Employee Benefits

2025-2026 BENEFIT GUIDE

City of MOUNT PLEASANT

Important Contacts

Coverage	Contact	Phone	Website
Medical and Prescription Poolicy #TX071756	Blue Cross Blue Shield of TX	800-521-2227	www.BCBSTX.com
Telehealth	Lyric	800-611-5601	Getlyric.com
Dental Policy #TX071756	Blue Cross Blue Shield of TX	800-521-2227	www.BCBSTX.com
Vision Policy # 40156709	VSP	800-877-7195	www.VSP.com
Health Reimbursement Arrangement (HRA)	Employee Benefit Corporation (EBC)	800-346-2126	www.ebcflex.com participantservices@ebcflex.com
Basic & Voluntary Life Policy # G000CKGT	Mutual of Omaha	800-655-5142	https://www.mutualofomaha.com
Short and Long-Term Disability Policy # G000CKGT	Mutual of Omaha	800-655-5142	https://www.mutualofomaha.com
Whole Life Policy # AB134662-4_zf	Allstate	888-282-2550	https://mybenefits.allstate.com
Accident and Critical Care Policy # G000CKGT	Mutual of Omaha	800-655-5142	https://www.mutualofomaha.com
Medical Transport	MASA	800-423-3226	www.MASAmts.com
Benefit Analyst Melissa Farish	Holmes Murphy's Consultant	214-265-2299	MFarish@HolmesMurphy.com

HOLMES MURPHY BENEFIT ADVOCATE

As an employee of City of Mount Pleasant, you have access to one of Holmes Murphy's Benefit Advocates. Melissa is available to you and your dependents to help assist you in your benefits related questions. Simply call or email and your Benefit Analyst will be available to help you with your questions. If your Benefit Analyst doesn't have an immediate answer, she will research it and get back to you in a timely manner without you having to waiting on hold. How easy is that?

Melissa Farish

Monday-Friday
8AM to 5PM CST
mfarish@holmesmurphy.com
Phone #: (214) 265-2299

City of Mount Pleasant
Welcome to Your Benefits!

This benefit summary describes the benefit plans available to you as an employee of City of Mount Pleasant. The details of these plans are contained in the official plan documents that have been provided to you by your employer, including some insurance contacts. This summary is meant only to cover the highlights of each plan. It does not contain all the details that are included in your summary plan description as described by the Employee Retirement Income Security Act (ERISA).

If there is ever a question about one of these plans, or if there is a conflict between the information in this summary and the formal language of the plan documents, the formal wording in the plan documents will govern. Please note that the benefits described in the summary may be changed at any time and do not represent a contractual obligation on the part of City of Mount Pleasant.

Scan to visit enrollment portal

update TOC

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Welcome!

We are committed to providing competitive benefit programs that are flexible enough to meet your individual needs. Our comprehensive benefits are carefully designed to give you the tools you need to keep you and your family healthy, provide financial protection in the event of unforeseen circumstances and help you build long-term security for retirement.

Getting the most from your benefits is up to you. You know your family, your goals and your lifestyle best. This benefits guide was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this guide to make sure you understand the benefits that are available to you and your family and be sure to act before the enrollment deadline.

TAKE ACTION!

You must make your benefit elections within your first 31 days of employment. If you don't make benefit elections during your 31-day enrollment period, you will not have medical, dental, vision, or voluntary life insurance.

Qualifying Life Events

New Hires are to make benefit elections in Employee Navigator within 30 days of date of hire. Benefits will be effective the first of the month following the new hire date. You may not make changes to your elections unless you experience a qualifying life event, including change in legal marital status (marriage, divorce, death of spouse), change in dependents (birth, adoption), change in employment status (termination, part-time), or if you gain/lose coverage elsewhere.

IMPORTANT

If you need to make a change before the next Open Enrollment period due to a change in status, you must submit the required documentation WITHIN 30 DAYS of the qualifying life change event.

Contact Hollie Motley or login to www.employeenavigator.com to process a Qualifying Life Event.

Benefits Eligibility

You and your eligible family members may participate in the 2025-2026 employee benefits program if you're a regular, full-time employee working a minimum of 30 hours per week.

New-Hire Eligibility

New hires can join the plan first day of the month following 30 days.

Spouses and dependent children of the employee are also eligible to participate in our benefit plans.

Dependent Eligibility

You can enroll the following dependents in our group benefit plans:

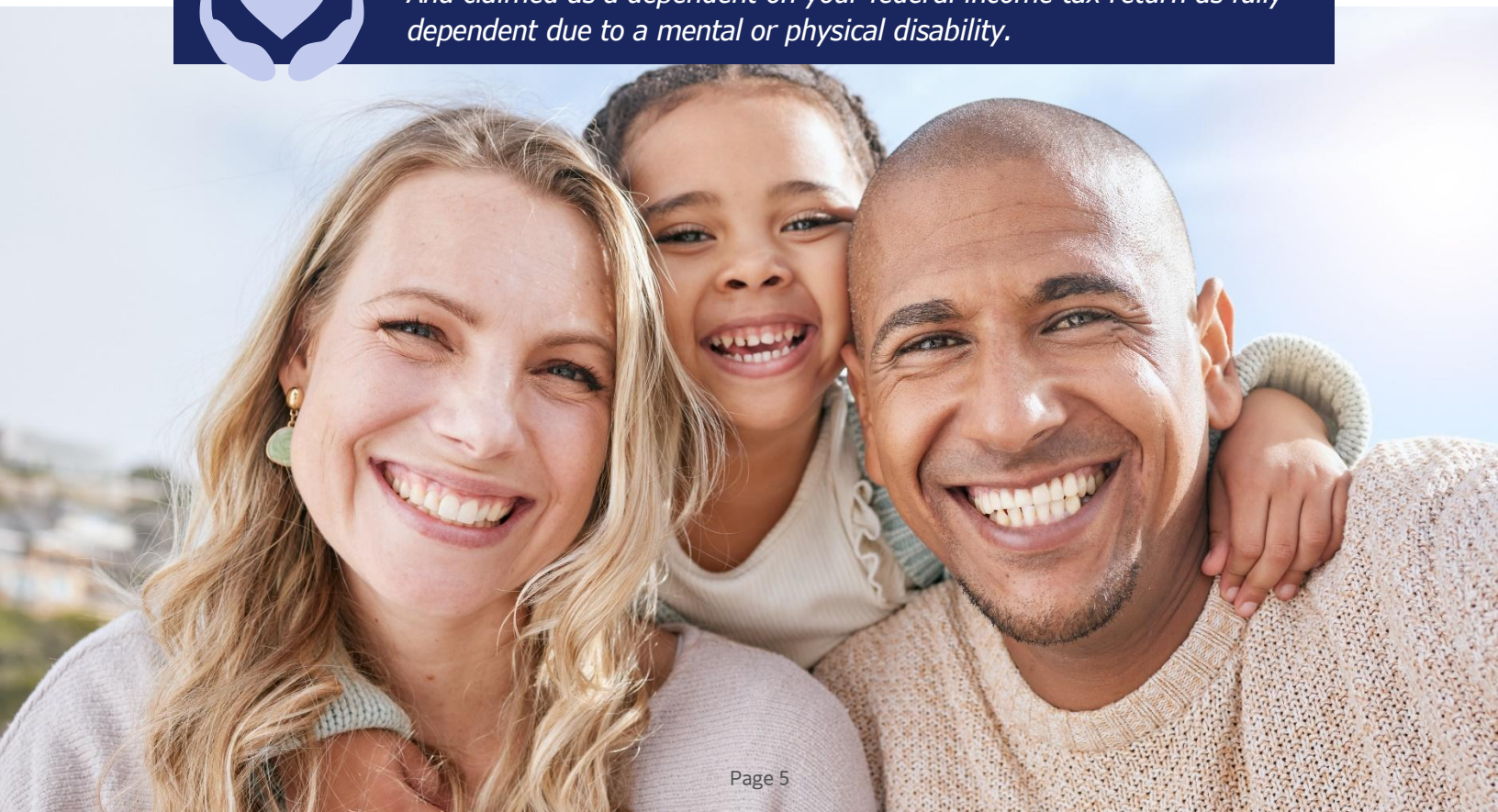
Children under the age of 26

Regardless of martial status, full-student, or dependency.

Your legal spouse

Children over the age of 26

And claimed as a dependent on your federal income tax return as fully dependent due to a mental or physical disability.



Special Enrollment Rules

If you choose not to enroll yourself or your dependents (including your spouse) because you have other coverage, you may be able to enroll yourself and your dependents later if:

- You or your dependents lose Medicaid or Children's Health Insurance Program ("CHIP") coverage as a result of a loss of eligibility for such coverage, or

- If you or your dependents become eligible for a premium assistance subsidy under Medicaid or CHIP.

You must enroll within 60 days of the qualified events shown in the "Special Enrollment Rules" above.

If your dependent also had other health coverage and lost that coverage in the above situations, they may be added to your coverage. However, you will not be able to add yourself or your dependents to this coverage if the other coverage was terminated "for cause" (including failure to pay the required premiums on time).

In addition to the changes described above, you may enroll yourself and your spouse (with or without the new dependent) in a City of Mount Pleasant health plan following marriage or the adoption, placement for adoption, or birth of a child, as long as you request enrollment within 30 days of the event. You must be enrolled to cover your dependents. If you have a special enrollment event and want to enroll for health coverage, talk reach out to Hollie Motley in Human Resources.

Qualifying Life Event

Your benefit elections made during Open Enrollment will be effective October 1st . You may not make changes to your elections unless you experience a qualifying life event, including change in legal marital status (marriage, divorce, death of spouse), change in dependents (birth, adoption), change in employment status (termination, part-time), gain/loss of Medicaid or CHIP or your spouse's Open Enrollment.

If you enroll in the High-Deductible Health Plan with Health Reimbursement Arrangement, you will be eligible for the HRA funds through Employee Benefit Corporation.

Your Medical Plan

Your medical plans will be offered through **Blue Cross Blue Shield of Texas**. Please review your Summary of Benefits and Coverage (SBC) for additional coverage information and full plan details.

Elections you make during the new hire period of 30 days will be effective the first day of the month following date of hire and remain in effect **until September 30th, 2026,** unless you experience a qualifying life event.

You may visit any medical provider you choose, but in-network providers offer the highest level of benefits and lowest out-of-pocket costs. In-network providers charge members reduced, contracted rates instead of their typical fees. Providers outside the plan's network set their own rates, so you may be responsible for the difference if a provider's fees are above the Reasonable and Customary (R&C) limits.

TAKE ACTION!

Register Online

Your connection to great healthcare is only a click away. Register for an account at www.bcbstx.com so, you can access time-saving tools, find tips for healthy living, choose a doctor, manage your EOBs, and more!

Download the Mobile App

With the Blue Cross Blue Shield of Texas mobile app, you've got the tools you need to manage your healthcare from your smartphone. The mobile app is available in the Apple and Google Play stores.

Search, Compare, & Save

Blue Cross Blue Shield of Texas provides tools to help you find the right options for you. Visit www.bcbstx.com or use the BCBS of TX app.

2025-2026
Employee Contributions

Benefit deductions will only come out of 24 paychecks.

Medical	BCBSTX - HDHP Plan	
	Monthly	Per Pay Period
Employee	$0.00	$0.00
Employee & Spouse	$388.07	$194.03
Employee & Child(ren)	$388.07	$194.03
Family	$504.71	$252.35

Dental	BCBSTX	
	Monthly	Per Pay Period
Employee	$0.00	$0.00
Employee & Spouse	$38.59	$19.30
Employee & Child(ren)	$60.06	$30.03
Family	$111.86	$55.93

Vision	VSP	
	Monthly	Per Pay Period
Employee	$11.18	$5.59
Employee & Spouse	$17.90	$8.95
Employee & Child(ren)	$18.28	$9.14
Family	$29.48	$14.74

Medical Benefits Highlights

Blue Cross Blue Shield of Texas

Network: BlueChoice	High-Deductible Health Plan (HDHP)	
	In-Network	Out-of-Network
ANNUAL DEDUCTIBLE		
Individual	$5,000	$10,000
Family	$10,000	$20,000
ANNUAL OUT-OF-POCKET MAXIMUM		
Individual	$5,000	$20,000
Family	$10,000	$40,000
COINSURANCE/COPAYS		
Preventive Care	$0	30% Coinsurance*
Primary Care Physician	$0	30% Coinsurance*
Specialist	$0	30% Coinsurance*
Urgent Care	$0	30% Coinsurance*
Emergency Room	$0	
Inpatient Hospital Care	$0	30% Coinsurance*
Outpatient Surgery	$0	30% Coinsurance*
Lab/X-Ray (Outpatient)	$0	30% Coinsurance*
Pharmacy		
Tier 1	$0	30% Coinsurance*
Tier 2	$0	30% Coinsurance*
Tier 3	$0	30% Coinsurance*

**After Deductible (What You Pay)*

Health Reimbursement Arrangement (HRA)

Employee Benefit Corporation (EBC)

What is a Health Reimbursement Arrangement?

A Health Reimbursement Arrangement (HRA) is the ability for City of Mount Pleasant to provide funds to you and your covered dependents to offset your deductible expenses on a tax-free basis. You are automatically eligible for the HRA funds when you enroll in City of Mount Pleasant's medical plan. The HRA administrator is Employee Benefits Corporation (EBC).

How does it work?

The full deductible of the medical plan remains in force, but you may be eligible for funds to assist you in paying your deductible obligation. Each covered member is responsible for their individual deductible, but if you have dependent coverage, then a family fund offers financial protection, limiting the individual deductibles the family pays collectively.

HRA	Employee Deductible Covers	HRA Deductible Covers
Employee	$1,000	$1,001 - $5,000
Employee + Dependents	$2,000	$2,001 - $10,000

If your medical deductible expenses accumulate above the initial $1,000, you will be eligible for a reimbursement from the HRA for your additional deductible between $1,001 and $5,000.

If an individual's and dependents deductible expenses accumulate above the initial $2,000, you will be eligible for a reimbursement from the HRA for your additional deductible between $2,001 and $10,000.

How to request a reimbursement from HRA

You are responsible for payments requested by your provider/pharmacy. After your medical claim has been submitted and processed by BCBSTX, and you have received your Explanation of Benefits (EOB), you may submit your EOB along with an HRA claim form to EBC for reimbursement. You will need to include all your EOBs showing your accumulation towards the reimbursement level. For pharmacy claims, visit **www.MyPrime.com** and register to get a list of you and your dependents list of pharmacy claims.

The HRA will not pay providers directly; the program is designed as a reimbursement to you for your expense. However, the timing of your EOB and processing of the HRA reimbursement may occur prior to your provider's bill due date. If you are having a surgery or procedure that requires payment towards your deductible, and your provider requests payment in advance, you will need to wait until BCBSTX processes the claim with the EOB before you can submit for reimbursement.

Reminder: Melissa Farish, the Benefit Analyst, can assist you with instructions on filing an HRA claim.

Health Management Programs

Blue Cross Blue Sheild of Texas

Employees and adult dependents enrolled in the City of Mount Pleasant Medical Plan are eligible to participate in the following **health management programs offered by BCBSTX at no cost to you**. Learn about the following programs that may help you improve your health.

Weight Loss

Wondr Health offers a clinically based health management program with a coaching service. The program offers a skills-based digital weight loss program, teaching you how to enjoy the foods you love while improving your overall health.

The program is behavioral science-based, created by a team of doctors and clinicians; it runs 10 weeks offering more than just weight loss: more energy to be more physically active and improve your mood.

Go to www.wondrhealth.com/BCBSTX to learn more and join the waiting list to participate.

High Blood Pressure

Omada offers a program to help individuals manage their high blood pressure. Participants are assigned a dedicated health coach and care team to guide your through the program; support through an online community is also available.

You will receive smart devices mailed to your home. The program is centered around interactive weekly lessons to help you figure out the health habits and routines that work for you to achieve your goals.

Go to www.omadahealth.com/BCBSTX to learn more.

Diabetes

Teladoc offers a diabetes management program. Participants receive an advanced blood glucose meter and blood pressure monitor to help more effectively manage your health. Unlimited test strips and lancets are also provided.

The diabetes management program coaches you with the monitoring service of your connected blood sugar meter, providing personal insights of your levels. The blood pressure management service offers a connected monitor with real-time tips. Participants also receive one-on-one coaching.

Go to www.get.livongo.com/TXHEALTH/hi or call **800-945-4355** and use registration code TXHEALTH.

Pain Management

Hinge Health is a pain management program targeting chronic back, knee, hip, shoulder, and neck areas. The program offers a digital monitoring service based on wearable sensors.

Participants receive unlimited one-on-one coaching services and personalized exercise therapy. The program's goal is to reduce your pain to potentially eliminate pain medications and/or avoid surgery.

Learn more at www.hingehealth.com or call BCBSTX Customer Service to enroll in the program (use phone number on medical ID card.

Telehealth

Lyric

The City of Mount Pleasant provides telemedicine for all employees and their dependents at **no cost to the employee**. Telemedicine service which provides access to a doctor, no matter where they are, through Lyric. This telemedicine benefit will connect you to a board-certified doctor by phone or video chat. If the provider subscribes a prescription, the member is responsible for the cost of the prescription through the medical plan.

With telehealth, you can schedule a virtual appointment with board-certified doctors and pediatricians who can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Constipation
- Earaches
- Fever
- Headaches
- Infections
- Insect bites
- Joint aches
- Nausea
- Pink eye
- Rashes
- Respiratory infections
- Shingles
- Sinus infections
- Skin infections
- Sore throats
- Urinary tract infections

You can access Lyric in several different ways:
• Log on to the website getlyric.com
• Download the Lyric Health App
• Call 800-611-5601

We've all been there—it's the middle of the night and you have a sick child or maybe you are trying to get an appointment with your primary care provider but the first appointment isn't for two weeks. Good news… there's an easier way! Telehealth is a convenient option for scheduling virtual doctor visits from your own home. With telehealth, you don't have to drive to the doctor's office or sit in a waiting room when you're sick—you can see your doctor from the comfort of your own bed or sofa.

- See a board-certified, licensed, telehealth trained doctor on your schedule with on-demand virtual visits 24/7, including holidays.
- Get treated for more than 80 common conditions including colds, flu, allergies and more.
- Get a prescription or short-term refill of any existing prescription sent to a pharmacy nearby, in less time than your usual doctor visit. Participants are responsible for the cost of the prescription through the medical plan.
- Avoid costly copays and deductibles of the ER and urgent care clinic.

Dental Plan

Blue Cross Blue Shield

In addition to protecting your smile, dental insurance helps pay for dental care and includes regular checkups, cleanings and x-rays. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

Elections you make during the new hire period of 30 days will be effective the first day of the month following date of hire and remain in effect until **September 30th, 2026**, unless you experience a qualifying life event.

Dental coverage is offered for preventive, basic and major services. You and your eligible dependents may enroll in the dental option administered by **Blue Cross Blue Shield of Texas**.

Network: BCBSTX DPPO	**Dental Plan**	
In-Network Plan Features	**In Network**	**Out of Network**
Annual Calendar Year Deductible – Individual	$50	$50
Annual Calendar Year Deductible – Family	$150	$150
Annual Maximum	$1,500	$1,500
Preventive Care	$0	$0
Basic Services	20%	20%
Major Services	50%	50%
Orthodontia Lifetime Maximum	50% up to $1,500	50% up to $1,500

Orthodontia is available for adults and dependent children up to age 19.

To find an in-network provider visit www.bcbstx.com.

The dental plan is provided through BlueCare Dental, part of BCBSTX. In addition to comprehensive dental coverage, BlueCare Dental offers tools and information through their Dental Wellness Center® to help you make better dental healthcare choices.

Vision Plan

VSP

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do these activities, however, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Your vision insurance is provided by VSP and entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

Network: VSP Choice	In Network	Out Of Network
	You Pay	Reimbursement
Routine Exam		
Routine Exam	$10 Copay	Up to $45
Eyeglass Lenses Materials & Frames		
Single Vision Lenses	$25 Copay	Up to $30
Standard Lined Bifocal Lenses	$25 Copay	Up to $50
Standard Trifocal Lenses	$25 Copay	Up to $65
Progressives	$0 Copay (Standard) $95 to $105 Copay (Premium)	Up to $50 (Standard)
Frames	$200 Featured Frame Brands $180 Allowance	Up to $70
Contacts – Elective	$180 Allowance	Up to $105
Contacts – Medically Necessary	Covered in Full	Up to $210
Frequency of Services		
Comprehensive Eye Exam	Every 12 months	
Lenses	Every 12 months	
Frames	Every 12 months	
Contact Lenses	Every 12 months	

To find an in-network provider visit www.vsp.com.

Life Insurance

Mutual of Omaha

Basic Life Insurance

The City of Mount Pleasant automatically provides Basic Life Insurance for all eligible employees at no cost to you. Basic Life Insurance coverage is equal to $50,000. The benefit is paid to your beneficiary in the event of your death.

Accidental Death & Dismemberment (AD&D)

The company also provides Accidental Death and Dismemberment coverage equal to your Basic Life benefit of $50,000. If you were to pass away due to an accident, this benefit would pay your beneficiary an additional benefit equal to the Basic Life Insurance amount in force. The dismemberment coverage provides a partial benefit should you lose a part of your body such as an eye, hand or foot.

Voluntary Life Insurance and AD&D

In addition to Basic Life and AD&D Insurance, you may also purchase Supplemental Life Insurance on a post-tax basis for yourself, your spouse, and your dependent children. However, you may only elect coverage for your spouse and/or dependents if you enroll for Supplemental Life coverage for yourself. Your Supplemental AD&D amount will equal the amount you elect in Supplemental Life.

You are eligible for increment amounts up to Guaranteed Issue at initial eligibility with additional coverage subject to Evidence of Insurability (EOI); if you delay election, you will be subject to EOI for the full amount.

Coverage For	Voluntary Coverage Available	Guaranteed Issue
Employee	Increments of $10,000 up to a maximum of $500,000. Not to exceed 7 times annual base salary.	Up to $100,000
Spouse	Increments of $5,000 up to a maximum of $250,000 not to exceed 100% of employee coverage	Up to $20,000
Child(ren)	Increments of $2,500 up to a maximum of $10,000 and coverage is for children 14 days to 26 years	$10,000

*Amounts requested above guaranteed amount is subject to Evidence of Insurability

TAKE ACTION!

Don't forget to designate a beneficiary!

You MUST designate a beneficiary for Basic and Voluntary Life Insurance benefits when you enroll. Your "beneficiary" is the person(s) who will receive the benefits from your Life and AD&D coverage in the event of your death. You are always the beneficiary of any Dependent Life and AD&D Insurance you elect. You can change your beneficiaries at any time during the year. If you do not name a beneficiary, or if your beneficiary dies before you, your Life and AD&D benefits will be paid to your estate.

GUARANTEED ISSUE AND EVIDENCE OF INSURABILITY

Employees and spouses who elect Voluntary Life and AD&D coverage when they are first eligible can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI). If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective. Link to EOI questionnaire is on Employee Navigator or call your Human Resource Department for the link.

Disability Insurance

Mutual of Omaha

At the City of Mount Pleasant, we want to do everything we can to protect you and your family. That's why the City of Mount Pleasant pays for the full cost of long-term disability insurance—meaning that you owe nothing out of pocket.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Short-Term Disability (STD)

The Short-Term Disability (STD) plan provides full-time employees with income replacement while disabled and unable to work due to a non-occupational illness or injury, including pregnancy. The benefit payment is based on your annual salary.

This is an employee-paid policy: If you want short term disability, an employee must elect the coverage during the new hire period or wait until the next Open Enrollment to make the election.

Filing a Short-Term Disability Claim

In order to receive benefits from short term disability, the employee must report the disability claim to Mutual of Omaha if you will be out of work for more than 15 days.

If the employee is aware of the need for short term disability prior to the time out, the employee must notify human resources upon learning the need to be out of work.

Long-Term Disability (LTD)

Long-Term Disability (LTD) is available after your short-term disability benefits end or 180 days after the illness or injury -- whichever is greater.

This is an employer-paid product: The City of Mount Pleasant pays for all eligible employees to have LTD coverage.

City of Mount Pleasant pays 60% of your pre-disability base pay, up to a maximum of $10,000 per month. Disability benefits last until you recover or reach your Social Security retirement age.

SHORT-TERM DISABILITY COVERAGE
• Employee pays the cost of this benefit. • 60% of your weekly earnings up to $1,000 maximum of 11 weeks • Benefit begins after 14 days of disability.
LONG-TERM DISABILITY COVERAGE
• Employer pays for this benefit. • 60% of your monthly earnings to a $10,000 maximum • Benefit begins after 90 days of disability and payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner

Travel Assistance

The Short-Term Disability (STD) plan provides full-time employees with income replacement while disabled and unable to work due to a non-occupational illness or injury, including pregnancy. The benefit payment is based on your annual salary.

NOTICE Pre-existing condition limitation: If you've received medical treatment consultation, care, or services, including diagnostic measures, or have taken prescribed drugs or medicines within three months prior to the effective date for any injury or sickness, a period of disability related to that diagnosis will not be covered for 12 months after your effective date. Pregnancy is not considered a pre-existing condition if you enroll when you are first eligible.

You can contact Mutual of Omaha by phone at 800-655-5142, website at www.mutualofomaha.com.

Value-Added Benefits

Mutual of Omaha

Employees and dependents enrolled in the City of Mount Pleasant life insurance policy are eligible to participate in the following **value-added benefits from Mutual of Omaha at no cost to you**. Any additional costs within the programs will be the responsibility of the participant. Learn about the following programs through Mutual of Omaha.

Employee Assistance Program

Mutual of Omaha's team of master's level EAP professionals are available 24/7/365 to provide you and your loved ones resources for assistance with personal and workplace issues.

Access to EAP services is obtained by calling 1-800-316-2796 or by using an online submission form for employee convenience at www.mutualofomaha.com/eap. Online are valuable resources and links for additional assistance, including current events, family and relationships, emotional well-being, financial wellness, substance abuse and addiction, legal assistance and work and career.

Will Preparation Services

Mutual of Omaha works with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property for FREE. Creating a Will is an important investment in your future. It specifies how you want your possessions to be distributed after you die. Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation.

Free documents listing

Living Will and Trust
Power of Attorney
Healthcare Directive
Pour-Over Will
Last Will and Testament

Log on to www.willprepservices.com and use the code **MUTUALWILLS** to register

- Answer the simple questions from any device and the document will be created based on answers
- Download, print and share any document instantly
- Don't forget to update your documents with any major life changes, including marriage, divorce, and birth of a child
- Make the document legally binding have it notarized by a local notary
- Keep in a safe place

Hearing Discount Program

The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

Whole Life

Allstate

Give your family peace of mind and coverage for final expenses with **Whole Life with Long Term Care rider** insurance from Allstate. Whole Life is an individually owned, with guaranteed cash values and guaranteed death benefit.

This is an employee-paid policy: If you want Whole life with Long Term Care, an employee must elect the coverage during the new hire period or wait until the next Open Enrollment to make the election.

Whole Life Benefit Highlights

- Premiums will be locked-in at the age the policy is obtained
- Stand-alone spouse policy available even without buying a policy yourself
- Ability to keep the policy if you change jobs or retire

Accelerated Death Benefit for Terminal Illness:

- Lump-sum advance of 75% of the death benefit when certified Terminal Illness
- Restoration of Death Benefit: Restores death benefit amount to pre-acceleration levels

Accelerated Benefit for Long Term Care: 6% of policy monthly

- Extension of benefit - Extends the death benefit for a period equal to the original benefit term.
- Restoration of Benefits - Restores the death benefit and cash value to the pre-acceleration amounts

Whole Life with Long-Term Care Rider	
Benefits	
Employee Benefit Amounts	$10,000 - $70,000
Working Spouse	$20,000
Non-Working Spouse	$10,000
Child	$10,000
Eligible Ages	Employee and Spouse: 18-70 Child : 0-18

$10,000 of Coverage	Monthly Premium		24 Pay Period Premium	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18	$5.21	$5.21	$2.61	$2.61
20	$4.93	$7.96	$2.47	$3.98
25	$6.08	$10.01	$3.04	$5.01
35	$10.35	$15.76	$5.18	$7.88
45	$17.47	$26.85	$8.74	$13.43
55	$33.88	$47.61	$16.94	$23.81

Voluntary Benefits

MASA

Medical Transportation

Medical Transport benefit is offered through MASA and covers emergency transportation to and from appropriate medical facilities by covering the out-of-pocket costs that are not covered by insurance. It can include emergency transportation via ground ambulance, air ambulance and helicopter, depending on the plan.

This is an employee-paid policy: If you want Medical Transportation benefit, an employee must elect the coverage during the new hire period or wait until the next Open Enrollment to make the election.

Emergency transportation is one of the more expensive items in emergency medical care and air ambulance is NOT covered by major medical. Benefits of a medical transportation plan include:

- No cost emergency transportation for covered individuals
- Coverage for both ground and air transportation
- Coverage anywhere in the US and Canada.

Emergency Medical Transport				
Coverage Tier Level	**Monthly Premium**		**24 Pay Period Premium**	
MASA	**Emergent Plus**	**Platinum**	**Emergent Plus**	**Platinum**
Employee + Family	$14.00	$39.00	$7.00	$19.50

	Emergent Plus	Platinum Membership
Emergency Air Ambulance Coverage	✓	✓
Emergency Ground Ambulance Coverage	✓	✓
Hospital to Hospital Ambulance Coverage	✓	✓
Repatriation to Hospital Near Home Coverage	✓	✓
Patient Return Transportation Coverage		✓
Companion Transportation Coverage		✓
Hospital visitor transportation Coverage		✓
Minor return Transportation Coverage		✓
Vehicle & RV Return Coverage		✓
Pet Return Transportation Coverage		✓
Organ Retrieval & Organ recipient transportation Coverage		✓
Mortal Remains Transportation Coverage		✓

Critical Illness Insurance

Mutual of Omaha

Mutual of Omaha's Critical Illness Insurance provides a lump sum benefit to help with costs that medical insurance may not cover, such out-of-pocket medical expenses as well as everyday living expenses. Coverage includes a cancer category.

With improved treatment options, more people are surviving critical events. However, treatments and recovery costs can create a financial burden on families affected by a critical illness.

This is an employee-paid policy: If you want Critical Illness benefit, an employee must elect the coverage during the new hire period or wait until the next Open Enrollment to make the election.

Critical Illness Policy Face Amounts range from $5,000 - $50,000

- Guaranteed issue is $30,000 for new hires
- $50 Wellness Screening Benefit – DON'T FORGET TO SEND IN YOUR CLAIM!

Here is how it works:

Upon diagnosis, you will receive a lump sum benefit based upon the benefit amount you elected. There are no time-consuming, multiple filings per treatment or doctor's office visit.

Benefits	Critical Illness Policy	
Heart Attack	100%	
Stroke	100%	
Major Organ Transplant	100%	
Renal (Kidney) Failure	100%	
Blindness	100%	
Coronary Artery Bypass	25%	
$10,000 of Coverage	**Monthly**	**24 Pay Period**
17-24	$2.20	$1.10
25-29	$3.00	$1.50
30-34	$3.80	$1.90
35-39	$5.70	$2.85
40-44	$7.70	$3.85
45-49	$10.80	$5.40
50-54	$19.00	$9.50
55-59	$26.00	$13.00
60-64	$28.40	$14.20

Accident Insurance

Mutual of Omaha

Accident Insurance (24-Hour Coverage)

Accident insurance pays out a lump sum if you become injured because of an accident — even if the injuries you incur do not keep you out of work. While health insurance companies pay your provider or facility, Accident insurance pays you directly.

This is an employee-paid policy: If you want Accident benefit, an employee must elect the coverage during the new hire period or wait until the next Open Enrollment to make the election.

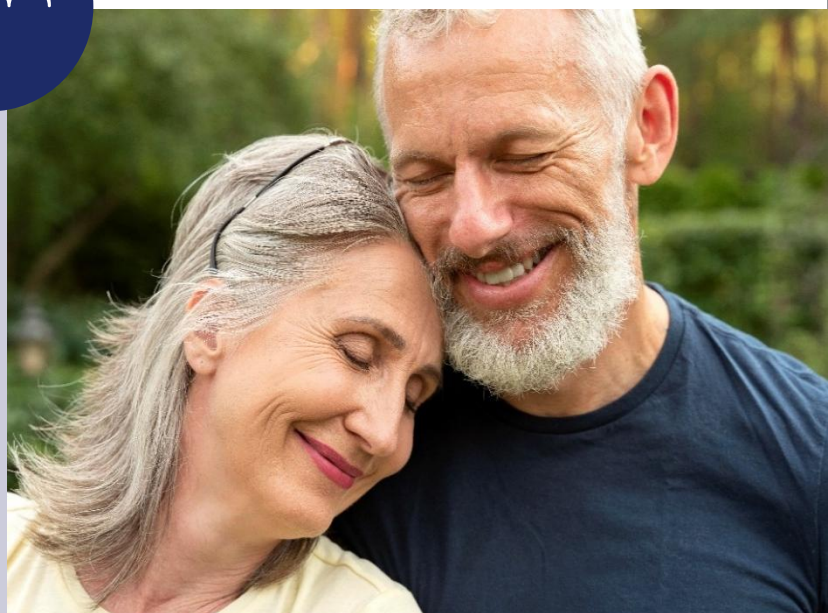
Benefits	Accident Policy
Hospital Admission	$1,500
Hospital Confinement	$300/day
Emergency Room Treatment	$300
Urgent Care Center	$225
Accident Follow-up Doctor Visit	$150/visit
Ambulance (Air/Ground)	$1,500/$300
Fractures	Up to $6,000
Dislocations	Up to $6,000

Contributions	Monthly Premium	24 Pay Period Premium
Employee Only	$10.17	$5.09
Employee + Spouse	$13.36	$6.68
Employee + Child	$16.94	$8.47
Employee + Family	$21.69	$10.85

Learn more about your
Mutual of Omaha plan summary

800-655-5142

https://www.mutualofomaha.com



Employee Contributions

Benefit deductions will only come out of 24 paychecks.

Voluntary Life Monthly Rates Per $1,000 of Coverage (Rates include AD&D)		
Employee Age	**Monthly Premium**	**24 Pay Period Premium**
Under 34	$0.10	$0.05
35-39	$0.14	$0.07
40-44	$0.21	$0.105
45-49	$0.30	$0.15
50-54	$0.50	$0.25
55-59	$0.84	$0.42
60-64	$1.31	$0.655
65-69	$2.023	$1.012
70-74	$3.25	$1.625
75+	$5.74	$2.87
Child Rate		
All ages up to 26	$0.01	$0.05

Short-Term Disability ($1,000 per week max)		
Employee Age	**Monthly Premium**	**24 Pay Period Premium**
Under 20	$0.28	$0.14
20-24	$0.28	$0.14
25-29	$0.28	$0.14
30-34	$0.27	$0.14
35-39	$0.27	$0.14
40-44	$0.29	$0.15
45-49	$0.34	$0.17
50-54	$0.41	$0.21
55-59	$0.54	$0.27
60-64	$0.66	$0.33
65-69	$0.74	$0.37

Calculate Your Short-Term Disability

Step 1: Enter your weekly earnings (Max covered payroll is $10 weekly) $_____

Step 2: Multiply by the premium factor (,6) =
$_____

Step 3: Estimate your monthly premium =
$_____

Divide by 24: This is your per paycheck Short-term Disability deduction. $_____

How Do I Enroll?

1
Log In

Log into City of Mount Pleasant at to www.employeenavigator.com.

2
Choose Your Plan

Utilize Melissa Farish to help choose the lowest-cost, best-value health plan based on your medical needs.

3
Enroll By Date

If you don't take action, most of your

current benefit elections will roll over to next year.

Scan for enrollment portal

Reminder

Benefits enrollment must be completed within 30 days of your qualifying life event.

Make sure you hit 'submit' to save your elections before closing Employee Navigator.

How a Claim is Paid

1. Filing the Claim: The process begins when the policyholder experiences a loss or damage covered by their insurance policy. They then contact their insurance company to file a claim, providing details about the incident. This can often be done online, over the phone, or through a mobile app.

2. Claim Acknowledgment: After the claim is filed, the insurance company acknowledges receipt of the claim. This may include providing the policyholder with a claim number and details about the next steps in the process.

3. Documentation and Evidence Collection: The policyholder is usually required to provide documentation and evidence to support their claim. This can include photos, receipts, police reports, medical reports, or any other relevant documentation that demonstrates the extent of the loss or damage.

4. Assignment of a Claims Adjuster: The insurance company assigns a claims adjuster to investigate the claim. The adjuster's role is to assess the validity of the claim, evaluate the extent of the damage or loss, and determine the appropriate amount of compensation.

5. Investigation and Evaluation: The claims adjuster conducts a thorough investigation, which may involve visiting the site of the incident, interviewing witnesses, reviewing documents, and consulting with experts if necessary. They evaluate the extent of the damage or loss and determine the value of the claim based on the policy's terms and conditions.

6. Claim Decision: After the investigation and evaluation, the claims adjuster makes a decision regarding the claim. The insurance company will inform the policyholder whether the claim has been approved, partially approved, or denied. If the claim is denied, the policyholder will receive an explanation for the denial.

7. Settlement Offer: If the claim is approved, the insurance company makes a settlement offer to the policyholder. This offer outlines the amount of money that will be paid to cover the loss or damage. The policyholder reviews the offer and can accept or negotiate if they believe the amount is insufficient.

8. Payment: Once the settlement offer is accepted, the insurance company processes the payment. Payment can be made in various forms, such as a direct deposit, a check, or sometimes directly to service providers (e.g., a repair shop or medical provider) if agreed upon.

9. Resolution and Closure: After payment is made, the claim is considered resolved and closed. The policyholder may need to sign a release form indicating that they accept the settlement and waive any further claims related to the incident.

Throughout the process, clear communication between the policyholder and the insurance company is essential to ensure a smooth and timely resolution of the claim. If the policyholder is dissatisfied with the outcome, they may have the option to appeal the decision or seek external resolution methods, such as mediation or legal action.

Benefits Definitions

Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is $1000, your plan won't pay anything until you've met your $1000 deductible for covered health care services subject to the deductible.)

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your coinsurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount.)

Out-of-pocket maximum

The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit, the plan will usually pay 100% of the allowed amount. This limit helps you plan for health care costs. This limit never includes your premium, balance-billed charges or health care your plan doesn't cover.

Contribution

You typically pay premium contributions through payroll deductions

Copayment

A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

Network

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Network provider

A provider who has a contract with your health insurer or plan who has agreed to provide services to members of a plan. You will pay less if you see a provider in the network. Also called "preferred provider" or "participating provider."

There is no first dollar coverage with the exception of preventative services.

Provider

An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The plan may require the provider to be licensed, certified, or accredited as required by state law.

Out-of-network provider

A provider who doesn't have a contract with your plan to provide services. If your plan covers out-of-network services, you'll usually pay more to see an out-of-network provider than a preferred provider. Your policy will explain what those costs may be. May also be called "non-preferred" or "non- participating" instead of "out-of-network provider."

Referral

A written order from your primary care provider for you to see a specialist or get certain health care services. In many health maintenance organizations (HMOs), you may need to get a referral before you can get health care services from anyone except your primary care provider. If you don't get a referral first, the plan may not pay for the services.

High-deductible health plan (HDHP)

A type of health plan that has lower monthly premiums, but higher deductibles and out-of- pocket limits, than a traditional health plan. HDHPs are often coupled with an HSA (Health Savings Account).

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Health Coverage Notices

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

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

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

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace's annual Open Enrollment period or if you experience a qualifying life event.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.02% for plans that start in 2025 of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

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

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact BCBSTX at the number on the back of your medical ID card.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application. Here is some basic information about health coverage offered by this employer

3. Employer name: The City of Mount Pleasant		**Employer Identification Number (EIN) : 75-6000617**
3. Employer address: 501 N. Madison		**Employer phone number: (903) 575-4000**
City: Mount Pleasant	**State: TX**	**City: Mount Pleasant**
3. Who can we contact about employee health coverage at this job? Human Resources		
Phone number (if different from above)		**Email Address: CWebster@mpcity.org**

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As your employer, we offer a health plan to all employees.

Eligible employees are:
Full-time employees working over 30 hours

With respect to dependents, we do offer coverage:
Eligible dependents are:
Legal Spouses
Children under the age of 26

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, www.healthcare.gov will guide you through the process

City of Mount Pleasant Notice of Privacy Practices

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

Our Company's Pledge to You
This notice is intended to inform you of the privacy practices followed by the City of Mount Pleasant (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on 10/01/2025.

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

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

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

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

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

As permitted or Required by Law. We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law.

Substance Use Disorder Records:
If applicable, the Plan will not use or disclose substance use disorder records received from programs subject to the Confidentiality of Substance Use Disorder Patient Records regulations in civil, criminal, administrative, or legislative proceedings against you unless such disclosure is based on your written consent or a court order. Prior to using or disclosing such information pursuant to a court order, the Plan will notify you and provide you with an opportunity to be heard. The Plan will not use or disclose substance use disorder records pursuant to a court order unless the order is accompanied by a subpoena or other legal requirement compelling disclosure. "

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We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

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

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

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

Your Rights

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

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

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

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

Our Legal Responsibilities

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information. We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

Human Resources
501 N. Madison
Mount Pleasant, TX 75455-3650
(903) 575-4000
CWEbster@mpcity.org

Complaints

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

Annual Notices

Important Notice from City of Mount Pleasant About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Mount Pleasant and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2. **City of Mount Pleasant has determined that the prescription drug coverage offered by City of Mount Pleasant plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Mount Pleasant coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current City of Mount Pleasant coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of Mount Pleasant and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that

coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Mount Pleasant changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

Annual Notices

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Mount Pleasant changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare Prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 1, 2025

Name of Entity/Sender: City of Mount Pleasant

Contact/Office: Human Resources

Address: 501 N. Madison Mount Pleasant,

TX 75455-3650

Phone Number: (903) 575-4000

What Is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of one of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of one of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

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When Is COBRA Coverage Available?
The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the City of Mount Pleasant.

How Is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of Continuation Coverage
If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage
If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event.

This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child . This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

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If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit
https://www.medicare.gov/medicare-and-you

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. More information about your Public Sector COBRA rights through the Centers for Consumer Information and Oversight (CCIIO), available at www.cms.gov/cciio/

Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.
For more information about the Marketplace, visit www.healthcare.gov.

Plan Contact Information

Date: October 1, 2024

Name of Entity/Sender: City of Mount Pleasant

Contact/Office: Human Resources

Address: 501 N. Madison Mount Pleasant,

TX 75455-3650

Phone Number: (903) 575-4000

Other Notices

Expanded Coverage for Women's Preventive Care

Under the Affordable Care Act, City of Mount Pleasant provides female plan participants with expanded access to recommended in-network preventive services, including contraceptives, without cost sharing.

Additional women's preventive services that will be covered without cost sharing requirements include:

- Well-woman visits
- Gestational diabetes screening
- HPV DNA testing
- STI counseling, and HIV screening and counseling
- Contraception and contraceptive counseling
- Breastfeeding support, supplies, and counseling
- Domestic violence screening

For a description of what these items include, visit https://www.healthcare.gov/preventive-care-women/.

City of Mount Pleasant certifies that it qualifies for a temporary enforcement safe harbor with respect to the Federal requirement to cover contraceptive services without cost sharing. During this one-year period, coverage under your group health plan will not include coverage of contraceptive services.

City of Mount Pleasant continues to cover women's in-network preventive health care services — such as mammograms, screenings for cervical cancer, and other services — with no cost sharing as mandated by the Affordable Care Act.

60-Day Special Enrollment Period

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

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

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Notice of Special Enrollment Rights

If you decline enrollment in medical coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in City of Mount Pleasant medical coverage if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment no more than 30 days after your or your dependent's other coverage ends (or after the employer stops contributing to the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in City of Mount Pleasant medical coverage as long as you request enrollment by contacting the benefits manager no more than 30 days after the marriage, birth, adoption or placement for adoption. For more information, contact City of Mount Pleasant Human Resources.

Newborn & Mothers Health Protection Notice

For maternity hospital stays, in accordance with federal law, the Plan does not restrict benefits, for any hospital length of stay in connection with childbirth for the mother or newborn child, to less than 48 hours following a vaginal delivery or less than 96 hours following a Cesarean delivery.

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

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultations with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact BCBSTX or your medical plan administrator.

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Annual Notices

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact BCBSTX or your medical plan administrator.

CHIP NOTICE

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from the City of Mount Pleasant, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the following page, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office, dial 1-877-KIDS NOW, or visit www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of March 17, 2025. Contact your State for more information on eligibility.

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, ext. 61565

State	Website/E-mail	Phone
Georgia (Medicaid)	HIPP: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp CHIPRA: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra	678-564-1162, press 1 678-564-1162, press 2
Indiana (Medicaid)	Healthy Indiana Plan for low-income adults 19-64: http://www.in.gov/fssa/dfr/ All other Medicaid: https://www.in.gov/medicaid	1-800-403-0864 1-800-457-4584
Iowa (Medicaid and CHIP)	Medicaid: https://hhs.iowa.gov/programs/welcome-iowa-medicaid CHIP: http://dhs.iowa.gov/Hawki HIPP: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp	1-800-338-8366 1-800-257-8563 1-888-346-9562
Kansas (Medicaid)	https://www.kancare.ks.gov/	1-800-792-4884 HIPP: 1-800-967-4660
Kentucky (Medicaid and CHIP)	Medicaid: https://chfs.ky.gov/agencies/dms KI-HIPP: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.apsx KI-HIPP E-mail: KIHIPP.PROGRAM@ky.gov KCHIP: https://kynect.ky.gov	1-855-459-6328 1-877-524-4718
Louisiana (Medicaid)	www.medicaid.la.gov www.ldh.la.gov/lahipp	1-888-342-6207 1-855-618-5488
Maine (Medicaid)	https://www.mymaineconnection.gov/benefits/s/?language=e n_US https://www.maine.gov/dhhs/ofi/applications-forms	Enroll: 1-800-442-6003 Private HIP: 1-800-977-6740 TTY: Maine relay 711
Massachusetts (Medicaid and CHIP)	https://www.mass.gov/masshealth/pa Email: masspremassistance@accenture.com	1-800-862-4840 TTY: 711
Minnesota (Medicaid)	https://mn.gov/dhs/health-care-coverage/	1-800-657-3672
Missouri (Medicaid)	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	573-751-2005
Montana (Medicaid)	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP HHSHIPPProgram@mt.gov	1-800-694-3084
Nebraska (Medicaid)	http://www.ACCESSNebraska.ne.gov	1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Nevada (Medicaid)	http://dhcfp.nv.gov/	1-800-992-0900
New Hampshire (Medicaid)	https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Email:DHHS.ThirdPartyLiabi@dhhs.nh.gov	603-271-5218 or 1-800-852-3345, ext. 15218
New Jersey (Medicaid and CHIP)	Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ CHIP: http://www.njfamilycare.org/index.html	Medicaid: 609-631-2392 CHIP: 1-800-701-0710 (TTY: 711)
New York (Medicaid)	https://www.health.ny.gov/health_care/medicaid/	1-800-541-2831
North Carolina (Medicaid)	https://medicaid.ncdhhs.gov/	919-855-4100
North Dakota (Medicaid)	https://www.hhs.nd.gov/healthcare	1-844-854-4825
Oklahoma (Medicaid and CHIP)	http://www.insureoklahoma.org	1-888-365-3742
Oregon (Medicaid)	http://healthcare.oregon.gov/Pages/index.aspx	1-800-699-9075
Pennsylvania (Medicaid and CHIP)	Medicaid: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html CHIP: https://www.pa.gov/en/agencies/dhs/resources/chip.html	Medicaid: 1-800-692-7462 CHIP: 1-800-986-KIDS (5437)
Rhode Island (Medicaid and CHIP)	http://www.eohhs.ri.gov/	1-855-697-4347 or 401-462-0311 (Direct RIte)
South Carolina (Medicaid)	https://www.scdhhs.gov	1-888-549-0820
South Dakota (Medicaid)	http://dss.sd.gov	1-888-828-0059
Texas (Medicaid)	https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program	1-800-440-0493
Utah (Medicaid and CHIP)	Medicaid: https://medicaid.utah.gov/ CHIP: https://chip.utah.gov/ Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/	1-888-222-2542
Vermont (Medicaid)	https://dvha.vermont.gov/members/medicaid/hipp-program	1-800-250-8427
Virginia (Medicaid and CHIP)	https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs	1-800-432-5924
Washington (Medicaid)	https://www.hca.wa.gov/	1-800-562-3022
West Virginia (Medicaid)	https://dhhr.wv.gov/bms/ http://mywvhipp.com/	Medicaid: 304-558-1700 CHIP: 1-855-699-8447
Wisconsin (Medicaid and CHIP)	https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm	1-800-362-3002
Wyoming (Medicaid)	https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/	1-800-251-1269

State	Website/E-mail	Phone
Alabama (Medicaid)	http://www.myalhipp.com/	1-855-692-5447
Alaska (Medicaid)	Premium Payment Program: http://myakhipp.com/ Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx E-mail: CustomerService@MyAKHIPP.com	1-866-251-4861
Arkansas (Medicaid)	http://myarhipp.com/	1-855-692-7447
California (Medicaid)	http://dhcs.ca.gov/hipp Email: hipp@dhcs.ca.gov	916-445-8322 916-440-5676 (fax)
Colorado (Medicaid and CHIP)	Medicaid: https://www.healthfirstcolorado.com/ CHIP: https://hcpf.colorado.gov/child-health-plan-plus HIBI: https://www.mycohibi.com/	1-800-221-3943 1-800-359-1991 1-855-692-6442 State relay 711
Florida (Medicaid)	https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html	1-877-357-3268

City of MOUNT PLEASANT