

2025-2026  
**BENEFITS  
GUIDE**

October 1, 2025 – September 30, 2026

# SUMMARY OF BENEFITS COVERAGE NOTICE

## ***Notice for Electronic Delivery of Applicable Documents, Including the Summary of Benefits and Coverage***

Under the Affordable Care Act, the City of Lancaster group health plan is required to provide employees with a clear, consistent and comparable Summary of Benefits and Coverages (SBC) which contains information about your health plan benefits and coverage.

The City of Lancaster would like to provide you with important information regarding the availability of the plan's summary of benefits.

Your voluntary consent is required for you to receive electronic documents such as the SBC. If you do not wish to consent to electronic distribution, please contact HR at [hr@lancaster-tx.com](mailto:hr@lancaster-tx.com). If you do not object to having electronic accessibility to such documents, and we do not hear otherwise from you within 14 (business days) from the date of this notice, no action is necessary and such information, such as the SBC, will be emailed or delivered to your work email address. If you do not have a work email address, or would like the City of Lancaster to electronically deliver applicable documents to another email address, please provide such email address HR at [hr@lancaster-tx.com](mailto:hr@lancaster-tx.com).

You may download and print the electronic versions of these documents at no charge or contact HR at [hr@lancaster-tx.com](mailto:hr@lancaster-tx.com) for a free copy to be mailed to you. Furthermore, any applicable documents, including the SBC, are available at ADP. If you have any trouble with the retrieval of such documents at [www.adp.com](http://www.adp.com), please contact [HR at hr@lancaster-tx.com](mailto:HR@hr@lancaster-tx.com).

Please note that it is your responsibility to update the City of Lancaster of any updated email address to which electronic documents are delivered. To do so, please contact HR at [hr@lancaster-tx.com](mailto:hr@lancaster-tx.com).

Lastly, should you determine, at a later date, that you desire to receive a paper version of the Summary of Benefit Coverage (SBC) documents, or such other applicable documents, please notify Human Resources and such documents will be mailed to you free of charge.

**Please Keep This Guide**  
**It is a valuable resource for you**  
**throughout the year.**

*Your City of Lancaster Human Resources Team*

[hr@lancaster-tx.com](mailto:hr@lancaster-tx.com)

972-218-1790

# WELCOME

We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## Coverage Begins

- **New Hires:** You must complete enrollment within 30 days of your date of hire. If you enroll on time, coverage is effective the first of the month following 30 days. If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.
- **Open Enrollment:** Changes made during Open Enrollment are effective October 1, 2025. Open Enrollment is from August 24, 2025 – September 6, 2025.

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, or child
- Lost coverage under your spouse's plan
- You gain access to state coverage under Medicaid or The Children's Health Insurance Program

## Making Changes

**To change your benefit elections, you must contact Human Resources within 31 days of the qualifying life event.** Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

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# ENROLLMENT

Go to [www.adp.com](http://www.adp.com) or scan the QR code below. There you will find detailed information about the plans available to you and instructions for enrolling.



Required Information—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

# WHAT CONSTITUTES A QUALIFYING LIFE EVENT?

Qualifying Life Event	Medical	Dental	Vision	Supp. EE Life	Vol. Sp. Life	Vol. Child Life	Dep. Care	Health Care	Beneficiaries	Documentation
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
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 Credible 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 Credible 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

# MEDICAL COVERAGE

## BCBS HMO Plan

With this plan, you select a primary care physician (PCP) from the participating network of providers who will coordinate your health care needs, refer you to specialists (if needed) and approve further medical treatment. Services received outside of the HMO's network are not covered, except in the case of emergency medical care.

## BCBS PPO Plan

This plan gives you the freedom to seek care from any provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

- The plan pays the full cost of qualified in-network preventive health care services.
- You pay the full cost of non-preventive health care services until you meet the annual deductible. You may also have to pay a fixed dollar amount (copay) for certain services.
- Once you meet the deductible, you pay a percentage of certain health care expenses (coinsurance) and the plan pays the rest.
- Once your deductible, copays and coinsurance equal up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year.

## BCBS HDHP (HSA) Plan

The High-Deductible Health Plan (HDHP) works similarly to a traditional PPO:

- You may see any health care provider and still receive coverage, but you will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.
- The plan pays the full cost of qualified in-network preventive health care services.
- You pay the full cost of non-preventive health care services until you meet the annual deductible.
- Once you meet the deductible, the plan pays the rest.
- Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the plan year.

NOTE: If you enroll one or more family members, each covered family member is only required to meet the individual deductible or individual out-of-pocket maximum before the plan starts to pay covered services at 100% for that individual. Once the individual meets the individual max out-of-pocket the plan pays 100%. Only when multiple people meet the family max will it cover sooner.

## Health Savings Account (HSA)

The HDHP features an HSA administered through Flores. The HSA "allows you to set aside" pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

### How the HSA Works

You may contribute pre-tax funds to the HSA through automatic payroll deductions.

In addition, the city will contribute dollars toward your HSA up to \$1,500 for single coverage and \$3,000 for Employee plus Dependent(s), deposited bi-annually on October 1<sup>st</sup> and April 1<sup>st</sup> each calendar year.

Your contributions, in addition to the city's contributions, may not exceed the IRS annual maximum contribution limits listed below.

Coverage Tier	2025	2026
Individual	\$4,300	\$4,400
Employee & Dependent(s)	\$8,550	\$8,750
Catch-up Contributions	\$1,000	\$1,000

You can withdraw HSA funds tax free to pay for current qualified health expenses, or save for the future. Unused funds rollover from year-to-year and are yours to keep, even if you change medical plans or leave employment.

### Important Notes:

You must meet certain eligibility requirements to have an HSA you must: a) be at least age 18, b) be covered under a qualified HDHP, c) not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, visit <https://www.irs.gov/forms-pubs/about-publication-969>. For a complete list of qualified health care expenses, visit [www.irs.gov/formspubs/about-publication-502](http://www.irs.gov/formspubs/about-publication-502).

Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.



Scan this code for a complete list of qualified health care expenses.

# MEDICAL & PRESCRIPTION COVERAGE

Following is a high-level overview of your medical plan options. For complete coverage details, please refer to the plans benefit summary. Find a provider at <https://hcpdirectory.cigna.com/> Network Name: Open Access Plus

Key Benefits	BCBS Plans				
	HMO Plan	PPO Plan		HDHP / HSA	
	In-Network	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)					
(Individual / Family)	\$1,500 / \$3,000	\$1,250 / \$2,750	\$1,500 / \$4,500	\$3,500 / \$7,000	\$6,000 / \$12,000
<b>Out-of-Pocket Max</b> (per calendar year)					
(Individual/Family)	\$4,500 / \$8,500	\$4,500 / \$10,700	\$8,000 / \$24,000	\$3,500 / \$7,000	\$12,000 / \$24,000
<b>Covered Services</b>					
<b>Office Visits</b> (physician/specialist)	\$35 / \$55 copay	\$35 / \$35 copay	Deductible / 40%	Deductible / 100%	Deductible / 40%
<b>Virtual Visits (Teladoc)</b>	N/A		N/A		
<b>Routine Preventive Care</b>	Covered 100%	Covered 100%	Deductible / 40%	Covered 100%	Deductible / 40%
<b>Diagnostics</b> (lab/X-ray)	Deductible / 20%	Covered 100%	Deductible / 40%	Deductible / 100%	Deductible / 40%
<b>Emergency Room</b>	\$250 copay + 20% Waived if Admitted	\$250 copay + 20% Waived if Admitted		Deductible / 100%	
<b>Urgent Care Facility</b>	\$75 copay	\$50 copay	Deductible / 40%	Deductible / 100%	Deductible / 40%
<b>Inpatient Hospital Stay</b>	Deductible / 20%	Deductible / 20%	Deductible / 40%	Deductible / 100%	Deductible / 40%
<b>Outpatient Surgery</b>	Deductible / 20%	Deductible / 20%	Deductible / 40%	Deductible / 100%	Deductible / 40%
<b>Prescription Drugs (Generic / Preferred Brand / Non-Preferred Brand)</b>					
<b>Out-of-Pocket Max</b>	\$1,000 / \$3,000	\$1,000 / \$3,000		Deductible / 100%	Deductible / 100%
<b>Retail Pharmacy (30-day supply)</b>	\$20 / \$35 / \$50	\$30 / \$45 / \$60	\$30 / \$45 / \$60 + 40%	Deductible / 100%	Deductible / 100%
<b>Mail Order (90-day supply)</b>	\$60 / \$105 / \$150	\$25 / \$188 / \$175*	Not Covered	Deductible / 100%	Not Covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.





**Scan this to watch a video  
about common  
benefits terminology.**





# VIRTUAL VISITS

## MDLive

It's not always easy to find time for the health care you need. After all, doctors' appointments traditionally involve time and travel. That can lead to putting off care until problems become more serious, and potentially more expensive. **That's why BCBSTX has partnered with MDLIVE to offer a comprehensive suite of convenient virtual care options— available by phone or video whenever it works for you.** With Virtual Visits from MDLIVE®, the doctor is always in. This Blue Cross and Blue Shield of Texas (BCBSTX) benefit gives you access to 24/7 non-emergency care from a board-certified doctor or therapist by phone, online video or mobile app from almost anywhere. Skip expensive ER bills and waiting to see a doctor. You can speak with a Virtual Visits doctor within minutes. Services are available in both English and Spanish with translation services available in other languages.

### *Why Virtual Visits?*

- 24/7 access to an independently contracted, board-certified doctor or therapist
- Access via phone, online video or mobile app from almost anywhere
- Average wait time of less than 20 minutes
- Doctors can send e-prescriptions to your local pharmacy

*The Virtual Visits benefit is a convenient alternative for treatment of more than 80 health conditions, including:*

- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus Infections

*Virtual Visits sessions with licensed behavioral health therapists are available by appointment. Get virtual care for:*

- Depression
- Eating Disorders
- ADHD
- Substance use disorders
- Trauma and PTSD
- Autism spectrum disorder

First, call your doctor's office; they may also offer telehealth consultations by phone or online video. If you have any questions about this or any other BCBSTX benefit, please call the number on the back of your ID card.

*Activate your Virtual Visits account today:*

- Call 888-680-8646
- Go to [MDLIVE.com/bcbstx](https://MDLIVE.com/bcbstx)
- Text BCBSTX to 635-483
- Download the app

# DENTAL COVERAGE

## BlueCross BlueShield of Texas DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the **BlueCare Dental PPO Network**. Find a provider at [bcbstx.com](http://bcbstx.com) and use the Provider Finder tool by clicking on “Find Care” and “Find a Dentist.” The following is a high-level overview of the coverage available.

Key Benefits	BCBSTX
	In-Network
<b>Deductible</b> (Individual / Family)	\$50 / \$150
<b>Annual Benefit Maximum</b> (per person)	\$1,500
<b>Preventive Services</b> Oral Exams (2 Per Year) X-Rays Teeth Cleanings (2 Per Year)	100% Covered
<b>Basic Services</b> Fillings Extractions	80%
<b>Major Services</b> Crowns Removable/Fixed Bridge-Work Partial or Complete Dentures	50%
<b>Orthodontia Services</b> (Adult & Child)	50%
Orthodontia Maximum	\$1,500
Orthodontia Limiting Age	26
<b>Out of Network Reimbursement Level</b>	90 <sup>th</sup>

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

# VISION COVERAGE

## Surency Vision Plan

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the **Surency Network of Providers** Vision network. Visit <https://surency.com> to find a provider. The following is a high-level overview of the coverage available.

Key Benefits	Surency Vision	
	In-Network	Out-of-Network
<b>Exam</b> (once every 12 months)	\$10 copay	Up to \$35 Reimbursement
<b>Lenses</b> (once every 12 months)	\$20 copay	Up to \$25 Reimbursement
Single Vision		Up to \$40 Reimbursement
Bifocal		Up to \$55 Reimbursement
Trifocal		
<b>Frames</b> (once every 24 months)	Up to \$130	Up to \$65 Reimbursement
<b>Contact Lenses</b> (in lieu of glasses; once every 12 months)	Medically Necessary: Covered 100% Elective: Up to \$130	Medically Necessary: Up to \$200 Reimbursement Elective: Up to \$90 Reimbursement

# COST OF BENEFITS

Your contributions toward the cost of medical-related benefits are automatically deducted from your paycheck before taxes. The amount will depend on the plan you select and if you choose to cover eligible family members.

## Medical

Blue Cross Blue Shield HMO	Monthly Contributions		*Tobacco Use, No Physical by 12/31, Spousal Surcharge
	Employee Pays	Lancaster Pays	Surcharge
Employee Only	\$25.34	\$754.55	\$80, \$80, n/a
Employee + Spouse	\$365.48	\$1,351.04	\$80, \$80, \$50
Employee + Child(ren)	\$308.78	\$1,251.57	\$80, \$80, n/a
Employee + Family	\$706.63	\$1,949.45	\$80, \$80, \$50

Blue Cross Blue Shield PPO	Monthly Contributions		*Tobacco Use, No Physical by 12/31, Spousal Surcharge
	Employee Pays	Lancaster Pays	Surcharge
Employee Only	\$170.14	\$783.01	\$80, \$80, n/a
Employee + Spouse	\$547.05	\$1,550.51	\$80, \$80, \$50
Employee + Child(ren)	\$484.20	\$1,422.55	\$80, \$80, n/a
Employee + Family	\$925.18	\$2,320.53	\$80, \$80, \$50

Blue Cross Blue Shield HDHP / HSA	Monthly Contributions		*Tobacco Use, No Physical by 12/31, Spousal Surcharge
	Employee Pays	Lancaster Pays	Surcharge
Employee Only	\$0.00	\$706.96	\$80, \$80, n/a
Employee + Spouse	\$278.83	\$1,276.96	\$80, \$80, \$50
Employee + Child(ren)	\$232.34	\$1,181.91	\$80, \$80, n/a
Employee + Family	\$558.57	\$1,848.85	\$80, \$80, \$50

### HSA City Contribution:

Employee Only: **\$1,500** annually (½ in October 2025, ½ in April 2026)

Employee + Dependents: **\$3,000** annually (½ in October 2025, ½ in April 2026)

*\*Employees hired after October 1, 2025 but before April 1, 2026 will receive the second installment only. Those hired after April 1, 2026 will not receive a city contribution.*

## Dental

Coverage	Monthly Contributions	
	Employee Pays	Lancaster Pays
Employee Only	\$0.00	\$36.37
Employee + Family	\$33.20	\$39.89

## Vision

Coverage	Monthly Contributions	
	Employee Pays	Lancaster Pays
Employee Only	\$5.19	\$0.00
Employee + Spouse	\$9.68	\$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.

# FLEXIBLE SPENDING ACCOUNTS (FSAs)

The flexible spending accounts (FSAs), provided through WEX, are tax-advantaged accounts that can help you cover certain qualified out-of-pocket expenses. Each account works in much the same way but has different eligibility requirements, list of qualified expenses, and contribution limits. You may choose to enroll in the following accounts.

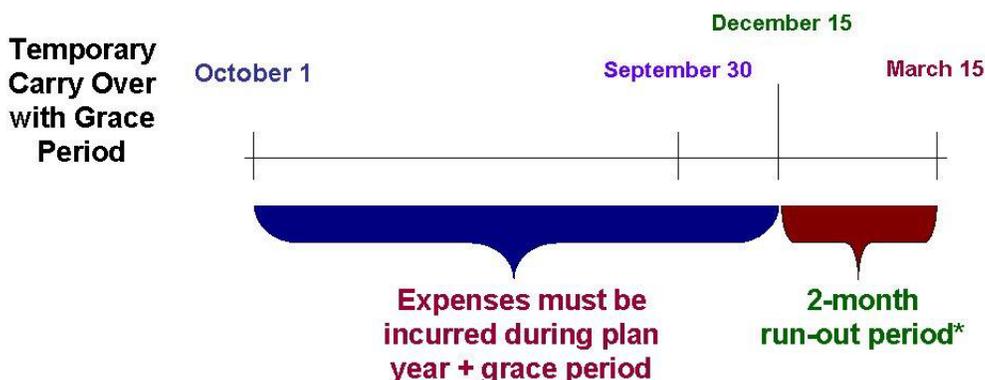
	Health Care FSA (HCFSA)	Limited-Purpose FSA (LPFSA)	Dependent Care FSA (DCFSA)
<b>Eligibility Requirements</b>	You must be benefits eligible; enrollment in an HCFSA disqualifies you from making or receiving HSA contributions	You must be benefits eligible; requires enrollment in a qualified HDHP.	Available to all employees
<b>Examples of Qualified Expenses</b>	<ul style="list-style-type: none"> <li>• Coinsurance</li> <li>• Copayments</li> <li>• Deductibles</li> <li>• Dental treatment</li> <li>• Eye exams/eyeglasses</li> <li>• LASIK eye surgery</li> <li>• Orthodontia</li> <li>• Prescriptions</li> </ul>	<ul style="list-style-type: none"> <li>• Dental and vision coinsurance only</li> <li>• Dental and vision deductibles only</li> <li>• Dental treatment</li> <li>• Eye exams/eyeglasses</li> <li>• LASIK eye surgery</li> <li>• Orthodontia</li> </ul>	<ul style="list-style-type: none"> <li>• Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers</li> <li>• Care of household members who are physically or mentally incapable of caring for themselves and who qualify as your federal tax dependent</li> </ul>
<b>Annual Contribution Limit</b>	\$3,300	\$3,300	\$5,000 per family (or \$2,500 each if you are married and file separate tax returns)

## Important FSA Rules

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

**ALL FSA PRODUCTS: YOU MUST ENROLL EACH YEAR TO PARTICIPATE.** Under the FSA use-or-lose provision, participating employees normally must incur eligible expenses by the end of the plan year or forfeit any unspent amounts. However, employees have a grace period of two and a half months after the end of the plan year to incur eligible expenses. Unused funds will NOT be returned to you or carried over to the following plan year.

## Temporary Carry Over + Grace Period Timeline



# LIFE INSURANCE

Life insurance provides your named beneficiaries with a benefit following your death.

Accidental death and dismemberment (AD&D) insurance provides specified benefits to you following a covered accident that leads to dismemberment (i.e., the loss of a hand, foot or eye). Should your death occur due to a covered accident, both the life benefit and the AD&D benefit would be payable.

## Basic Life and AD&D (City-paid)

Coverage Tier	Dearborn National Benefit Amount
Employee	1x your pay up to a maximum of \$250,000
Employee Benefit Age Reduction Schedule	Age 70 reduces to 65% Age 75 reduces to 45% Age 80 reduces to 30% Age 85 reduces to 15%

## Supplemental Life and AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Dearborn National for yourself and your eligible family members.

Coverage Tier	Benefit Amount	Guaranteed Issue Amount
Employee	Increments of \$10,000 to a maximum of \$500,000	\$150,000
Spouse	Increments of \$5,000 to a maximum of \$500,000; Not to exceed 100% of Employee Amount	\$20,000
Child(ren)	Birth to 6 months: \$100 6 months to 26 years: Increments of \$10,000 or \$20,000	\$10,000

**Note:** During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue limits without the need for Evidence of Insurability (EOI, or information about your health). Coverage amounts requiring EOI will not be effective unless approved by the insurance carrier.

Employee & Spouse Supplemental Life Rates per \$1,000	
Age	Employee & Spouse Rates
<30	\$0.08
30-34	\$0.08
35-39	\$0.12
40-44	\$0.19
45-49	\$0.28
50-54	\$0.48
55-59	\$0.82
60-64	\$1.29
65-69	\$2.03
70-74	\$3.23
75+	5.72
AD&D Rate (per \$1,000)	\$0.045
Family AD&D Rate (per \$1,000)	\$0.05
Child(ren) Rates (per \$10,000)	Life: \$2.00

Rates increase with age and all rates are subject to change.

### Here's how to calculate your monthly premium:

Total supplemental term life coverage amount	\$ _____
÷ 1,000	\$ _____
× your rate (based on your age)	\$ _____
<b>= Monthly premium</b>	<b>\$ _____</b>

### Here's how Riley calculated their monthly premium:

Riley elected a total supplemental term life coverage amount of	\$150,000
÷ 1,000	\$150.00
× Riley's rate (based on their age of 42)	\$0.19
<b>= Riley's monthly premium</b>	<b>\$28.50</b>

# DISABILITY INSURANCE

## Long-Term Disability

Disability insurance provides benefits that replace part of your lost income when you cannot work due to a covered illness or injury. The Core Plan is paid in full by the City and is provided at NO COST to you. If you determine you need more than the basic coverage, you may purchase additional coverage through Dearborn National for yourself

	Core Plan	Buy-Up Plan
<b>Benefit</b>	40%	60%
<b>Maximum monthly benefit</b>	\$5,000	\$5,000
<b>When benefit begins</b>	After 180 days of disability	After 180 days of disability
<b>When benefit ends</b>	Social Security Retirement	Social Security Retirement

Buy-Up Plan Rates 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

## EAP Benefits

Free assistance for you and your household members  
Up to 6 in-person or virtual sessions with a counselor per event, per year, per individual

Unlimited toll-free phone access and online resources

The EAP can help with the following issues, among many others:

### 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.

### 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

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

**awpnow.com**

and create a

customized account.

Go to <https://www.awpnow.com>

Select "Access Your Benefits"

Registration Code:

**AWP-COLAN-2146**

# EMPLOYEE ASSISTANCE PROGRAM

Life is full of challenges, and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The Employee Assistance Program (EAP) is provided at NO COST to you through AWP (Alliance Work Partners).

The EAP can help with the following issues, among many others:

- Mental health
- Relationships
- Substance abuse
- Child and eldercare
- Grief and loss
- Legal or financial issues



# VOLUNTARY BENEFITS

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It’s true! Our voluntary benefits through The Standard are designed to complement your health care coverage and allow you to customize our benefits to you and your family’s needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents. You can enroll in these plans during Open Enrollment—they’re completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

## Accident Insurance

Accident insurance through The Standard can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you’re healed. But in reality, treating a broken leg can cost up to \$7,500. And it’s not only broken limbs—an average non-fatal injury could cost you \$6,620 in medical bills. When your medical bill arrives, you’ll be relieved you have accident insurance on your side.

[Watch a video about how an accident plan works](#)

Coverage	Monthly Premiums
Employee Only	\$14.52
Employee + Spouse	\$26.62
Employee + Child(ren)	\$36.95
Employee + Family	\$56.04

## Hospital Indemnity Insurance

When you or a dependent need to be hospitalized, your family deserves to focus on their well-being, not the stress of the average three-day hospital stay, which can cost you \$30,000. Hospital indemnity insurance through The Standard can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered hospitalization.

[Watch a video about how the hospital indemnity plan works](#)

Coverage	Monthly Premiums
Employee Only	\$19.37
Employee + Spouse	\$32.93
Employee + Child(ren)	\$27.95
Employee + Family	\$49.36

Benefits Paid to You	Benefit Amount
Hospital Admission <sup>1</sup>	\$1,000 Maximum 1 per calendar year
Daily Hospital Confinement <sup>1</sup>	\$250 per day Maximum 30 days per stay
Critical Care Unit Admission <sup>1,2</sup>	\$250 Maximum 1 per calendar year
Daily Critical Care Unit Confinement <sup>1,2</sup>	\$250 per day Maximum 15 days per stay

# VOLUNTARY BENEFITS

## Critical Illness

Most of us don't have an extra \$7,000 ready to spend—and even if we do, we don't want to spend it on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: \$7,000. But with critical illness insurance through The Standard, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use this benefit however you like, including to help pay for: treatments, prescriptions, travel, increased living expenses and more.

[Watch a video about how the critical illness plan works](#)

Coverage for...	Coverage Amount...
<b>You</b>	Flat amount of \$10,000, \$20,000, or \$30,000
<b>Your Spouse</b>	Flat amount of \$10,000, \$20,000, or \$30,000
<b>Your Children</b>	Automatically covered at 50% of employee's coverage amount

Employee Monthly Attained Age Premiums						
Coverage Amount	Employee's Age as of October 1					
	18-29	30-39	40-49	50-59	60-69	70+
<b>\$10,000</b>	\$3.90	\$5.90	\$12.20	\$25.20	\$46.80	\$119.00
<b>\$20,000</b>	\$7.80	\$11.80	\$24.40	\$50.40	\$93.60	\$238.00
<b>\$30,000</b>	\$11.70	\$17.70	\$36.60	\$75.60	\$140.40	\$357.00

Spouse Monthly Attained Age Premiums						
Coverage Amount	Spouse's Age as of October 1					
	18-29	30-39	40-49	50-59	60-69	70+
<b>\$10,000</b>	\$3.90	\$5.90	\$12.20	\$25.20	\$46.80	\$119.00
<b>\$20,000</b>	\$7.80	\$11.80	\$24.40	\$50.40	\$93.60	\$238.00
<b>\$30,000</b>	\$11.70	\$17.70	\$36.60	\$75.60	\$140.40	\$357.00

## Norton LifeLock Identity Theft Protection

You may enroll in the voluntary identity theft protection benefit through Norton LifeLock. The Norton LifeLock plan:

- Scans your online data
- Monitors your credit score reports and social media accounts
- Reduces unwanted solicitation attempts
- Let's you manage alerts in real-time

If you are the victim of identity theft or fraud, a privacy advocate will work with you to restore your identity. The plan features a \$1 million identity theft insurance policy to cover the costs associated with identity restoration.

Coverage	Employee	Employee + Family
<b>Benefit Premier</b>	\$7.99	\$14.98
<b>Benefit Premier Plus</b>	\$12.49	\$21.48

# VOLUNTARY BENEFITS

## SPOT Pet Insurance

Your pet is a member of your family, and they deserve to be covered as one. You have access to discounted rates on pet insurance to help cover the costs of veterinary services. From routine visits to emergencies, gain peace of mind knowing your best friend can receive the care they need without breaking the bank.

Pet insurance, provided through SPOT, reimburses all or part of the cost of covered veterinary expenses, either as a percentage of your cost or based on a schedule of set dollar amounts. You can visit any vet of your choice and customize coverage to meet your needs.

### What's Covered?

Coverage varies based on the plan you select. Below are examples of services that may be covered.

#### Accidents, Illness, Wellness and More:

- Vet exams and diagnostic testing
- Hospitalization and surgery
- Emergency and specialist care
- Prescription pet medications
- Treatment for serious issues and hereditary conditions
- X-Rays & Tests
- Cancer & Growths
- And Much More...

To customize your plan and enroll, visit:  
[spotpet.link/Lancastertx](https://spotpet.link/Lancastertx)



## ARAG Legal Insurance Protection

Legal troubles can happen to anyone. We've all been there – you get caught speeding, a contractor ghosts you mid-remodel or true love doesn't work out. And when trouble happens, ARAG® legal insurance protects. ARAG also helps with other legal needs like contract reviews or adding your newborn to your will. With ARAG, we help you address life's legal needs. Enroll today.

Choose between two plans to get the coverage that best fits the needs of you and your family. UltimateAdvisor® covers most common personal legal issues. UltimateAdvisor Plus™ includes more robust coverage plus additional services.

### 6 Reasons to Enroll in ARAG Legal Insurance

- Work with a network attorney and attorney fees are **paid in full** for most covered matters.
- **Save thousands of dollars**, on average, for legal matters by avoiding costly legal fees.
- **We help connect you** with attorneys – many who average 20+ years of experience.
- Address your covered legal situations with a network attorney who is **only a phone call away**.
- Your network attorney can help **throughout your legal matter**, including preparing and reviewing legal documents, offering legal advice, and representing you in court.
- Use DIY Docs® to create, edit and store **state-specific legal documents**, like wills or powers of attorney. ARAG legal insurance makes it affordable to get the legal protection you need. Enroll today!

Coverage	Monthly Premiums
UltimateAdvisor	\$16.97
UltimateAdvisor Plus	\$21.80

### Want more information?

To learn more about your legal plans visit [ARAGlegal.com/myinfo](https://ARAGlegal.com/myinfo) or call ARAG at 800-247-4184

Lancaster Employees Access Code:  
19453lan

# LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS

TEXASLIFE INSURANCE COMPANY

## Voluntary Permanent Life Insurance Highlights



You own it and the cost is reasonable



You can cover your spouse, children and grandchildren, too<sup>1</sup>



You can take it with you when you change jobs or retire<sup>2</sup>



You can get a living benefit if you become terminally ill<sup>3</sup>



You pay for it through convenient payroll deductions



No exams or needles! You can qualify by answering just 3 quick questions<sup>4</sup>

The agent/agency offering this coverage is not affiliated with Texas Life other than to market its products. Underwritten and claims paid by Texas Life. Licensed in DC and all states except NY.

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. See a Texas Life representative or the Purelife-plus brochure for costs and complete details. Form series PRFNG-NI.

- 1 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.
- 2 As long as the necessary premiums are paid.
- 3 Accelerated Death Benefit Due to Terminal Illness Rider. Conditions and an administrative fee of up to \$150 apply. Form series ULABR.
- 4 Issuance of coverage will depend on the answers to these questions.

Texas Life Insurance Company | 900 Washington Ave | PO Box 830 | Waco, Texas 76703-0830 | 800.283.9233 | [texaslife.com](http://texaslife.com)

# VALUABLE EXTRAS

## MissionSquare- 457 Deferred Compensation & Roth IRA

### 457 Plan

The 457 plan, provided through MissionSquare, allows you to invest in your retirement and is a great way to supplement the company's retirement benefit. Taxes on your contributions are deferred until your assets are withdrawn. The 10% federal excise penalty for withdrawals does not apply, regardless of your age. The following highlights key features of the plan:

- Contributions are immediately vested, meaning you own them outright.
- The plan offers a variety of funds to which you may contribute.
- You may contribute up to \$23,000 in 2024, or up to \$46,000 if you include the Special Pre-retirement Catch-up Provision.
- You may contribute up to \$30,500 in 2024 if you are age 50 or older.
- Under the pre-retirement catch-up provision, you may make additional contributions to your 457 plan to make up for the years in which you didn't contribute the maximum allowed amount. How much you may contribute depends on your previous deferrals and can be up to twice the annual limit. You may take advantage of the catch-up provision in the three years before your normal retirement age.
- You can enroll in the 457(b) Deferred Compensation Plan or change your contribution at any time.

### Roth IRA

A Roth IRA is a type of individual retirement account that allows you to contribute after-tax income. The money grows tax-free, and qualified withdrawals in retirement are also tax-free. It's a popular option for people who expect to be in a higher tax bracket later in life.

#### Contribution Limits (2025):

- You can contribute up to **\$7,000** per year if you're under age 50.
- If you're age 50 or older, you can contribute up to **\$8,000** (includes a \$1,000 catch-up contribution).
- To contribute the full amount, your **modified adjusted gross income (MAGI)** must be below certain limits:
  - **Single filers:** Full contribution if MAGI is below \$146,000; phased out up to \$161,000.
  - **Married filing jointly:** Full contribution if MAGI is below \$230,000; phased out up to \$240,000.
- Contributions are not tied to a specific percentage of salary, but you must have earned income at least equal to the amount you contribute.

#### Roth IRA Withdrawals – 100% Tax-Free

Withdrawals from a Roth IRA are completely tax-free if:

- The account has been open for at least **5 years, and**
- One of the following applies:
  - You're **59½ or older**
  - It's for a **first-time home purchase** (up to \$10,000)
  - You have a **qualifying disability**
  - The assets are received by **beneficiaries after your death**

Mission Square Retirement Plans Specialist is motivated every day to help you build a path to financial security.

### Log into your account:

Access your account at [www.icmarc.org](http://www.icmarc.org) or contact MissionSquare Participant Services at (800) 669-7400, if you need assistance or our Retirement Plans Specialist.

## TMRS

You become a TMRS Member as you begin working in a position with a TMRS city that normally required 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 (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 meet one of the following criteria:

- Be at least 60 years old and have at least five years of service credit
- Have at least 20 years of service credit, regardless of your age

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

## How to Register for MyTMRS

- Go to [tmrs.com](http://tmrs.com) and select the red MyTMRS button or scan the QR code
- On the login screen select the "Create an Account" link
- Fill in the required information on the Registration screen, and follow the directions
- Verify your account and log in



# 2026 CITY OF LANCASTER HOLIDAY SCHEDULE



<b>New Year's Day 2026</b>	<b>Thursday, January 1, 2026</b>
<b>Martin Luther King Birthday</b>	<b>Monday, January 19, 2026</b>
<b>Good Friday</b>	<b>Friday, April 3, 2026</b>
<b>Memorial Day</b>	<b>Monday, May 25, 2026</b>
<b>Floating Holiday: Juneteenth &amp; 9-11 Observed holiday for Fire</b>	<b>Friday, June 19, 2026</b>
<b>July 4th</b>	<b>Friday, July 3, 2026</b>
<b>Labor Day</b>	<b>Monday, September 7, 2026</b>
<b>Thanksgiving Day</b>	<b>Thursday, November 28, 2026</b> <b>Friday, November 29, 2026</b>
<b>Christmas Day</b>	<b>Friday, December 25, 2026</b>
<b>New Year's Day 2027</b>	<b>Friday, January 1, 2027</b>

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*Lancaster*  
*The Shining Star of Texas*

# IMPORTANT CONTACTS

Plan / Coverage	Contact	Phone #	Website
<b>Medical Coverage</b> 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	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
<b>Prescription Drug Coverage</b>	Express Scripts HSA-Group #: 151533 HMO-Group #: 151532 PPO-Group #: 151475	800-521-2227	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
<b>Telemedicine</b>	MDLIVE HSA-Group #: 151533 HMO-Group #: 151532 PPO-Group #: 151475	888-680-8646	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
<b>Health Savings Account</b>	HSA Bank	800-357-6246	<a href="http://www.hsabank.com">www.hsabank.com</a>
<b>Dental Coverage</b>	Blue Cross Blue Shield Group #: 151475	800-521-2227	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
<b>Vision Coverage</b>	Surency Group #: 16907	866-818-8805	<a href="http://www.surency.com">www.surency.com</a>
<b>Basic &amp; Voluntary Life and AD&amp;D Coverage</b>	Dearborn Group #: GAE60152	877-442-4207	<a href="http://www.dearbornnational.com">www.dearbornnational.com</a>
<b>Universal Life</b>	TexasLife	800-283-9233	<a href="http://www.texlife.com">www.texlife.com</a>
<b>Long-Term Disability</b>	Dearborn Group #: GAE60152	877-442-4207	<a href="http://www.dearbornnational.com">www.dearbornnational.com</a>
<b>Flexible Spending Account (FSA)</b>	WEX	866-451-3399	<a href="http://www.wexinc.com/discovery-benefits/">www.wexinc.com/discovery-benefits/</a>
<b>Employee Assistance Program</b>	Alliance Work Partner (AWP)	800-343-3822	<a href="http://www.awpnow.org">www.awpnow.org</a> Registration Code: AWP-COLAN-2146
<b>Voluntary Benefits: Accident/ Critical Illness/ Hospital Indemnity</b>	Standard	888-937-4783	<a href="http://www.standard.com">www.standard.com</a>
<b>Voluntary Pet Insurance</b>	SPOT	888-343-2340	<a href="http://www.spotpet.link/Lancastertx">www.spotpet.link/Lancastertx</a>
<b>Voluntary Legal Insurance Protection</b>	ARAG	800-247-4184	<a href="http://www.ARAGlegal.com/myinfo">www.ARAGlegal.com/myinfo</a> Access Code: 19453lan
<b>Voluntary Identity Theft Protection</b>	Norton LifeLock	800-607-9174 24/7: 800-543-3562	<a href="http://www.Norton.com/prempremiumplus">www.Norton.com/prempremiumplus</a>
<b>Mandatory Retirement</b>	TMRA	800-924-8677	<a href="http://www.tmrs.org">www.tmrs.org</a>
<b>Option Retirement (457 &amp; Roth IRA)</b>	MissionSquare	800-669-7400	<a href="http://www.icmarc.com">www.icmarc.com</a>

**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.