



2024 BENEFITS eGUIDE

January 1–December 31, 2024



WELCOME

The City of Lewisville wants you and your family to be happy, healthy and secure. That’s why we offer a benefits program that is designed to help you achieve your physical, financial and work-life potential. We are also committed to providing you with tools and resources to help you maximize your benefits, including this Benefits Guide. Please review it carefully and discuss your options with your family.

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ELIGIBILITY & ENROLLMENT

ELIGIBILITY

You are eligible to enroll in benefits if you are a regular, full-time employee working at least 30 hours per week. Coverage for new hires begins on the date following 30 days of consecutive employment. Coverage for all other employees begins October 1.

Eligible dependents include your:

- Spouse*
- Children up to age 26
- Stepchildren
- Physically or mentally disabled children who rely primarily on you for support

Note: If your spouse is also a City employee, you may not cover him/her as a dependent. Only one of you may cover your eligible children as dependents.

QUALIFYING LIFE EVENTS

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. The 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
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

To make changes to your benefit elections, you must notify Human Resources within 30 days** of the qualifying event.

*If your spouse is employed, self-employed, retired or has access to health coverage that meets the minimum requirements under the Affordable Care Act (ACA), they are not eligible for medical coverage.

**You have 45 days for the birth/adoption of a child.

IMPORTANT

If you do not enroll by the deadline, you will have life and accidental death and dismemberment (AD&D) and long-term disability (LTD) coverage only.



HOW TO ENROLL

Complete and submit the required paperwork to HR and make your benefit elections in Benefit Connector within your first 30 days of employment.

MEDICAL & PRESCRIPTION DRUG COVERAGE

The City offers you the choice of two medical plans through Cigna. For complete coverage details, please refer to the Plan Documents.

Key Medical Benefits	Cigna Purple Plan	Cigna Green Plan
	In-Network Only	In-Network Only
Deductible (per calendar year)		
Individual / Family	\$2,000 / \$4,000	\$3,200 / \$6,000
Out-of-Pocket Maximum¹ (per calendar year; excludes deductible)		
Individual / Family	\$4,000 / \$8,000	\$4,000 / \$8,000
Covered Services²		
Physician Services	80%*	80%*
Preventive Care and Immunizations	100%	100%
X-ray and Advanced Radiological Imaging (MRI, MRA, CAT, PET, etc.)	80%*	80%*
Ambulance	80%*	80%*
Emergency Room	80%*	80%*
Hospital Services	80%*	80%*
Newborn Inpatient Care	80%*	80%*
Hearing Aids	80%*	80%*
Skilled Nursing Facility (90 days per year)	80%*	80%*
Home Health Care (120 visits per year)	80%*	80%*
Hospice Care	80%*	80%*
Colonoscopies	100%	100%
All Other Services^{3,4}	80%*	80%*
Prescription Drugs (generic / preferred / non-preferred)		
Retail (up to 30-day supply)	10% / 30% up to \$150 / 40% up to \$150	10%* / 30% up to \$150* / 40% up to \$150*
Mail Order (up to 90-day supply)	10% / 25% up to \$300 / 40% up to \$300	10%* / 25% up to \$300* / 40% up to \$300*

*Coinsurance percentages apply after the plan deductible has been met.

1. The in-network out-of-pocket maximum does not apply toward immunizations, mammograms, PSAs or colon cancer screenings. 2. Precertification is required for inpatient and outpatient services and diagnostic procedures. If you fail to do so, you will be assessed a 50% penalty. 3. Mental health and chemical dependency treatment must be preauthorized by calling the Cigna EAP at 877.622.4327. 4. Chiropractic visits now must be authorized by CIGNA/ASHN. The first 3-6 visits are allowed. To access the remaining 25 visits per year, please ask your provider to contact CIGNA/ASHN to obtain the authorization.

DENTAL

As a member of Cigna’s dental plan, you will enjoy freedom of choice by accessing any licensed dentist or dental specialist within the United States. If you use a Cigna PPO dentist, you may enjoy more affordable levels of service compared to out-of-network providers.

Key Dental Benefits	Cigna DPPO Plan	
	In-Network*	Out-of-Network**
Deductible (per calendar year; does not apply to diagnostic and preventive services)		
Individual / Family	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year; preventive, basic and major services combined)		
Per Individual	\$2,500 / \$3,000 with incentive	\$2,500 / \$3,000 with incentive
Predetermination Amount¹		
Per Treatment	\$300	\$300
Covered Services		
Preventive Services	No charge	
Basic Services	80%	
Major Services	50%	
Orthodontia for Children²	50% up to \$2,500 lifetime maximum	

*In-network dentists are paid on the access provider fee.

**Out-of-network dentists are paid on the usual, customary and reasonable (UCR) fee.

1. When the course of treatment exceeds \$300, a predetermination request should be submitted. 2. Orthodontia benefits are available to dependent children under the age of 19 only.

DENTAL INCENTIVE!

If you have a preventive dental visit/cleaning this year, your benefit maximum will increase by \$500 next year (not to exceed a benefit maximum of \$3,000).



VISION



The vision benefit is a fully insured benefit provided through Superior Vision. The Superior Vision plan pays first dollar for your vision claims. For the highest level of benefits, please use an in-network provider.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Vision Exam (once every 12 months)		
Exam with Dilation	\$15 copay	\$35 allowance
Lenses (once every 12 months)		
Single Vision	\$20 copay	\$25 allowance
Bifocal		\$40 allowance
Trifocal		\$45 allowance
Frames (once every 12 months)		
Frames	\$150 allowance after \$20 copay	\$70 allowance
Contact Lenses (once every 12 months; in lieu of glasses)		
Elective	\$150 allowance after \$20 copay	\$80 allowance
Medically Necessary	\$20 copay	\$150 allowance

CONTACT LENSES

Ordering contact lenses has never been easier! Visit www.contactsdirect.com to get started.

HEALTH CARE & DEPENDENT CARE FSAs

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) which allow you to set aside a portion of your income, before taxes, to help pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income and Medicare taxes.

Health Care FSA

For 2024, you may contribute up to \$3,050 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental treatment
- Orthodontia
- Eye exams/eyeglasses
- LASIK eye surgery
- Over-the-counter medication (e.g., aspirin)
- Menstrual products (e.g., tampons, maxi pads)

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Dependent Care FSA

You may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, preschool or daycare centers
- Care of household members who are physically or mentally incapable of caring for themselves and qualify as your federal tax dependents

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA RULES

You must enroll each year to participate.

- **Extended use of health care FSA funds:** If you have funds left over in your health care FSA at the end of the original plan year that ends on December 31, 2024, you have until March 15, 2025, to submit your 2024 claims for reimbursement.
- **Dependent care FSA:** Unused funds will NOT be returned to you or carried over to the following year. You can incur expenses from January 1 through December 15, 2024, and must file claims by December 31, 2024.

You will receive a debit card, which you can use at the point of service to pay for qualified FSA expenses. Funds will be taken directly from your account. You may also pay out of pocket and submit a claim for reimbursement later. We encourage you to keep all receipts for your own records.



LIFE AND AD&D

Life and AD&D Insurance: Sun Life

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental death and dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (e.g., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life and AD&D Insurance (provided at no cost to you)

Life Amount	4x annual salary up to \$400,000
AD&D Amount	3x annual salary up to \$300,000

Dependent Life Insurance (available at an additional cost to you)

Spouse	\$25,000
Child(ren)	\$10,000

LONG-TERM DISABILITY (LTD)

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

LTD (provided at no cost to you)

Benefit Percentage	60% of pay
Monthly Benefit Maximum	\$7,000
When Benefits Begin	180 days
Maximum Benefit Duration	Social Security Normal Retirement Age



WORKERS' COMPENSATION

We offer workers' compensation, as required under state law, to help cover the cost of hospitalization, physician fees, drugs and other expenses related to treating injuries sustained while performing your duties as a City employee. Worker's compensation is administered by a third party. The temporary income benefits (TIBs) you receive replace your regular income while you are on leave and are deducted from future paychecks.

WORKERS' COMPENSATION BENEFITS

	Temporary Income Benefits (TIBs)	Supplemental Injury Leave
Benefit	70% of pre-injury wages up to TWCC limit	30% of pre-injury wages
When Benefit Begins	8 th day of lost time following injury	N/A



SUPPLEMENTAL INJURY LEAVE

Full-time, regular employees with a job-related injury are eligible to receive supplemental injury leave. This is in addition to any compensation received through the Texas Workers' Compensation Act. Supplemental injury leave is provided to make up the difference between workers' compensation benefits (Temporary Income Benefits) and City of Lewisville benefits.

Supplemental injury leave will be provided to eligible employees for the first 12 consecutive weeks from the date of injury when an employee is unable to work. The City will pay 100% of the first seven days. After that, the City will pay 30% and Temporary Income Benefits (TIBs) will pay 70%. In no case will the employee be provided more than 12 weeks of supplemental injury leave for the same injury.

Supplemental injury leave benefits may be denied or discontinued for any of the following reasons, but are not limited to:

- Failure to report injury/illness within 24 hours of the injury
- Failure to report to a physician or an independent medical review selected by the City (includes initial treating physician/referrals made by treating physician)
 - » City-selected physicians:
 - Concentra
 - Medical City Lewisville (after hours)
- Failure to give written consent for the release of all pertinent medical information to the City of Lewisville or later withdrawing consent
- Employee does not follow the recommended medical care, physical therapy, rehabilitation and modified duty program
- Employee is found to be working at any job, including self-employment
- Employee resigns or is terminated for any reason
- Employee retires or dies
- Employee falsifies or misrepresents their disability, illness, injury or medical condition
- Employee refuses to return to regular duty on the day specified by the treating physician
- Employee is no longer eligible for workers' compensation benefits

VOLUNTARY BENEFITS

ACCIDENT INSURANCE

Accident insurance 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 \$7,500¹. And it's not only broken limbs—an average non-fatal injury could cost you \$6,620 in medical bills.² When your medical bill arrives, you'll be relieved you have accident insurance on your side.

CRITICAL ILLNESS INSURANCE

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: \$7,000². But with critical illness insurance, 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.

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 \$30,000³. Hospital indemnity insurance 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.

1. Average medical cost of fatal and non-fatal injuries by type in the USA, December 2019. National Library of Medicine.

2. MetLife Accident and Critical Illness Impact Study.

3. Why health insurance is important: Protection from high medical costs. HealthCare.gov



TEXAS MUNICIPAL RETIREMENT SYSTEM (TMRS)

TMRS is a required retirement plan for all full-time employees. The following is a high-level overview of the plan:

- TMRS contributions are 7% of your pay.
- The City will match your contributions two-to-one at retirement.
- With TMRS retirement options, you are guaranteed a retirement check for the rest of your life.
- No income taxes are withheld until you retire or terminate and request a refund.
- You are vested after five years, which means you may leave your deposits with TMRS to continue to earn interest until you are ready to retire, even if you leave the City. You are eligible to retire if you have five years of service and are age 60 or over. However, if you have 20 years of service, you are eligible to retire at any age.

You can track your TMRS balance, view or change beneficiaries, update your address or phone number and more at www.mytmrs.com.



DEFERRED COMPENSATION - 457 / 401(a) PLAN



The City offers a voluntary 457 and 401(a) deferred compensation plan that can provide additional savings for retirement.

- Funds are deducted pre-tax and interest accumulates tax free. Withdrawals are subject to income tax.
- If you contribute at least 4% of your annual gross salary, the City will match your contributions at 3.76% of your annual gross pay (or 5.21% if you were hired before April 1, 1986). Matching contributions will be placed in a 401(a) account.
- You are 100% vested, or own your 401(a) contributions after five years of service. Your 457 contributions are immediately 100% vested.
- You may invest your funds in a variety of investment options through Nationwide Retirement Solutions or AIG Retirement Services.
- You may borrow a minimum of \$1,000 and a maximum of 50% of your balance or \$50,000 (whichever is less) from your account.
- Under certain circumstances, you may withdraw funds as a result of a financial hardship.

You may set up, stop or make changes to your contribution amount at any time, not only during Open Enrollment. You can make withdrawals from your account when you leave employment, as well as during employment, subject to City and IRS rules.

TOTAL COMPENSATION BENEFIT STATEMENT

The Total Compensation Benefit Statement summarizes your mix of earnings and benefits provided by the City of Lewisville. Your base pay is just part of your total compensation; benefits such as paid time off, health benefits, retirement plan contributions and more also add worth to your total compensation. Each benefit is outlined to help you better understand its value.

[Click here](#)* to learn more and to view your personal benefits statement.

**Employees must be on a City of Lewisville computer to access their total compensation statement.*



WELLNESS WORKS HEALTH CENTER



As part of its mission to help you achieve your health and well-being potential, the City of Lewisville has partnered with the City of Coppell to provide you access to the confidential Marathon Health Wellness Center. The Center staff is trained in primary care, health coaching and chronic disease management. The best part? If you are enrolled in the Green Plan, you will pay only \$35 per visit until you meet your deductible. All other employees and their covered dependents can use the Center for free! **Note:** All other services provided outside of the Center are subject to your plan's applicable copay and deductible.

PLANNING YOUR VISIT

- Call 972.219.3500 to schedule an appointment. The Center is open Mondays, Wednesdays and Fridays from 8 a.m. to 4 p.m., and Tuesdays and Thursdays from 11 a.m. to 7 p.m.
- During your first visit, you will receive five Wellness Hours, which may be used in lieu of sick time. You are eligible for five Wellness Hours per year. Hours do not roll over from year to year.

Note: Personal health information you share with Center staff is considered completely confidential and will not be shared with the City. Health information related to workplace injuries or occupational illnesses may be disclosed to the City in order to comply with laws and regulations related to workers' compensation. Information you share with Center staff will be available in your personal health record (PHR), which you can find on the password-protected [Marathon Health Portal](#).

WELLNESS PROGRAM

Our wellness program provides you with a variety of opportunities to earn points and win rewards for completing healthy activities throughout the year! You can track your wellness activities through the online **Marathon Health Portal**. If you have a Fitbit or Garmin fitness tracker, you can sync your daily steps to your Marathon Health account. If you are enrolled in a City medical plan, you are eligible to participate.

Activity	Points Earned	Reward
Completing personal wellness goals and challenges	Bronze: 85	\$50
	Silver: 120	\$200
	Gold: 175	\$400

TOBACCO CESSATION PROGRAM

Employees and their dependents on City insurance can sign up for the tobacco cessation program at Wellness Works. Call 972.219.3500 to schedule your appointment.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Life is full of challenges, and dealing with them all can be difficult. We are proud to provide a confidential employee assistance program (EAP), free of charge, to you and your immediate family members. You are eligible to receive up to six counseling sessions per problem, per year for issues related to:

- Anxiety and depression
- Emotional health
- Family/relationship conflicts
- Grief/loss
- Legal/financial issues
- Substance abuse
- Other personal concerns
- Adolescence (a Teen Line is available)

To take advantage of the EAP, go to www.MyCigna.com (Employer ID: cityoflewisville).

ALIGHT PROFESSIONAL HEALTH SERVICES

Navigating the health care system can be a challenge—that's where Alight comes in! The Alight Health Pro team takes the hassle out of health care and helps you find the right solutions so that you can focus on what matters most to you. Turn to Alight for help:

- Choosing the right health plan
- Understanding your health benefits
- Explaining your medical bills and resolving any billing errors
- Finding highly rated and cost-effective providers
- Coordinating care
- Comparing costs for common procedures and treatments
- Scheduling appointments
- Finding lower-cost alternatives to prescriptions

Please note: This program is available free of charge to all employees enrolled in a City medical plan. For more information, email MyHealthPro@alight.com or call 800.513.1667.



LEAVE BENEFITS

VACATION

The City provides paid personal days off to all regular, full-time employees.

Years of Service	Annualized Rate for General Employees	Annualized Rate for Sworn Employees
One to Four	80 hours (10 days)	Police: 120 hours Fire: 180 hours
Five to Nine	120 hours (15 days)	Police: 120 hours Fire: 180 hours
Ten+	160 hours (20 days)	Police: 160 hours Fire: 240 hours

Employees with at least one full year of service shall receive terminal pay for unused vacation leave up to two times (2x) their annual rate of accrual.

HOLIDAYS

The City recognizes nine national and state holidays, for which regular, full-time employees will be paid. You are eligible immediately for holidays. Employees working in shift divisions may be required to work the holiday, but may take off for the holiday at a later date.

- New Year’s Day
- Martin Luther King Jr. Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- September 11*
- Thanksgiving Day
- Thanksgiving Friday
- Christmas Eve
- Christmas Day
- Cultural Appreciation Day

**September 11 for all sworn fire personnel and Labor Day for all other employees.*

EMPLOYEE AND DEPENDENT SICK/FUNERAL LEAVE

Full-time employees are eligible for 15 days of paid sick/funeral leave per year. You may receive sick/funeral leave if you are sick or injured, need to care for sick or injured family members, or need to attend the funeral of an immediate family member.



LEAVE BENEFITS



FAMILY MEDICAL LEAVE ACT (FMLA)

The Family and Medical Leave Act (FMLA) entitles eligible employees to take unpaid, job-protected leave for specified family and medical reasons, including the serious health condition of the employee or the employee's parent, spouse or child; the birth, adoption or foster placement of a child; and active duty or injured service member leave. Employees who have worked for the City for at least one year (even with a break in service up to seven years to count as prior service) and have worked 1,250 hours or more during the 12 months prior to the start of the requested leave are eligible for 12 weeks of unpaid FMLA (26 weeks for injured service member leave).

SHORT-TERM MILITARY LEAVE

If you are a member of the military services, active service, reserve units, national guard or other special unit, you may receive up to 15 days of paid military leave per calendar year. You will be asked to submit a copy of the order, directive, notice or other document that requires you to report for duty.

EXTENDED MILITARY LEAVE

Any employee who enters into the Armed Forces of the United States under existing federal regulations shall be granted a leave of absence and will be accorded reinstatement rights as provided by the applicable laws then in force.

Extended military service tours of duty are defined as any military tours which will require an employee to be absent from work longer than the amount of time designated for short-term military leave.

Employees who are called to active duty will be paid military leave pay in an amount necessary to ensure no loss in wages between their military pay and their normal city pay for a period not to exceed two years during a five-year period. In addition, active duty employees will continue to accrue their paid leave benefits. They may use their accrued leave balances, including vacation, holiday and sick leave, to supplement the difference between military leave pay and their normal city salary once all military leave is utilized. Once all accrued benefits are exhausted, the employee will be placed in an unpaid leave status.

CONTRIBUTIONS

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

MEDICAL

Coverage Tier	Monthly Employee Contributions	
	Purple Plan	Green Plan
Employee Only	\$16.31	\$29.00
Employee + Spouse	\$111.94	\$274.00
Employee + Child(ren)	\$81.36	\$199.00
Family	\$200.05	\$467.00

DENTAL

Coverage Tier	Monthly Employee Contributions
	Cigna DPPO Plan
Employee Only	\$10.00
Employee + Spouse	\$42.00
Employee + Child(ren)	\$47.00
Family	\$83.00

VISION

Coverage Tier	Monthly Employee Contributions
	Superior Vision Plan
Employee Only	\$0
Employee + Spouse	\$3.75
Employee + Child(ren)	\$3.65
Family	\$8.05

IMPORTANT NOTES

Spousal Surcharge: You will be assessed a \$100 monthly surcharge if your spouse has had City medical coverage since October 1, 2016, or before and they have access to medical coverage that meets the minimum essential requirements under the Affordable Care Act (ACA) through their own employer.

Biometric Screening Surcharge: You and your covered spouse will each be assessed a \$50 monthly surcharge if you fail to complete a biometric screening by the deadline.

HSA Contributions: The City will deposit \$1,250 for employee-only coverage or \$1,750 for family coverage annually into your HSA. You will receive an additional \$250 annually if you meet the wellness requirements.

Payroll Schedule: Deductions for dependent premiums are taken 24 times per year, unless special circumstances apply.

CONTRIBUTIONS

IMPORTANT NOTES

Deductions for premiums are taken 24 times per year, unless special circumstances apply.

DEPENDENT LIFE INSURANCE

Monthly Employee Contributions

\$25,000 Coverage (Spouse) / \$10,000 Coverage (Child)

\$1.00



CONTACT DIRECTORY

Coverage	Carrier	Phone Number	Website
Medical	Cigna	800.244.6224	www.mycigna.com
Mail-Order Prescription Drugs	Cigna	800.835.3784	www.mycigna.com
Dental	Cigna	800.244.6224	www.mycigna.com
Vision	Superior Vision	800.879.6901	www.superiorvision.com
Flexible Spending Accounts (FSAs)	Flores	800.562.3327	www.flores247.com
Voluntary Benefits	Cigna	800.754.3207	www.suphealthclaims.com
Life and Accidental Death and Dismemberment (AD&D)	Sun Life Financial	800.247.6875	www.sunlife.com
Disability	Sun Life Financial	800.247.6875	www.sunlife.com
Workers' Compensation	AS&G Claims Administration, Inc.	800.580.2334	www.asg-adj.com
Retirement Plan	TMRS	800.924.8677	www.mytmrs.com
Employee Assistance Program (EAP)	Cigna	877.622.4327	www.mycigna.com Employer ID: cityoflewisville
Human Resources	City of Lewisville	Phone: 972.219.3450 Fax: 972.219.5005	www.cityoflewisville.com

HUMAN RESOURCES DEPARTMENT

The Human Resources Department is committed to providing you with excellent customer service. The department provides services and support in the areas of recruitment and selection, benefits administration, risk management/safety, training and development, employee relations, policy administration and consultation, payroll administration and personnel file management.

The Human Resources Department staff is available to answer your questions Monday through Thursday between 7:30 a.m. and 5:30 p.m. and Fridays between 7:30 and 11:30 a.m. Please contact us and allow us to assist you with personnel needs.

This benefit booklet summarizes the provisions of your employee benefits offered by the City of Lewisville effective October 1. Complete details of each plan are included in the official plan documents and contracts. If there is a difference between this book and the documents or contracts, then the documents and contracts will govern. Benefits described in this book may be changed at any time and do not represent a contractual obligation on the part of the City of Lewisville.

GLOSSARY

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Calendar Year: January 1 through December 31 of each year for medical and dental coverage.

Cigna Care Designated Provider: Cigna recognizes these individual physicians and medical groups for their quality and cost-efficient performance.

Coinsurance: The percent of eligible charges that the plan pays.

Deductible: The amount you pay each plan year before the plan begins to pay covered health or dental care expenses.

Guarantee Issue: The amount of coverage pre-approved by the life insurance company regardless of health status.

Medical Emergency: A sudden, serious, unexpected and acute onset of an illness or injury where a delay in treatment would cause irreversible deterioration resulting in a threat to the patient's life or body part.

Maintenance Medication: A medication prescribed for chronic, long-term conditions that is taken on a regular, recurring basis.

Network Benefits: The benefits applicable for the covered services of a network provider.

Non-Network Benefits: The benefits applicable for the covered services of a non-network provider.

Open Access Plus (OAP): A network of health care providers contracted to provide medical services to covered employees and dependents at negotiated rates. You may seek care from either a network or non-network provider, but network care is covered at a higher benefit level and the employee is responsible for a greater portion of the cost than when using a non-network provider.

Open Enrollment: The period during which existing employees and their dependents are given the opportunity to enroll in or change their current elections.

Out-of-Pocket Maximum: The most a covered person can pay in coinsurance for covered health care expenses (excluding reductions for provider contracts and usual and customary guidelines).

PHS+: Inpatient and outpatient services that require precertification.

Plan Year: January 1 through December 31 for medical and dental coverage. Vision coverage rolls over a 12-month period.

Precertification/Preauthorization: Verification in advance that a procedure, treatment or service will be covered under your health care plan. Your doctor is responsible for getting the precertification.

Step Therapy: An authorization program to provide you with the most cost-effective medication before more expensive medications are approved for coverage.

Usual and Customary Rates: Non-network dental plan expenses are considered for reimbursement at usual and customary (U&C) rates. U&C rates are determined to be the prevailing charge made for a service by a similar provider in the same geographic area. Charges above U&C rates are not covered by the plan and are the responsibility of the participant.

IMPORTANT NOTICES

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CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1986 (COBRA)

Your coverage will end at midnight on the day your employment ends or you are no longer eligible for the plan. If you wish to continue your medical and/or dental coverage or flexible spending account, you may do so through COBRA by completing an election form and paying the appropriate premiums.

COBRA allows you to continue your coverage in most cases if:

- Your employment ends: 18 months
- You become Social Security disabled: 18 or 29 months
- In the event of your death or divorce (spouse and/or dependents can continue coverage): 36 months
- Cease to qualify as an eligible dependent (i.e., dependent child gets married or no longer meets age requirements): 36 months

