitol Street, NE

Washington, DC 20002

Desk: (202) 759-7115

Cell: (202) 603-3693

eFax: (888) 681-9879

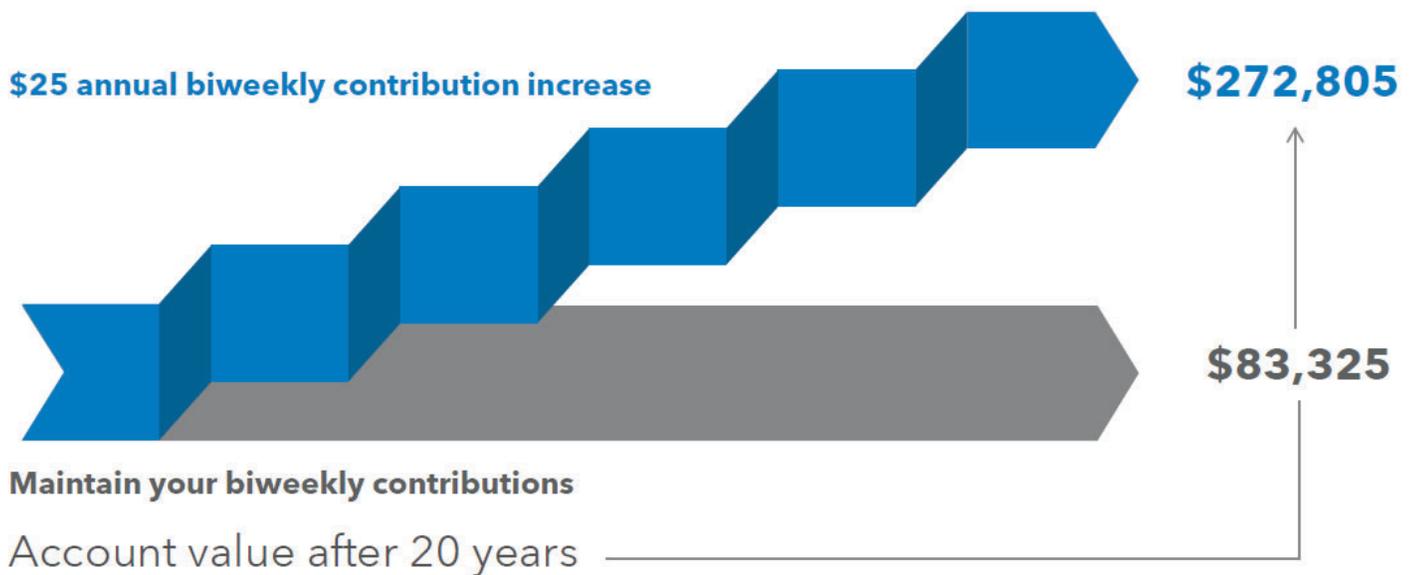
Email: swhitman@missionsq.org

Web: www.missionsq.org

Increase 457 plan contributions over time

How much can a \$10,000 investment grow in 20 years?

www.missionsq.org/savingsboost | www.missionsq.org/grow



For illustrative purposes only. Assumes \$10,000 account value, \$50 biweekly contributions at age 40 and an effective annual return of 6%, compounded biweekly.



2025 CITY OF LANCASTER HOLIDAY SCHEDULE

New Year's Day 2025	Wednesday, January 1, 2025
Martin Luther King Birthday	Monday, January 20, 2025
Good Friday	Friday, April 18, 2025
Memorial Day	Monday, May 26, 2025
Floating Holiday: Juneteenth & 9-11 Observed holiday for Fire	Thursday June 19, 2025
July 4th	Friday, July 4, 2025
Labor Day	Monday, September 1, 2025
Thanksgiving Day	Thursday, November 27, 2025 Friday, November 28, 2025
Christmas Day	Thursday, December 25, 2025
New Year's Day 2026	Thursday, January 1, 2026

A new way to invest in YOU and invest in LANCASTER



Volunteer Hours



Description: *City employee is compensated for half a workday each month to perform community services within the City of Lancaster extending goodwill and strengthening bonds within the community.*

- Who: Full-time City of Lancaster employees
- What: Up to half a day per month (time is not accrued, rolled over or banked)
- Where: Organizations in Lancaster, Texas
- How: Seek approval in advance & verify hours using form below
- When: As appropriate and should not disrupt normal work duties

EMPLOYEE INFORMATION

Name: _____

Department: _____

Volunteer Date: _____

Supervisor Approval: _____

Director Approval: _____

Time In & Out: _____

LANCASTER VOLUNTEER ORGANIZATION

Name: _____

Address: _____

Contact Name: _____

Contact Number: _____

Contact Signature: _____

DESCRIPTION OF VOLUNTEER WORK:

Volunteering

Review and become familiar with Policy & Forms: V-3 Volunteer Program



Common misunderstanding: Employees cannot volunteer to do work they are paid to do. For example, a park employee can not volunteer to plant flowers if they plant flowers as part of their normal work duties.

Volunteer Forms

- Volunteer Policy
- Volunteer Time Sheet
- Volunteer Application

Volunteer Websites:

- Volunteer Now Website
- American Heart Association
- Big Brothers Big Sisters
- Relay for Life
- United Way

End of Year Reporting - At the end of each fiscal year Risk Management will need a head count report from departments with volunteers. The head count report will need a grand total of hours by the volunteer from 10/1 through 9/30 as well as a designation for outside or inside volunteer work.

Police Volunteers/Reserve Officers - Police volunteers and Reserve Officers are processed directly through the police department or the city marshal's office. Reports are obtained directly through the supervisor.



211 N. Henry St.
Lancaster, TX 75146
(972) 275-1794

