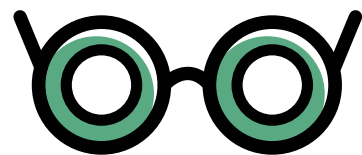


2026 BENEFITS GUIDE

For Retirees & Surviving Dependents

Medical • Dental • Vision • Wellness • Life Insurance





IMPORTANT INFORMATION FOR RETIREES & SURVIVING DEPENDENTS



City of Austin retirees and surviving dependents of City retirees have access to benefits approved by the City Council each year as part of the budget process. The benefits and services offered by the City may be changed or terminated at any time.

The Guide is not a comprehensive breakdown of all current Benefits program requirements, policies, and exclusions. Please refer to CitySpace for current information pertaining to Benefits programs and incentives. In the case of a conflict between information presented in this Guide and the Plan, please defer to the terms of the Plan, which will always take precedence.

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The City of Austin is committed to compliance with the Americans with Disabilities Act. Call the Human Resources Department at **512-974-3400** (voice) or **800-735-2989** (Relay Texas TTY number) for more information.



CONTACT INFORMATION

City of Austin
Human Resources Department
Employee Benefits Division

Benefits staff are available by phone or in person to discuss benefits questions. For your convenience, please make an appointment before visiting our office.

Phone Number: **512-974-3284**

Email: Benefits.HRD@austintexas.gov

Fax Number: **512-974-3420**

Office Hours: Monday–Friday, 8:00 a.m. to 5:00 p.m.

Office Location: 505 Barton Springs Road, Suite 600

Online Resources

To view eligibility requirements, plan choices, print the City's retiree benefits guide, and find information about the City's other benefits, visit austintexas.gov/retirees or scan the QR code below.





CONTACT INFORMATION

Below you will find contact information for the vendors that provide services to retirees and their dependents. Plan documents, claim activity, provider search can be found on the websites listed below.

Benefit	Vendor	Phone Number	Website
Medicare Advantage PPO Group No. PTX00025	BlueCross BlueShield	855-380-8542	bcbstx.com/retiree-medicare-coa
Medical PPO - Group No. 246681 HMO - Group No. 246682 CDHP - Group No. 246684	BlueCross BlueShield	888-907-7880	bcbstx.com/coa
Dental PPO Group No. 300189	BlueCross BlueShield	888-907-7880	bcbstx.com/coa
Dental HMO Group No. 151630	MetLife	800-880-1800	metlife.com/mybenefits
Vision Group No. 10771-1602	Avesis	866-563-3589	avesis.com
Cobra & Self Pay	Inspira Financial	888-678-7835	mybenefits.inspirafinancial.com
457 Plan	Empower Retirement	866-613-6189	dcaustin.com
Employee Assistance Program	ComPsych	866-586-1456	guidanceresources.com

Retirement Systems

	Phone Number	Website
Austin Firefighters Retirement Fund (AFRF)	512-454-9567	afrfund.org
Austin Police Retirement System (APRS)	512-416-7672	ausprs.org
City of Austin Retirement System (COAERS)	512-458-2551	coaers.org



ELIGIBILITY

As a City retiree, you are eligible to enroll in medical, dental, and vision coverage. Retirees may also elect to enroll their eligible dependents listed below.

Eligible Dependents

- ◆ **Spouse:** Your legally married spouse.
- ◆ **Domestic Partner:** The individual who lives in the same household and shares the common resources of life in a close, personal, intimate relationship with a City retiree if, under Texas law, the individual would not be prevented from marrying the retiree on account of age, consanguinity, or prior undissolved marriage to another person. A domestic partner may be of the same or opposite gender as the retiree.
- ◆ **Children:** Your biological children, stepchildren, legally adopted children, children for whom you have obtained court-ordered guardianship or conservatorship, qualified children placed pending adoption, and children of your domestic partner. Your children must be under 26 years of age.
- ◆ **Dependent Grandchildren:** Your unmarried grandchild for whom you have legally adopted, obtain court-ordered guardianship or court-ordered conservatorship.
- ◆ **Disabled Children:** To continue coverage for your disabled child beyond the age of 26, the dependent child must have been enrolled in your benefits the day before turning 26 and must meet the following definitions:
 - ▶ A disabled child must be your IRS dependent.
 - ▶ A disabled child must be medically certified as disabled, and dependent upon you for more than one-half of their support as defined by the Internal Revenue Code of the United States.
 - ▶ Disabled means any medically determinable condition that prevents the child from engaging in self-sustaining employment.
 - ▶ The child must be currently covered under a City medical plan and the disability must begin before the child turns 26.
 - ▶ You must submit satisfactory proof of the disability and dependency, and periodic recertification will be required.
 - ▶ A dependent child who loses eligibility and later becomes disabled is not eligible for coverage.
 - ▶ A disabled child who was not covered as a dependent immediately prior to the time the child would otherwise cease to be a dependent is not eligible for coverage.
 - ▶ A disabled child must be covered continuously on the medical and dental plans. If coverage is dropped, the disabled child will not be allowed to re-enroll.

Covering dependents who are not eligible for the City's insurance programs unfairly raises costs for all participants in the programs, as well as for the City.

Persons Not Eligible

Dependents do not include:

- ◆ Individuals on active duty in any branch of military service (except to the extent and for the period required by law).
- ◆ Permanent residents of a country other than the United States.
- ◆ Parents, grandparents, or other extended family members not listed under the Eligible Dependents section.



DEPENDENT DOCUMENTATION

If you are adding a dependent under any of the City's benefits programs, you must provide documentation that supports your relationship to the dependent. **Social Security Numbers** must be provided for all eligible dependents.

Dependent Type	Acceptable Documents
Spouse	A marriage certificate or Declaration of Informal Marriage recorded as provided by law.
Domestic Partner	A City of Austin Domestic Partnership and Tax Dependent Status Form and supporting documentation.
Child	A certified birth certificate, Verification of Birth Facts (for newborn), qualified medical child support order, Administrative Writ, or court order establishing legal adoption, guardianship, or conservatorship.
Child of a Domestic Partner	The child documentation listed above must be provided along with a City of Austin Domestic Partnership and Tax Dependent Status Form.
Stepchild	The child documentation listed above must be provided along with a marriage certificate or Declaration of Informal Marriage indicating the marriage of the child's parent and stepparent.
Dependent Grandchild	Documentation supporting a legal adoption, court-ordered guardianship or court-ordered conservatorship.
Disabled Child	A Disabled Dependent Authorization form and a Disabled Dependent Physician Certification form.
Qualified Child Pending Adoption	For children already placed in your home, an agreement executed between you and a licensed child-placing agency or the Texas Department of Family and Protective Services (TDFPS), which meets the requirements listed in Dependent Eligibility.





COVERAGE INFORMATION

Enrolling In Retiree Benefits

Insurance Benefits for you and/or your dependents are effective the first day of the following month from your retirement date, provided you complete your enrollment and submit any required documentation online in the benefits enrollment system by the Retirement System payroll deadline. If you missed the deadline, you have 31 days from your retirement date to enroll in benefits, and your benefits will be effective the first of the following month after completion.

Changing Your Retiree Benefits Coverage

You can request changes to your benefits coverage:

- ◆ Within 31 days of your retirement date.
- ◆ Within 31 days of a Qualifying Life Event.
- ◆ During Open Enrollment (Benefits changes are effective January 1 of the following year.)

To change your benefits coverage or to add or drop a dependent, you must submit your benefit changes in Workday. The link to Workday is available at austintexas.gov/retirees.

Retiree Qualifying Life Events

You can add/drop dependents or change your benefits coverage when you experience a Qualifying Life Event, such as: marriage, divorce, birth, adoption/placement of a child, death of a dependent, establishing a committed living arrangement as domestic partners, dissolution of domestic partnership, or involuntary loss or gain of other insurance coverage. You must submit your benefit change in Workday and upload the required documentation that corresponds to the life event within 31 days of the event. The link to Workday is available at austintexas.gov/retirees.

The benefits change will be effective the first day of the following month from the date you submit the change online. In the case of a newborn dependent, adoption, placement of adoption, guardianship, or conservatorship of a child, the benefits change is effective the date of the event and you will be required to pay any benefit premiums owed, if applicable.

Retiree Coverage Ending Dates

Coverage for you and your dependents will end on the last day of the month if:

- ◆ You fail to pay any required premium.
- ◆ The City ceases to offer coverage to retirees.
- ◆ The plan in question is terminated.
- ◆ The coverage in question ended or is reduced.
- ◆ You voluntarily drop your or your dependent's coverage.
- ◆ You or your dependents no longer meet eligibility requirements.

Enrolling In Surviving Dependents Benefits

As a surviving dependent, your medical, dental, and/or vision coverage will automatically continue provided you were covered in that benefit at the time of your spouse's (retiree) death. Your benefit premiums will automatically be deducted from your monthly survivor annuity. If you are not receiving an annuity or if your annuity is insufficient, you will be responsible for submitting your monthly benefit premiums to the City of Austin's Third Party Administrator.

Note: Domestic partners and children of domestic partners are not eligible for coverage as a Surviving Dependent.

Note: In the event a retiree is eligible to enroll as a Surviving Dependent and elects benefits as a Surviving Dependent, the retiree will no longer be considered a retiree and will forgo the \$1,000 life insurance benefit.

Changing your Surviving Dependents Benefits Coverage

You can request changes to your benefits coverage:

- ◆ Within 31 days of a Qualifying Life Event
- ◆ During Open Enrollment (Benefits changes are effective January 1 of the following year.)

Note: You cannot add dependents at any given time. Surviving Dependent coverage is only available to dependents that were covered at the time of the retiree's death.

Surviving Dependent Qualifying Life Events

You can add, drop, or change coverage for yourself and your covered dependents when you experience a Qualifying Life Event such as: involuntary loss or gain of other insurance coverage or death of a dependent. You must submit your changes and documentation online in Workday.

The benefits change will be effective the first day of the following month.

If at any time you cancel all benefits, you cannot re-enroll in surviving dependent benefits.

Surviving Dependent Coverage End Dates

Coverage for you and your dependents will end on the last day of the month if:

- ◆ You fail to pay any required premium.
- ◆ You remarry. (Only applies to retiree's surviving spouse).
- ◆ You are covered under another group plan, except for Medicare.
- ◆ The City ceases to offer coverage to surviving dependents.
- ◆ The plan in question is terminated.
- ◆ The coverage in question ended or is reduced.
- ◆ You voluntarily drop your or your dependent's coverage.
- ◆ You or your dependents no longer meet eligibility requirements.

Duplicate Benefits Coverage

An individual is not eligible to be covered:

- ◆ As both a City retiree and a City employee, for the same benefit
- ◆ As both a City retiree or City employee and as a dependent of a City retiree or City employee, for the same benefit
- ◆ As a dependent of more than one City retiree, or City employee, for the same benefit

It is your responsibility to ensure that you and/or your dependents are not double covered for the same benefit. Duplicate claims will not be paid, and premiums will not be refunded.

Cancelling Coverage

You may cancel medical coverage for yourself and your dependents at any time during the calendar year.

Returning to City Employment

Retirees returning to City employment in a regular, budgeted, full-time or part-time position, who wish to maintain benefits, will be required to enroll in active benefits.

Those returning to a Temporary position are not eligible for active benefits and will remain on retiree benefits.

Medicare Eligibility Requirements

If you, your covered spouse/domestic partner (DP), or covered dependent child are eligible for Medicare due to **disability** or **age** and are enrolled in a City medical plan, you and/or your covered dependent **must** also enroll in Part B (Medical Insurance).

When “eligible” for Medicare, the City’s traditional medical plan will pay claims as secondary. For example, Medicare covers 80% after you have met Medicare’s annual deductible. If you are enrolled in Medicare, the City’s traditional plan will coordinate payment with Medicare. If you are not enrolled in Medicare Part B, you will be responsible for paying the amount that Medicare would have paid.

If you are eligible for Medicare due to **disability** and are under the age of 65, you may continue coverage on the traditional plan (PPO, HMO, CDHP) or enroll in the Medicare Advantage Plan. If you choose to enroll in the Medicare Advantage plan and your covered dependent is eligible for Medicare, your dependent must follow you by enrolling in the Medicare Advantage Plan. If your covered dependent is not eligible for Medicare, your covered dependent may continue coverage on the traditional plan.

If you are eligible for Medicare due to **age**, the traditional plan is no longer available. You may continue coverage through the Medicare Advantage Plan. If your covered dependent (spouse/DP, child) is not eligible for Medicare your covered dependent may continue coverage on the traditional plan. Upon your spouse/DP turning 65, the traditional plan is no longer available. Your spouse/DP may continue coverage through the Medicare Advantage PPO Plan. If your dependent child is eligible for Medicare, your dependent child must follow you by enrolling in the Medicare Advantage PPO Plan.

When enrolled in Medicare, the City requires you to send a copy of your Medicare Health Insurance card or verification of Medicare enrollment from the Social Security Administration Office indicating the coverage effective dates for Parts A & B. It is your responsibility to ensure that the City receives your Medicare information before your Medicare Coverage effective date. Your reduced medical premium will take effect the following month from the date received. No refunds will be issued.

If you need assistance in enrolling in Medicare or have Medicare questions, please call the Social Security Administration Office at **800-772-1213** or visit [medicare.gov](https://www.medicare.gov).

Medicare Part D Prescription Drugs

In addition to medical coverage, the City’s medical plans provide prescription drug coverage. If you choose to continue your medical coverage through the City of Austin, you should not enroll in Medicare Part D (Drug coverage).

Coordination of Benefits

A group health insurance provision that determines which coverage will apply when an individual is covered under more than one plan. If you are enrolled in another employer’s plan as an employee and as a retiree in a City medical plan, medical claims will be paid in the following order:

- ◆ Primary: your employer’s medical plan.
- ◆ Secondary: Medicare.
- ◆ Third: City of Austin medical plan.



MEDICAL PLANS

Eligibility in a retiree medical plan is based on the member's age and Medicare eligibility.

Things to consider when enrolling in the CDHP, HMO, or PPO Plan:

- ◆ Premium costs.
- ◆ Copay amount.
- ◆ Out-of-pocket expenses.
- ◆ Freedom to not designate a Primary Care Physician.
- ◆ Freedom to seek services from a Specialist without a referral.
- ◆ Future expenses and the predictability of inpatient hospital expenses.
- ◆ Your use of maintenance prescription drugs.



For treatment before your ID card arrives

You will need to pay for the services out-of-pocket, then submit a claim form and itemized receipt to BlueCross BlueShield to be reimbursed at the contracted rate.

Comparison of PPO, HMO, and CDHP w/HRA Plans for Retiree Only coverage

Benefits	PPO	HMO	CDHP w/HRA
Annual Medical Deductible	\$600	\$0	\$1,700
Annual Out-of-Pocket Maximum	\$4,250	\$4,750	\$5,000
Primary Care Office Visit	\$15	\$15	20% after Deductible
Specialist Office Visit	\$30	\$40	20% after Deductible
Inpatient Hospital Care	20% after Deductible	\$1,750	20% after Deductible
Outpatient Hospital Services (outpatient surgery)	20% after Deductible	\$750	20% after Deductible
Emergency Room	\$300	\$350	20% after Deductible
Urgent Care	\$40	\$50	20% after Deductible
Pharmacy	PPO	HMO	CDHP w/HRA
Annual Drug Deductible	\$50 for Tier 2 & Tier 3 Only	\$50 for Tier 2 & Tier 3 Only	N/A
Tier 1	\$10	\$10	20% after Deductible
Tier 2	\$40 or 20% (\$70 Max)	\$45 or 20% (\$80 Max)	20% after Deductible
Tier 3	\$60 or 20% (\$110 Max)	\$65 or 20% (\$120 Max)	20% after Deductible



MEDICARE ADVANTAGE OPEN ACCESS - PPO

The City of Austin Medicare Advantage Open Access PPO Plan is available to retirees and dependents eligible for Medicare and is administered by BlueCross and BlueShield of Texas (BCBSTX).

The Medicare Advantage Open Access is a national PPO plan that combines the benefits of original Medicare, prescription drug coverage, and added health and wellness benefits that can be important in maintaining ongoing good health. It allows you to see any provider that accepts Medicare and agrees to submit claims to the plan. You are not required to get a referral to see a specialist.

Note: You must be enrolled in Medicare Part A and Part B to be a member of this retiree plan. You must also continue to pay your Part B premium, just as you do today. If you are eligible for Medicare Part A and/or Part B but are not enrolled, please contact the Social Security Administration (SSA) right away.

Providers

With an Open Access PPO plan, you can see any provider that accepts Medicare. That's about 98% of providers nationwide. The provider will need to submit claims either to BlueCross and BlueShield of Texas (BCBSTX) or to their local BlueCross and BlueShield (BCBS) plan. Your benefit levels are the same whether or not you utilize a network provider.

Please note, even providers that accept Medicare can decide which patients they want to see, except in an emergency. We recommend that you confirm with providers that they will accept your Open Access PPO plan. Some high cost medical services that have more cost effective alternatives may need prior authorization from the plan before your provider can proceed. To find a provider visit bcbstx.com/retiree-medicare-coa.

What happens after you enroll in:

Medicare Approval—Medicare must approve your enrollment before you are officially a member. This generally takes about 10 business days.

- ◆ **If an incomplete enrollment is received,** the retiree will receive a Request for Information (RFI) letter within 10 days of receipt of the enrollment form. This letter will advise the retiree to contact Customer Service or the SSA to provide missing information. Centers for Medicare & Medicaid Services (CMS) allows 21 days for the Retiree to respond with the requested information.

- ◆ **Examples of information to be requested:** Legal First and Last name, Part A or B effective date, Medicare Beneficiary ID (MBI), and/or Permanent Address (cannot be a PO Box).
- ◆ **If the RFI is not completed within 21 days:**
 - ▶ Retiree will not have coverage.
 - ▶ Retiree coverage date could be delayed.
 - ▶ If retiree has a lapse of 63 days in creditable coverage, they could face a Late Enrollment Penalty (LEP).
- ◆ **Confirmation Letter:** After your enrollment is approved by Medicare, BlueCross BlueShield will send a confirmation letter. It can be used as proof of insurance if you have not received your member ID card by your effective date.
- ◆ **Member ID Card:** Your member ID card will be mailed next. Provide your new card when you seek services, so you are giving the right information.
- ◆ **Welcome Guide:** This helpful kit includes plan documents and other useful information.

Personal Phone Call—A BlueCross BlueShield Representative will call you to answer any questions and to discuss any special needs you may have that they should be aware of. The representative might also ask a few basic health questions, help you schedule your Annual Wellness Visit, and talk more about the Rewards Program.

Ongoing Communication—Once you are a member, your plan becomes your partner in health. BlueCross BlueShield will send helpful reminders, and health tips and guidance throughout the year. If you have a special medical condition, you may receive even more personalized communication from medical professionals who can help you manage your health and find resources just for you.

Personalized Customer Service

If you have any questions about the Medicare Advantage Open Access plan call: **855-380-8542 (TTY) 711**

Availability: October 1 – March 31: Daily, 8:00 a.m. to 8:00 p.m., local time (7 days a week).

April 1 – September 30: Monday through Friday, 8:00 a.m. to 8:00 p.m., local time.

Alternate technologies (for example, voicemail) will be used on weekends and holidays.

Online: bcbstx.com/retiree-medicare-coa

Continuity of Care for Members

- ◆ CMS requires a 90-day continuation of care. This ensures that we provide the least disruptive care to the members during this transition.
- ◆ During the 90 days of continuity of care period, ongoing services will be paid without a prior authorization being required for all Medicare covered benefits and services delivered by a Medicare provider based on contract effective date and member effective date going forward.
- ◆ Outside of the 90-day continuity of care period, standard prior authorization process and claims payment rules are applied. Any adverse determination from authorization or claims payment would be accompanied by specific medical reason or explanation of benefit along with appeal rights.

MEDICARE FREQUENTLY ASKED QUESTIONS

Q. What is a Medicare Advantage Plan? How does it work with Original Medicare?

A. Medicare Advantage, also known as 'Medicare Part C', covers all emergency and urgent care, and almost all medically necessary services Original Medicare covers. Your rights and protections are the same. Medicare Advantage plans bundle your Part A, Part B, and usually Part D coverage into one plan. You won't need your Medicare card to receive services [or prescription drugs], just your BCBSTX Medicare Advantage member ID card.

Q. What are the costs of Medicare outside my group retiree plan?

A. Part A will not cost you anything if you or your spouse paid into Social Security for a minimum of 10 years. You pay a premium each month for **Part B**. Most people will pay the standard premium amount. Your Part B premium will be automatically deducted from your benefit payment if you get benefits from one of these:

- ◆ Social Security
- ◆ Railroad Retirement Board
- ◆ Office of Personnel Management

If you don't get these benefit payments, you will receive a Part B premium bill.

Part B and Part D monthly premiums change each year. And, if your income is above a certain limit, you'll pay a surcharge to the government in addition to your premium. This is called **IRMAA**: Income-Related Monthly Adjustment Amount. Any Part B and Part D IRMAA surcharge is based on the modified adjusted gross income reported on your IRS tax return from two years ago. A notice from Medicare will be mailed to those who will pay the IRMAA surcharge(s).

If you've had a life-changing event that reduced your household income, you can ask Social Security to lower the additional amount you'll pay.

Q. What if I did not pay into Social Security?

A. If you did not pay into Social Security, you will need to pay Medicare for your Part A and B coverage. If you have not worked for a minimum of 10 years, you may still be able to qualify for premium-free Part A through your spouse's work history or if you have certain medical conditions or disabilities.

Q. What if I did not pay into Medicare?

A. If you did not pay into Medicare, you are not eligible to enroll into the City of Austin's Medicare Advantage plan.

Note: If you were part of the Fire Fighter group hired prior to March 31, 1986, who did not pay into Medicare, please call the Benefits division at the City of Austin at **512-974-3284** for your options.

Q. I am already enrolled in a Medicare Advantage or Supplemental plan other than the City of Austin MA plan. Will it continue if I enroll in the City's plan?

A. You can only be enrolled in one Medicare plan at a time. If you have enrolled in different plan, other than the City's, please contact your current carrier to cancel your coverage prior to enrolling in the City's Medicare Advantage Open Access plan. Be sure to continue coverage until the new plan's effective date to avoid any gaps in coverage. BCBSTX can offer support as you go through this change by calling **855-380-8542**.

Q. Can I continue to use manufacturer coupons and/or discount cards with this plan?

A. Federal law prohibits people who have Medicare from using coupons or other discounts in conjunction with their Part D plan. However, these coupons or other discounts may be used outside the plan.



MEDICARE ADVANTAGE OPEN ACCESS - PPO

SCHEDULE OF BENEFITS

Benefits	Medicare Advantage Open Access - PPO	
	In-Network	Out-of-Network
Deductible	\$0	\$0
Out-of-Pocket Maximum	\$0	\$0
Preventative Services	\$0 copay	\$0 copay
Primary Care Physician (PCP) Visits	\$0 copay	\$0 copay
Specialist Visits	\$0 copay	\$0 copay
Emergency Care	\$0 copay	\$0 copay
Ambulance	\$0 copay	\$0 copay
Virtual Visit - MD Live	\$0 copay	N/A
Inpatient Hospital Care	\$0 copay	\$0 copay
Outpatient Hospital	\$0 copay	\$0 copay
Outpatient Rehabilitation - Physical, Speech, & Occupational Therapy	\$0 copay	\$0 copay
Routine Chiropractic Services (20 Visit Limit)	\$0 copay	\$0 copay
Routine Acupuncture (12 Visit Limit)	\$0 copay	\$0 copay
Mental Health Care	\$0 copay	\$0 copay
Durable Medical Equipment	\$0 copay	\$0 copay
Residency Requirements	No	No
Hearing Aids Routine Hearing Exam	\$0 copay for 1 Routine Exam	
Hearing Services - Hearing Aids	\$2,500 Allowance Combined in-network and out-of-network allowance every 3 years (both ears)	
Fitness Program	SilverSneakers	
Meal Service	14 Meals / 7 Days; Max 3 times per year (Authorization required after in-patient stay)	
Over-the-Counter Rx Allowance	\$20 per month with rollover to next month	
Rewards Program	\$25 worth of gift cards up to 4 times per year	
Transportation Service	\$0 copay (for up to 12 one-way trip(s) to plan-approved locations every year)	



MEDICARE ADVANTAGE OPEN ACCESS - PPO PHARMACY

Copay and Deductible: You will have copays with your prescription drug coverage along with an annual \$50 deductible for tier 2 and tier 3 drugs.

Insulin: You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid any required deductible.

Vaccines: Your plan covers most Part D vaccines at no cost to you, even if you haven't paid any required deductible.

Before you enroll, you can search for your medicines online at myprime.com:

Step 1: Select 'Medicines,' then:

'Find a Medicines,' followed by

'Continue without sign in.'

Step 2: Under 'Select Your Health Plan':

Select BCBS Texas.

Answer 'Yes.'

Select BlueCross Group Medicare Advantage (PPO) 3T Complete

Click 'Continue.'

Step 3: Type your medicine and dosage.

Review the drug tier and requirements.

Refer to the Summary of Benefits for your cost.

Plan Features	Medicare Advantage
Deductible per person per calendar year	\$50 Deductible for Tier 2 & Tier 3 Only
Basic Drug list - Tier 1 (Generic)	\$10
Basic Drug list - Tier 2 (Preferred)	\$30 copay or 20% of cost (\$60 Max)
Basic Drug list - Tier 3 (Non-Preferred)	\$50 copay or 20% of cost (\$100 Max)
90 Day - Mail Order	2 copays Tier 1, 2, or 3
Catastrophic Coverage	You pay \$0 after your Part D maximum out-of-pocket costs reach \$2,100. This includes drugs purchased through retail and mail order pharmacies but does not apply to out-of-pocket spending on Part B drugs or your monthly premium.

Managing Your Medications

Your prescription drug plan includes programs designed to encourage safe, cost-effective and appropriate use of medications. These include prior authorization, step therapy and quantity limits. If a drug requires one or more of these programs, it will be noted in the formulary.

Home Delivery

Choose convenience with our mail-order service. A 90-day supply of the medications you take regularly can be delivered directly to your home. This service offers:

- ◆ Three ways to order refills: online, by phone or through the mail.
- ◆ Up to a 90-day supply of medications at one time.
- ◆ A choice to get a text, email or phone call to let you know when your order is received, and your prescriptions are mailed.

You will need to set up an account using your member ID with one of these options:

- ◆ Walgreens Mail Service
 - ▶ Visit <https://walgreensmailservice.com/> or call **877-277-7895** (TTY) **711**.
- ◆ Amazon Pharmacy
 - ▶ Visit <https://pharmacy.amazon.com> or call **855-393-4279** (TTY) **711**.
- ◆ Express Scripts Pharmacy
 - ▶ Visit express-scripts.com/rx or call **833-599-0729** (TTY) **711**.

Specialty Pharmacy

Specialty medications are often prescribed to treat complex and/or chronic conditions. They have unique shipping and/or handling needs. You may be able to fill specialty prescriptions at certain retail pharmacies, if they stock the medication.

You can also use one of the two specialty pharmacy options:

- ◆ Walgreens Specialty Pharmacy
 - ▶ Visit <https://walgreensspecialtyrx.com/> or call **800-533-7606** (TTY) **711**.
- ◆ Accredo
 - ▶ Visit accredo.com or call **833-721-1619** (TTY) **711**.





MEDICARE ADVANTAGE OPEN ACCESS PPO PROGRAMS & ADDITIONAL BENEFITS



24/7 Nurseline

BlueCross Group Medicare Advantage plan members can call a registered nurse, 24 hours a day, 7 days a week to get help with health concerns and general health tips.

Your call is taken by a registered nurse who can help you decide whether you should go to the emergency room, urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- ▶ Asthma
- ▶ Back Pain
- ▶ Blood Pressure
- ▶ Cuts or burns
- ▶ Diabetes
- ▶ Dizziness or severe headaches
- ▶ High fever
- ▶ Sore throat and much more

You can access the 24/7 Nurseline at **800-631-7023 (TTY) 711**.



Discounts

Blue365 offers premier health and wellness discounts from top retailers (Jenny Craig®, EyeMed, Fitbit®) to BCBSTX members. There are no claims to file, and no referrals or pre-authorizations needed. Once you sign up for Blue365 online at blue365deals.com/bcbstx, weekly 'Featured Deals' will be emailed to you.

You can find savings like:

- ▶ Discounts on exercise clothes and shoes
- ▶ Discounted gym memberships and fitness aids
- ▶ Savings on eye exams, glasses, contacts, and hearing aids
- ▶ And more

To learn more about Blue365, visit blue365deals.com/bcbstx.



Fitness Program - SilverSneakers

The SilverSneakers Fitness Program helps you achieve your health and fitness goals with access to more than 15,000 fitness locations and online classes led by certified Instructors.

Membership offers a welcoming community where you can have fun with friends and meet new people, all while enjoying a healthy activity. Plus, it's available at no added cost.

You will find fitness classes designed for all fitness levels and led by certified coaches. In addition to virtual classes and hundreds of online classes.

Ready to get started?

Call **888-423-4632 (TTY) 711**, Monday–Friday, 7:00 a.m.–7:00 p.m. CST, or visit SilverSneakers.com/StartHere, or email support@silversneakers.com.

Always talk with your doctor before starting an exercise program.



Hearing Services

This plan includes benefits through TruHearing or another hearing provider.

Exams

- ▶ A hearing exam each year plus necessary follow-up visits for fitting and adjustments.
- ▶ \$0 copay.

Over-the-Counter (OTC) Hearing Aids

- ▶ TruHearing provides discounts on OTC hearing aids, but the plan hearing aid allowance does not apply.

For more information, call TruHearing at **877-248-4040**.



In-Home Health Assessment

This plan includes an **In-Home Health Assessment (IHA)** by a licensed and credentialed clinician—Certified Nurse Practitioner, Physician Assistant or MD—from our trusted partner, Matrix, at no cost to you.

How can you make the most of your 45-to 60-minute IHA or telehealth visit?

- ▶ Discuss health concerns and learn more about disease management programs.
- ▶ Have your home checked for possible safety issues.
- ▶ Take the extra time outside of a primary care provider visit to ask questions about your physical, emotional, and mental health in the comfort of your home.

You receive a one-page summary of the evaluation. With your permission, a full report of the IHA is shared with your primary care provider (PCP).

To set up an In-Home Health Assessment, call Matrix at **1-888-779-8978** (TTY) **711** or visit matrixforme.com to schedule online.



Meal Service - Mom's Meals

At Mom's Meals, you will find programs tailored to your personal needs. Whether recovering from a hospital stay or managing a chronic condition, Mom's Meals ensures you get the nutrition you need for better health at every stage in life.

Health-Specific Menus – Dietitian designed to support the nutritional needs of most common health conditions.

Reliability – High quality, refrigerated meals arrive at your home when you need them the most.

Simple – Meals last for 14 days in the fridge—just heat, eat, and enjoy in two minutes or less.

How it Works:

1. Contact your case manager or health plan.
2. Case manager or health plan will provide paperwork to Mom's Meals.
3. Meals are delivered to your home.



Over the Counter Rx Allowance

What is the over-the-counter benefit?

It is a purchase allowance available with the Medicare Advantage Open Access Plan to buy OTC medicines and other health-related items.

How does it work?

Your benefit includes a monthly allowance. Any unused balance rolls over to the next month and expires at the end of the calendar year. You can also purchase OTC products from the convenience of your home by requesting an OTC catalog through BCBSTX Customer Service. The OTC catalog includes hundreds of products to choose from and includes detailed instructions about how to place your order, which you can do online or by telephone. If you have questions about how to use the benefit, please call the number on the catalog.

Items you can order:

- ▶ Allergy, Cold, Flu, and Sinus Cough Syrup, Expectorant
- ▶ Antacids & Acid Reducers Antacid Chewables
- ▶ Dental & Denture Care Pepsodent Toothpaste
- ▶ Ear Care Ear Wax Removal System with Rubber Bulb
- ▶ First Aid & Medical Supplies Triple Antibiotic Ointment First Aid Kit
- ▶ Motion Sickness Dimenhydrinate
- ▶ Pain Reliever & Fever Reducers Acetaminophen and Ibuprofen
- ▶ Therapeutic Skin & Sun Care Sunscreen Lotion SPF 30



Rewards Program

The Rewards Program gives members a healthy and easy way to earn up to \$100 worth of gift cards from national and local retailers. You receive a gift card of your choice for completing Healthy Actions throughout the year.

How do you get your rewards?

- ▶ Annual Wellness Visit
- ▶ Annual Flu Vaccine
- ▶ Colorectal Cancer Screening
- ▶ Diabetic Screening
- ▶ In-Home Test Kits
- ▶ Mammogram

Retailers include:

- ▶ Albertsons
- ▶ Barnes & Noble
- ▶ CVS
- ▶ Kroger
- ▶ Panera
- ▶ Safeway
- ▶ Starbucks
- ▶ Target
- ▶ Uber
- ▶ Walgreens
- ▶ Walmart

To register visit BlueRewardsTX.com, registration is required to participate.



Transportation Services

This plan includes coverage for travel to and from:

- ▶ In-network primary care provider appointments.
- ▶ Other in-network health care providers.
- ▶ The pharmacy to fill a prescription after a health care provider visit.

Non-covered services:

The plan does NOT cover trips to:

- ▶ Non-medical appointments.
- ▶ Visit a family member or friend.
- ▶ Any out-of-network provider without a prior authorization.

Call to schedule your ride:

Call the Customer Service number on the back of your member ID card **at least three days before** your appointment. Follow the instructions provided by the Customer Service representative.

If you need emergency transport, call 911 immediately.



Virtual Visits

Virtual Visits, powered by MDLIVE, allow you to access care for non-emergency situations by phone, mobile app, or online video anytime, anywhere.

These telehealth appointments allow you to talk with a doctor or a behavioral health specialist from the comfort of your home or on the go.

Below are some examples of conditions that an MDLIVE doctor can treat:

- ▶ Allergies
- ▶ Anxiety
- ▶ Asthma
- ▶ Cold/flu
- ▶ Depression
- ▶ Ear Infection
- ▶ Fever
- ▶ Headache
- ▶ Nausea
- ▶ Rash
- ▶ Sinus Infection
- ▶ Stress Management

To set up an appointment:

Call **888-680-8646** or create an account online at mdlive.com.

You will need your BlueCross BlueShield medical ID number when creating your account.

**For more information about any of these programs,
call BlueCross BlueShield at 855-380-8542.**



BLUE ACCESS FOR MEMBERS

Sign up or Log in to Blue Access for Members

Everything you need to know about your coverage — in one place.

Get the most out of your health care benefits with Blue Access for Members (BAM), a secure website and mobile app. It's the health information you need, any time you need it. If you already have a BAM account, you do not need to set up a new one.

It's Easy to Get Started!

Grab your smartphone and ID card and text* BCBSTXAPP to 33633 to download the mobile app so you can use BAM while you're on the go, or visit bluemembertx.com.

* Message and data rates may apply.

Here are a few things you can do with BAM:

- ◆ View your claims status and up to 18 months of claims activity.
- ◆ See your prescription history.
- ◆ Search for a health care provider, hospital, urgent care facility or pharmacy.
- ◆ Compare providers on a single page — you can view and sort providers by quality, cost and accessibility.
- ◆ Request or print your ID card.
- ◆ View or print Explanation of Benefits statements.
- ◆ And more!

Forms You May Need

All forms can be found on BAM online at bluemembertx.com.

◆ Appointment of Representative

This form lets you choose someone to make decisions on your behalf. It also lets them get your health information such as Explanation of Benefits. This form may also be used to let the plan share your health information with a third party such as another health plan or provider.

Having this completed form on file is vital for caregivers.

◆ Prescription Mail Order

Be sure to take advantage of the mail-order program for eligible maintenance medicines. You'll enjoy the ease of home delivery and the chance to save money. When you have a new prescription, use the online form from the website of the home delivery pharmacy of your choice.

◆ Authorization to Disclose Protected Health Information (PHI)

Use this form to allow the plan to share your PHI with a person or entity you choose.

◆ Coverage Determination

If the plan will not cover a prescription drug or medical service, you may ask for a coverage determination.



CDHP w/HRA

CDHP w/HRA is the Consumer Driven Health Plan with a Health Reimbursement Account. Like the PPO and HMO medical plans, the CDHP w/HRA is administered by BlueCross BlueShield. The same network of doctors and facilities as those on the PPO are available. Despite these similarities, the plan works differently. Read on to see if the CDHP w/HRA plan is right for you.

How the CDHP w/HRA Works

Before enrolling in the CDHP w/HRA, it is important to understand how the plan works. Here are a few things to know about this plan:

- ◆ Preventive services mandated by the Affordable Care Act (ACA) continue to be covered at 100%.
- ◆ You must meet your calendar year deductible for medical services before the plan pays for any covered services (except for preventive services).
- ◆ Once you meet your calendar year deductible, the plan will pay 80% for in-network providers covered services.
- ◆ Once you meet your calendar year out-of-pocket maximum, the plan will pay 100% for all in-network covered services and prescriptions for the remainder of the calendar year.
- ◆ The CDHP w/HRA includes three prescription formularies:
 - ▶ ACA Preventive Drug List—The plan pays 100%, no deductible.
 - ▶ CDHP w/HSA Preventive Drug List—The plan will pay 80%, no deductible.
 - ▶ Basic Drug List (Tier 1, 2, & 3 Drugs)—The plan will pay 80% after you meet your deductible.

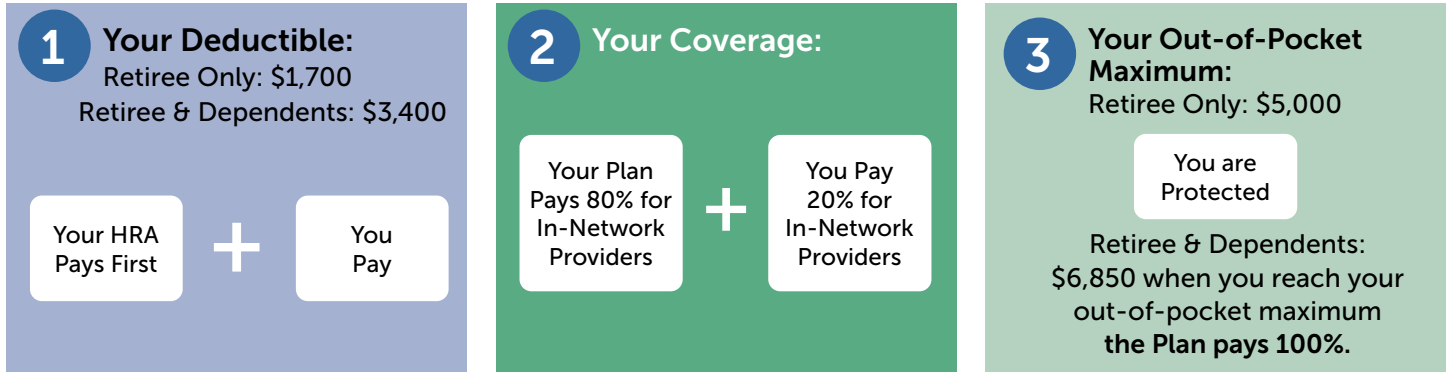




YOUR HRA ACCOUNT

The City funds a Health Reimbursement Account (HRA) for you on an annual basis based on your years of service and level of coverage. An HRA is an account that helps pay for eligible health care expenses, including those that may apply to your annual deductible. BlueCross BlueShield will automatically draw the funds from your HRA account when medical or prescription claims are processed.

Even though the money in the HRA is City money, think of it as yours. By doing so, you'll realize that spending your HRA wisely can help you save. As long as you have money in your HRA, that's less you pay out of your pocket for health care expenses. HRA money does not rollover each year.



1. Your Deductible.

Your HRA pays first. When you have an eligible expense, like a doctor visit, the entire cost of the visit will apply to your deductible. The HRA will pay for all of your eligible expenses first, up to the amount contributed by the City. This means you won't have to pay anything until the money in the HRA is spent.

If you spend all of the HRA money, you will need to pay out of pocket. You will pay the BCBS contracted rate for your health care expenses until the deductible is met.

2. Your Coverage.

Your plan pays a percentage of your expenses after the deductible is met. The plan will pay 80% of each eligible expense and you pay 20% for In-Network Providers.

3. Your Out-of-Pocket Maximum.

You are protected from major expenses. The out-of-pocket maximum amount is the most you have to pay each year for covered services. The out-of-pocket maximum for the CDHP w/HRA plan is \$5,000 for Retiree Only coverage. For Retiree with Dependent coverage, the out-of-pocket maximum is \$6,850. The plan will then pay 100% of all remaining in-network covered expenses, including prescriptions, for the rest of the plan year. Your deductible and coinsurance will go toward your out-of-pocket maximums.

City Annual Contributions to the HRA

Years of Service	Retiree Only	Retiree & Dependent
Less than 5	\$100	\$200
5 through 9	\$200	\$400
10 through 14	\$300	\$600
15 through 19	\$400	\$800
20 or more	\$500	\$1,000



CDHP w/HRA, PPO, & HMO SCHEDULE OF BENEFITS

Benefits	CDHP (BlueChoice PPO)		PPO (BlueChoice PPO)	HMO (BlueEssentials)
	In-Network	Out-of-Network	In-Network	In-Network
Deductible	\$1,700 EO/ \$3,400 Family	\$3,200 EO/ \$6,400 Family	\$600 Individual/ \$1,800 Family	No Deductible
Out-of-Pocket Maximum	\$5,000 EO/ \$6,850 Family	\$10,000 EO/ \$20,000 Family	\$4,250 Individual/ \$13,250 Family	\$4,750 Individual/ \$9,500 Family
Preventative Services	Covered at 100%, No Deductible	40% after Deductible	Covered at 100%, No Deductible	Covered at 100%
Primary Care Physician (PCP)	Selection not required		Selection is not required	Required
PCP Visits (including telehealth)	20% after Deductible	40% after Deductible	\$15 copay	\$15 copay
Specialist Visits (including telehealth)	20% after Deductible	40% after Deductible	\$30 copay	\$40 copay
Urgent Care	20% after Deductible	40% after Deductible	\$40 copay	\$50 copay
Emergency Room	20% after Deductible	40% after Deductible	\$300 copay	\$350 copay
Emergency Room Surgery	20% after Deductible	40% after Deductible	20% after Deductible plus \$300 ER copay	Covered at 100% after \$350 ER copay
Ambulance	20% after Deductible		20% after Deductible	\$300 copay
Virtual Visit - MD Live	Approximately \$49 for general health, \$100 per session for therapy counseling, and \$175 per session for psychiatry	N/A	\$10 copay	\$10 copay
Inpatient Hospital Stay	20% after Deductible	40% after Deductible	20% after Deductible	\$1,750 copay
Outpatient Surgery	20% after Deductible	40% after Deductible	20% after Deductible	\$750 copay
Allergy Services & Immunizations	20% after Deductible	40% after Deductible	Covered at 100% (Office visit copays may apply)	Covered at 50% (Office visit copays may apply)



CDHP w/HRA, PPO, & HMO SCHEDULE OF BENEFITS

Benefits	CDHP (BlueChoice PPO)		PPO (BlueChoice PPO)	HMO (BlueEssentials)
	In-Network	Out-of-Network	In-Network	In-Network
Physical, Speech, & Occupational Therapy, Chiropractic Care (24 Visit Limit)	20% after Deductible	40% after Deductible	\$40 copay	\$50 copay
Acupuncture (24 Visit Limit)	20% after Deductible	40% after Deductible	\$40 copay	Not Covered
CT, MRI, PET Scans*	20% after Deductible	40% after Deductible	\$100 copay	\$150 copay
Mental Health Care Outpatient	20% after Deductible	40% after Deductible	\$15 copay	\$15 copay
Durable Medical Equipment	20% after Deductible	40% after Deductible	20% after Deductible	Member pays \$0
Insulin Pump	20% after Deductible	40% after Deductible	\$100 copay	\$150 copay
Out-of-Network Benefits	Please refer to Out-of-Network Column		\$2,000 deductible per covered person. Member pays 40%, up to maximum allowable charge. Out-of-network benefits are subject to network benefit plan limits, pre-approval, and pre-notification requirements. Inpatient Admission are subject to a \$500 copay per admission.	None, except in case of a medical emergency.
Benefits	CDHP (BlueChoice PPO)		PPO (BlueChoice PPO)	HMO (BlueEssentials)
	In-Network		In-Network	Out-of-Network
Referrals Required	No		No	Yes. A referral is required to seek services from a Specialist. No benefit coverage without a referral.
Residency Requirements	None		None	Must receive services in the state of Texas. No benefit coverage outside of Texas.

* Preauthorization is required



CDHP w/HRA, PPO, & HMO - PHARMACY

	CDHP (BlueChoice PPO)	PPO (BlueChoice PPO)	HMO (BlueEssentials)
Pharmacy Benefits			
ACA Preventative Drugs	Covered at 100%, No Deductible	Covered at 100%, No Deductible	Covered at 100%, No Deductible
CDHP w/HSA Preventative Drugs	20%, No Deductible	N/A	N/A
Deductible Per Person Per Calendar Year	20%, after Deductible	\$50 Deductible for Tier 2 & Tier 3 Only	\$50 Deductible for Tier 2 & Tier 3 Only
Basic Drug List Tier 1 (Generic)	20%, after Deductible	\$10	\$10
Basic Drug List Tier 2 (Preferred)	20%, after Deductible	\$40 copay or 20% of cost (\$70 Max)	\$45 copay or 20% of cost (\$80 Max)
Basic Drug List Tier 3 (Non-Preferred)	20%, after Deductible	\$60 copay or 20% of cost (\$110 Max)	\$65 copay or 20% of cost (\$120 Max)
90 Day - Mail Order	20%, after Deductible	2 copays Tier 1, 2, or 3	3 copays Tier 1, 2, or 3
Hearing & Vision Benefits			
Hearing Aids	20%, after Deductible, One pair covered every 48 months	20%, after Deductible, One pair covered every 48 months	One pair covered every 48 months
Optometrists	20%, after Deductible	\$15 copay	\$15 copay
Ophthalmologists	20%, after Deductible	\$30 copay	\$40 copay
Diabetic Supplies			
Retail	Supplies are covered at participating pharmacies.		
Mail Order	Copays for insulin needles/syringes and/or diabetic supplies are waived when dispensed on the same day as your insulin and oral agents, but only when the insulin or oral agent is dispensed first.		



CDHP w/HRA, PPO, & HMO PROGRAMS & ADDITIONAL BENEFITS



Using Mail Order

To begin mail order:

- ◆ Have your doctor write a prescription for a 90-day supply of your medication (ask for three refills).
- ◆ Complete the mail order form and attach your prescription.
- ◆ Provide a check or credit card information.
- ◆ Within 10 days, your prescription will be delivered to you, postage paid.

If your doctor allows you to take a generic drug, this should be indicated on the prescription. Three weeks before your mail order supply runs out, you will need to request a refill.

Your cost:

- ◆ **CDHP w/HRA** participants will pay 20% of the cost once the in-network deductible is met. Your HRA will pay first. If the prescription is for a preventive care medication listed on the CDHP w/HSA Preventive Drug List, no deductible is required, and you will only pay 20% of the cost.
- ◆ **PPO** participants receive 90 days of medication for two copays/coinsurance.
- ◆ **HMO** participants receive 90 days of medication for three copays/coinsurance.

For additional information, visit bcbstx.com/coa or call BlueCross BlueShield at **888-907-7880**.



Diabetic Bundling – What Your Medical Plan Does for You

A participant's insulin/non-insulin medication and related diabetic supplies can be purchased through mail order for the cost of the insulin/non-insulin if prescriptions for the insulin/non-insulin and supplies are submitted at the same time.

- ◆ **CDHP w/HRA** participants will pay 20% of the cost once the in-network deductible is met. Your HRA will pay first.
- ◆ **PPO** participants will pay **two** copays/coinsurance for a 90-day prescription.
- ◆ **HMO** participants will pay **three** copays/coinsurance for a 90-day prescription.

Enroll in the Diabetes Program to receive select Tier 1 diabetes medication and supplies at no cost. This benefit is available to all participants 15 years of age and older enrolled in a City medical plan. See the "Wellness" section of this Guide for details.



24/7 NurseLine Services

Coping with health concerns on your own can be tough. With so many choices, it can be hard to know whom to trust for information and support. 24/7 NurseLine services were designed specifically to help you get more involved in your own health care, and to make your health decisions simple and convenient. They will provide you with:

- ◆ Immediate answers to your health questions any time, anywhere—24 hours a day, 7 days a week.
- ◆ Access to experienced registered nurses.
- ◆ Trusted, physician-approved information to guide your health care decisions.

When you call, a registered nurse can:

- ◆ Discuss your options for the right medical care
- ◆ Help you understand treatment options.
- ◆ Answer medication questions.
- ◆ Assist in guiding you to the correct treatment facility (i.e., Urgent Care, Emergency Room, etc.).

Call 24/7 NurseLine services any time for health information and support—at no additional cost. Registered nurses are available any time, day or night. Call NurseLine services at **800-581-0368**.



Virtual Visits - MD Live

Talk to a board-certified physician for both general health and behavioral health conditions from the comfort of your home or work. There's no driving, no crowded waiting rooms, and it's available 24 hours a day, 7 days a week. Common services treated include, cold/flu, allergies, asthma, sinus/ear infections, and pink eye. Behavioral health services include, online counseling, child behavior/learning issues, and stress management.

For the PPO and HMO Plan, virtual visits are a \$10 copay for general or behavioral health. For the CDHP Plan, virtual visits are approximately \$49 for general health, \$100 per session for therapy counseling, and \$175 per session for psychiatry.

Log in to bcbstx.com/coa or download the BCBSTX app on your smartphone to access Virtual Visits powered by MDLIVE. You will need your BlueCross BlueShield medical ID number and your banking/credit card information readily available to charge your copay.

For more information about any of these programs, call BlueCross BlueShield at 888-907-7880.



**BlueCross BlueShield
of Texas**



COST FOR COVERAGE

Retirees

The amount you pay for medical coverage is based on the following:

- ◆ Creditable years of service with the City.
- ◆ Level of coverage (i.e., retiree only, retiree and spouse, retiree and children, etc.).
- ◆ Medicare eligibility.
- ◆ Disability retirement.

Surviving Dependents

The amount you pay for surviving dependent medical coverage is based on the following:

- ◆ City established rates for surviving dependent medical coverage.
- ◆ The retiree's creditable years of service with the City.
- ◆ Medicare eligibility. (Applies only to the retiree's spouse).
- ◆ Domestic partners and children of domestic partners are only eligible for Continuation of Coverage for Domestic Partners.

Years of Service for Retiree and Surviving Dependents—Your cost of coverage is determined by continuous years of employment with the City of Austin or creditable years of service, whichever is greater. Years of creditable service are determined by the retirement system and include military or City retirement system buybacks or City-purchased service credit. If any contributions were withdrawn from the retirement system prior to retirement, the creditable service will not include any years for which contributions were withdrawn. Also, years of creditable service will not include any years of employment accrued with an employer, other than the City.

Disability Retirement for Retirees—If you were approved for disability retirement by the retirement system, your cost of medical coverage will be based on 20 years of service.

Medicare Rates—Apply only when Medicare Parts A and B are in effect and a copy of the Medicare card is provided to the Employee Benefits Division. See "Medical Rates" section of this Guide.

Premium Payments

Your benefits premium will automatically be deducted from your monthly retirement annuity. If your annuity is not enough to cover your premium, you must make arrangements with the Employee Benefits Division at **512-974-3284** to pay the premium. If payment is not received within the required timeline, coverage will be terminated.

Premium Deduction Errors

It is your responsibility to ensure that information on your Benefits Confirmation Statements are correct. If a premium deduction error occurs, you must notify the Employee Benefits Division.

If an overpayment occurs due to a City error, the City will reimburse you up to a maximum of one month of premiums. Conversely, if an underpayment occurs due to a City error or an error on your part, the City has the right to collect any additional premiums owed. The error will not invalidate the coverage you elected.



RETIREE MEDICAL RATES FOR 2026

If you and/or your dependent are eligible for Medicare due to age or disability, you and/or your dependent must enroll in Medicare Part A & B and provide a copy of your Medicare card to the Benefits Division.

The rates shown below are monthly rates for the medical plans.

	Years of Service	CDHP w/HRA	HMO	PPO	Medicare Advantage - PPO
Retiree Without Medicare	Less than 5	\$798.87	\$857.67	\$847.67	N/A
	5 through 9	\$710.10	\$776.69	\$766.69	N/A
	10 through 14	\$532.58	\$614.80	\$604.80	N/A
	15 through 19	\$355.06	\$452.84	\$442.84	N/A
	20 or more	\$177.52	\$209.95	\$199.95	N/A
Retiree With Medicare	Less than 5	\$411.56	\$452.77	\$452.77	\$143.81
	5 through 9	\$365.84	\$409.53	\$409.53	\$130.40
	10 through 14	\$274.37	\$323.05	\$323.05	\$103.59
	15 through 19	\$182.92	\$236.54	\$236.54	\$76.81
	20 or more	\$91.45	\$106.80	\$106.80	\$50.00
Retiree Without Medicare Spouse/ Domestic Partner Without Medicare	Less than 5	\$1,438.01	\$1,716.05	\$1,706.05	N/A
	5 through 9	\$1,313.74	\$1,587.28	\$1,577.28	N/A
	10 through 14	\$1,100.70	\$1,329.76	\$1,319.76	N/A
	15 through 19	\$852.16	\$1,072.18	\$1,062.18	N/A
	20 or more	\$532.60	\$685.86	\$675.86	N/A
Retiree With Medicare Spouse/ Domestic Partner With Medicare	Less than 5	\$947.03	\$1,118.28	\$1,118.28	\$295.28
	5 through 9	\$871.57	\$1,038.41	\$1,038.41	\$276.15
	10 through 14	\$750.43	\$878.69	\$878.69	\$237.92
	15 through 19	\$599.53	\$718.94	\$718.94	\$199.69
	20 or more	\$389.07	\$479.32	\$479.32	\$150.00
Retiree Without Medicare Spouse/Domestic Partner With Medicare	Less than 5	\$1,334.35	\$1,522.66	\$1,512.66	N/A
	5 through 9	\$1,215.73	\$1,405.01	\$1,395.01	N/A
	10 through 14	\$1,008.16	\$1,169.79	\$1,159.79	N/A
	15 through 19	\$770.94	\$934.50	\$924.50	N/A
	20 or more	\$474.42	\$581.60	\$571.60	N/A



RETIREE MEDICAL RATES FOR 2026

	Years of Service	CDHP w/HRA	HMO	PPO	Medicare Advantage - PPO
Retiree With Medicare & Children With Medicare	Less than 5	\$732.09	\$826.99	\$826.99	\$295.29
	5 through 9	\$668.62	\$763.02	\$763.02	\$276.16
	10 through 14	\$559.57	\$635.10	\$635.10	\$237.92
	15 through 19	\$432.64	\$507.12	\$507.12	\$199.69
	20 or more	\$269.95	\$315.23	\$315.23	\$150.00
Retiree Without Medicare & Children	Less than 5	\$1,118.45	\$1,287.00	\$1,277.00	N/A
	5 through 9	\$1,011.93	\$1,182.18	\$1,172.18	N/A
	10 through 14	\$816.65	\$972.65	\$962.65	N/A
	15 through 19	\$603.61	\$763.00	\$753.00	N/A
	20 or more	\$355.07	\$448.64	\$438.64	N/A
Retiree Without Medicare Spouse/Domestic Partner Without Medicare & Family	Less than 5	\$1,757.58	\$2,145.39	\$2,135.39	N/A
	5 through 9	\$1,615.56	\$1,992.77	\$1,982.77	N/A
	10 through 14	\$1,384.77	\$1,687.60	\$1,677.60	N/A
	15 through 19	\$1,100.72	\$1,382.34	\$1,372.34	N/A
	20 or more	\$710.15	\$924.55	\$914.55	N/A
Retiree Without Medicare Spouse/Domestic Partner With Medicare & Family	Less than 5	\$1,653.91	\$1,942.05	\$1,942.05	N/A
	5 through 9	\$1,517.57	\$1,800.58	\$1,800.58	N/A
	10 through 14	\$1,292.30	\$1,517.73	\$1,517.73	N/A
	15 through 19	\$1,019.62	\$1,234.76	\$1,234.76	N/A
	20 or more	\$652.08	\$810.42	\$810.42	N/A



RETIREE MEDICAL RATES FOR 2026

	Years of Service	CDHP w/HRA	HMO	PPO	Medicare Advantage - PPO
Retiree With Medicare Spouse/Domestic Partner With Medicare & Family	Less than 5	\$1,267.55	\$1,492.42	\$1,492.42	\$446.76
	5 through 9	\$1,174.32	\$1,391.80	\$1,391.80	\$421.91
	10 through 14	\$1,035.48	\$1,190.60	\$1,190.60	\$372.25
	15 through 19	\$849.03	\$989.35	\$989.35	\$322.57
	20 or more	\$567.35	\$687.50	\$687.50	\$250.00
Spouse/Domestic Partner Without Medicare	Less than 5	\$600.94	\$753.18	\$753.18	N/A
	5 through 9	\$567.54	\$711.25	\$711.25	N/A
	10 through 14	\$534.13	\$627.34	\$627.34	N/A
	15 through 19	\$467.34	\$543.47	\$543.47	N/A
	20 or more	\$333.80	\$417.62	\$417.62	N/A
Spouse/Domestic Partner Without Medicare & Children	Less than 5	\$921.46	\$1,127.40	\$1,127.40	N/A
	5 through 9	\$870.33	\$1,064.74	\$1,064.74	N/A
	10 through 14	\$819.32	\$939.39	\$939.39	N/A
	15 through 19	\$717.06	\$814.05	\$814.05	N/A
	20 or more	\$512.30	\$626.04	\$626.04	N/A
Children Only	Less than 5	\$320.52	\$374.22	\$374.22	\$151.48
	5 through 9	\$302.79	\$353.49	\$353.49	\$145.76
	10 through 14	\$285.19	\$312.05	\$312.05	\$134.33
	15 through 19	\$249.72	\$270.59	\$270.59	\$122.88
	20 or more	\$178.50	\$208.42	\$208.42	\$100.00
Spouse/Domestic Partner With Medicare	Less than 5	N/A	N/A	N/A	\$151.48
	5 through 9	N/A	N/A	N/A	\$145.76
	10 through 14	N/A	N/A	N/A	\$134.33
	15 through 19	N/A	N/A	N/A	\$122.88
	20 or more	N/A	N/A	N/A	\$100.00
Spouse/Domestic Partner With Medicare & Children With Medicare	Less than 5	N/A	N/A	N/A	\$302.96
	5 through 9	N/A	N/A	N/A	\$291.52
	10 through 14	N/A	N/A	N/A	\$268.66
	15 through 19	N/A	N/A	N/A	\$245.76
	20 or more	N/A	N/A	N/A	\$200.00



SURVIVING DEPENDENTS MEDICAL RATES FOR 2026

	Years of Service	CDHP w/HRA	HMO	PPO	Medicare Advantage - PPO
Surviving Spouse Without Medicare	Less than 5	\$798.87	\$867.14	\$857.14	N/A
	5 through 9	\$710.10	\$790.85	\$780.85	N/A
	10 through 14	\$532.58	\$638.40	\$628.40	N/A
	15 through 19	\$355.06	\$485.95	\$475.95	N/A
	20 or more	\$177.52	\$257.32	\$247.32	N/A
Surviving Spouse With Medicare	Less than 5	\$411.56	\$464.43	\$464.43	\$139.59
	5 through 9	\$365.84	\$427.02	\$427.02	\$133.71
	10 through 14	\$274.37	\$352.24	\$352.24	\$116.09
	15 through 19	\$182.92	\$277.40	\$277.40	\$98.49
	20 or more	\$91.45	\$165.18	\$165.18	\$75.00
Surviving Children Only	Less than 5	\$337.32	\$453.33	\$453.33	\$151.48
	5 through 9	\$328.45	\$441.41	\$441.41	\$145.76
	10 through 14	\$319.58	\$417.59	\$417.59	\$134.33
	15 through 19	\$301.82	\$393.74	\$393.74	\$122.88
	20 or more	\$266.31	\$358.01	\$358.01	\$100.00
Surviving Spouse Without Medicare & Surviving Children	Less than 5	\$1,136.21	\$1,320.46	\$1,310.46	N/A
	5 through 9	\$1,038.56	\$1,232.26	\$1,222.26	N/A
	10 through 14	\$852.16	\$1,055.99	\$1,045.99	N/A
	15 through 19	\$656.87	\$879.69	\$869.69	N/A
	20 or more	\$443.84	\$615.33	\$605.33	N/A
Surviving Spouse With Medicare & Surviving Children With Medicare	Less than 5	\$727.35	\$860.12	\$860.12	\$291.07
	5 through 9	\$673.37	\$812.38	\$812.38	\$279.47
	10 through 14	\$573.72	\$716.94	\$716.94	\$250.42
	15 through 19	\$465.75	\$621.40	\$621.40	\$221.37
	20 or more	\$341.13	\$478.20	\$478.20	\$175.00



DENTAL PLANS

BlueCare Dental PPO

BlueCare Dental PPO provides you the option of seeking services from in-network and out-of-network dentists. Selecting a dentist from the BlueCare Dental PPO network will offer you the greatest savings. When contacting a dentist, ask whether the dentist participates in the BlueCare Dental PPO network.

To find a dentist, view claims activity, or for more information visit bcbstx.com/coa or call BlueCare Dental at **888-907-7880**.

Plan features include:

- ◆ Freedom to choose dentist of your choice.
- ◆ Coverage for in and out-of-network dentists.
- ◆ Preventive Care—no deductible.
- ◆ Basic, Major, and Orthodontia Care—\$50 annual deductible, per covered person.
- ◆ Calendar Year Maximum—\$1,000 per covered person (includes Orthodontia Treatment).
- ◆ Orthodontia Lifetime Maximum—\$1,000 per covered person.

In-network and out-of-network dentists:

- ◆ If you seek services from an in-network dentist:
 - ▶ Claim will be paid in full up to the Calendar Year Maximum, you will not be balance billed.
 - ▶ Based on reduced contracted rates, it will take you longer to reach your Calendar Year Maximum of \$1,000.
 - ▶ For covered services and exclusions refer to the BlueCare Dental PPO Plan Document online at bcbstx.com/coa.
- ◆ If you seek services from an out-of-network dentist:
 - ▶ Claim will be paid based on the Table of Allowance.
 - ▶ Orthodontia services are covered up to the Table of Allowance as work progresses.
 - ▶ For covered services, exclusions, and the Table of Allowance, refer to the BlueCare Dental PPO Plan Document online at bcbstx.com/coa.

MetLife DHMO

The MetLife DHMO plan provides Retirees comprehensive dental benefits with a low, pre-defined fixed dollar amount (a "co-payment") on the services received with an affordable monthly premium. Members are required to select a network primary dentist for any general services and for any referrals to a specialist. Plan limitations and exclusions apply. To enroll in the DHMO plan, you must reside, live, or work in the State of Texas.

To find a dentist or speak to customer service about covered services under the MET290 DHMO plan, call **800-880-1800**.

Plan features include:

- ◆ No deductible or annual maximums.
- ◆ No waiting periods.
- ◆ No claim forms.
- ◆ Continuing orthodontic treatment available.
- ◆ Family members may select a different general dentist.
- ◆ Participants can track their dental claims online at metlife.com/mybenefits.

General dentists and Specialist's honor all plan co-pays. See Schedule of Benefits for details.

	BlueCare Dental PPO In-Network	BlueCare Dental PPO Out-of-Network	MetLife DHMO In-Network
Selection of Dentist	Member can go to any in-network dentist. Member will realize greater savings when using in-network dentists.	Member can go to any dentist; however, the customer is responsible for the difference over the Table of Allowance.	Members must pre-select a dentist at time of enrollment, who participates in the network in order to receive benefits. Each enrolled family member may select a different participating dentist, and has the ability to change dentists up to one time each month.
Annual Deductible	\$50 per person, per calendar year. Deductible does not apply to Preventive Care.		None.
Covered Services (other than Orthodontia)	Preventive Care – covered in full. Basic Care – covered in full. Major Care – covered in full.	Preventive Care – covered up to the Table of Allowance. Basic Care – covered up to the Table of Allowance. Major Care – covered up to the Table of Allowance. Also responsible for amounts over the Table of Allowance.	Member pays applicable copays according to the schedule of benefits when services are provided by a network dentist.
Orthodontia	Orthodontia Care - covered in full as work progresses up to the Calendar/Lifetime Maximum. Orthodontia work already in progress prior to enrolling, is not covered (including banding).	Orthodontia Care - covered up to the Table of Allowance as work progresses up to the Calendar/Lifetime Maximum. Orthodontia work already in progress prior to enrolling, is not covered (including banding).	If you or one of your enrolled dependents is currently in active orthodontic treatment and started orthodontic treatment before your coverage for yourself or that dependent started, Continuing Orthodontic treatment may be available. A Continuation of Treatment request form must be received within 30 days from the date you become eligible for benefits
Annual Maximum Benefit	\$1,000 per person, per calendar year.	\$1,000 per person, per calendar year. Also responsible for amounts over the Table of Allowance.	No maximum for network dentist.

Table of Allowance – The maximum BlueCare Dental PPO will pay an out-of-network dentist for a covered service or procedure.

	BlueCare Dental PPO In-Network	BlueCare Dental PPO Out-of-Network	MetLife DHMO In-Network
Orthodontia Maximum Benefit	\$1,000 per person, per lifetime.		Benefits cover 24 months of usual & customary Orthodontic treatment and an additional 24 months of retention.
Claim Forms	Dentists file claims for covered expenses.	Members file claims to be reimbursed for covered expenses. (Some dental offices may file claims and bill the balance after the plan has paid).	None.

Dental Rates – Monthly Premiums

	BlueCare Dental PPO	MetLife DHMO
Retiree Only	\$37.74	\$9.09
Retiree & One Dependent	\$68.90	\$15.88
Retiree & Family or Domestic Partner & Children	\$107.90	\$24.60
Surviving Spouse Only	\$37.74	\$9.09
Surviving Spouse & One Child	\$68.90	\$15.88
Surviving Spouse & Children	\$107.90	\$24.60
Surviving Children Only	\$68.90	\$15.88



VISION PLAN

Healthy eyes and clear vision are an important part of your overall health and quality of life. Avesis will help you care for your sight while saving you money.

To view benefits and locate a provider, visit avesis.com or call **866-563-3589**.

Plan Coverage		
Covered Service	In-network benefits (limited out-of-network benefits are available).	
Comprehensive Eye Exam	\$10 copay, one exam per calendar year.	
Frames	Once per calendar year in lieu of contact lenses. Up to \$125 retail allowance toward provider supplied frame plus 20% off cost exceeding the allowance.* OR Up to \$175 retail allowance if purchased at Vision Works plus 20% off cost exceeding the allowance. OR Up to \$200 retail allowance toward frames if purchased using UVP Online. Additional pair of eyeglasses, 30% off if purchased at the same time as first pair.	
Contacts	Once per calendar year in lieu of frames. Up to \$125 allowance toward provider supplied contacts plus an additional discount off the cost exceeding the allowance* – 10% for disposable contacts and 15% for standard contacts. OR Medically necessary contact lenses are covered in full with prior approval. Standard & Specialty Contacts - Evaluation, fitting fees, and follow-up care; \$25 copay applies.	
Standard Eyeglass Lenses	Single, bifocals, trifocals, and lenticular. \$25 copay, once per calendar year. Polycarbonate lenses for children are covered in full up to age 19.	
Lens Options	Standard scratch-resistant coating Standard progressive lenses Premium progressives (i.e. Varilux, etc.) Intermediate-vision lenses Blended-segment lenses Ultraviolet coating Standard anti-reflective (AR) coating Premium AR coating Ultra AR coating High Index lenses 1.67 Polarized lenses Glass photochromic lenses Plastic photosensitive lenses Other Lens options	\$0 \$50 \$90 \$30 \$20 \$12 \$35 \$48 \$60 \$55 \$75 \$20 \$65 Provider discount up to 20%

***Additional Discounts - Not available at Walmart, Sam's Club, and Costco.**

Vision Rates – Monthly Premiums	
Retiree Only	\$3.96
Retiree & Spouse or Domestic Partner	\$8.56
Retiree & Child(ren)	\$8.12
Retiree & Family or Domestic Partner & Child(ren)	\$12.94
Surviving Spouse Only	\$3.96
Surviving Spouse & Child(ren)	\$8.12
Surviving Child(ren) Only	\$3.96





RETIREE WELLNESS PROGRAM



Why Engage in Wellness?

The goal of the Wellness program is to increase preventive screening rates and reduce preventable medical claims. For more information on the programs below, call HealthyConnections at **512-974-3284** and ask to speak to a Wellness Consultant.

According to claims data, retirees engaged in wellness have lower average medical expenses and a higher utilization of both primary and preventive care services. Retirees engaged in our wellness program also have shorter hospital stays and lower inpatient costs. These savings are beneficial to retirees and the organization.



Diabetes Control Program

Receive Diabetes Medications and Supplies at No Cost

Learn how to manage your diabetes, get personalized diabetes care, and receive approved diabetes medications and testing supplies at no cost. This program is offered to retirees and dependents who are diabetic or prediabetic and enrolled in the CDHP w/HRA, PPO, or HMO medical plan. To enroll, call HealthyConnections at **512-974-3284** and ask to speak to a Wellness Consultant.

Participants Receive:

- ◆ Approved diabetes medications and testing supplies at no cost.
- ◆ Comprehensive Diabetes education.
- ◆ Quarterly screenings through a pharmacist (two visits per year required).

Note: All retirees are eligible to participate, however, due to CMS rules \$0 copay medications do not apply to Medicare Advantage members.



Tobacco Cessation 101

Receive Cessation Medications

Gain the resources and support needed to quit using tobacco products. Tobacco Cessation program is available on-demand online by webinar or by one-on-one telephonic coaching. Individuals who complete the program are eligible to receive cessation medication (including over-the-counter products) free for six months with a doctor's prescription. Retirees, spouses and eligible dependents (age 18 years and older) who are enrolled in a City medical plan are eligible for this benefit. Details on how to complete Tobacco Cessation 101 can be found online at austintexas.gov/retirees.



Tobacco Premium

Retirees and spouses/domestic partners currently using tobacco products, including but not limited to cigarettes, cigars, chewing tobacco, snuff, pipes, snus, shisha and electronic cigarettes will be charged a tobacco premium.

Retirees and spouses/domestic partners enrolled in a City medical plan who use tobacco will each pay \$25 per month. To stop the tobacco premium, retirees and spouses using tobacco must complete the Tobacco Cessation 101 program. Details for how to complete Tobacco Cessation 101 can be found online at austintexas.gov/retirees.



Hinge Health Program

Hinge Health can help you conquer back and joint pain, recover from injuries, prepare for surgery, or stay healthy and pain free. Their programs are available to you and your eligible dependents enrolled in a City medical plan and provide all the tools you need to get moving again from the comfort of your home. Your treatment plan will be tailored to you, and could include one-on-one virtual physical therapy sessions, and wearable sensors to give live feedback on your form in the app.



Maternity Support

This program is offered by BlueCross BlueShield and is available to pregnant, covered members enrolled in a City medical plan. The program is designed to provide the support and information needed for a healthy pregnancy. Participants will receive personalized maternity care and assistance in managing high-risk conditions including gestational diabetes and preeclampsia. To enroll, call BlueCross BlueShield at **888-907-7880**. Participants of the Maternity Support program will also be referred to the Family Connects program through Austin Public Health. Family Connects offers in-home consultations with Registered Nurses to identify needs and connect families with available resources.



Wondr Online Weight Management Program

This simple, online program helps retirees and eligible dependents lose weight and improve their health. It's not a diet. There are no points to count, no starving, and no eating diet food! The program teaches participants when and how to eat the foods they love while losing weight, boosting their energy and improving their health. By learning new techniques about how and when you should eat, you can continue eating your favorite foods while improving your health, reducing your chance of developing chronic disease, and losing weight. To enroll, call HealthyConnections at **512-974-3284** and ask to speak to a Wellness Consultant.



Nationwide Fitness Program

Make it simple to go to the gym by joining the BlueCross BlueShield Fitness Program. Get access to more than 9,000 fitness centers with no contract required, making it easy to visit the gym at your convenience—near home, near work and while traveling. As a City of Austin retiree enrolled in a City medical plan, you and your covered dependents (age 18 and older) are eligible to join. Fitness Program members get unlimited access to a nationwide network of participating fitness centers. Visit bcbstx.com/coa for details and plan pricing.



LIFE INSURANCE

Coverage Description

The City provides \$1,000 of retiree life insurance at no cost to retirees. Coverage is effective the first day of the following month in which you retire. Retirees are automatically enrolled in this benefit.

Additional death benefits are available as follows:

- ◆ Employees' Retirement System—\$10,000. For more information, call **512-458-2551**.
- ◆ Police Retirement System—\$10,000. For more information, call **512-416-7672**.
- ◆ Austin Fire Fighters Relief and Retirement Fund—no death benefit offered.

Life insurance coverage is not available for dependents of retirees.

Choosing a Beneficiary

In the event of your death, life insurance benefits are paid to your named beneficiary or beneficiaries. You must designate a beneficiary online in the benefits enrollment system. Unless prohibited by law, your life insurance benefits will be distributed to the beneficiaries you named. Current Texas law states a legally married spouse is entitled to 50% of the policy, and if not listed as a named beneficiary, the spouse may contest.

If you are legally married and designate less than 50% of your life insurance to your spouse, upon your death the life insurance carrier may contact your spouse for confirmation of this reduced percentage. If your spouse is not in agreement and an agreement is not reached between the beneficiaries listed, the Texas court will make the decision.

If your named beneficiary is under 18 years of age at the time of your death, court documents appointing a guardian may be required before payment can be made. You should talk with an attorney to make sure that benefits to a minor will be paid according to your wishes.

Reviewing Your Beneficiary Designation

It's important to keep your beneficiary information up to date to ensure that the person or people you want to receive your life insurance benefits are correctly listed. You may review and update your beneficiary information at any time throughout the year using the Workday benefits enrollment system. The link to Workday is available at austintexas.gov/retirees.

Filing a Life Insurance Claim

Your beneficiary must file the life insurance claim with the Employee Benefits Division and submit the appropriate documents:

- ◆ Certified death certificate (retiree death).
- ◆ Vendor claim forms.



ADDITIONAL BENEFITS

Employee Assistance Program (EAP)

ComPsych GuidanceResources® services provides short-term confidential counseling to help you and members of your household deal with life's stresses. The EAP provides resources to help you address a wide variety of issues. Services are available 24 hours a day, seven days a week at no cost to you.

Your EAP benefits will give you and the members of your household confidential support, resources, and information for personal and work-life issues.

COMPSYCH[®]
GuidanceResources® Worldwide

ComPsych GuidanceResources® can help you with:

- ◆ Marital/family problems
- ◆ Stress, Anxiety & Depression
- ◆ Grief & Loss
- ◆ Work/vocation issues
- ◆ Domestic violence
- ◆ Psychological issues

ComPsych Guidance Resources can also assist with work/life issues such as:

- ◆ Legal Guidance—Including a free 30-minute consultation
- ◆ Financial Guidance
- ◆ Child/elder care referral
- ◆ Home repair
- ◆ Online Support and more

For assistance

Call: **866-586-1456** TTY: **800-697-0353**

Or

Visit: guidanceresources.com

Web ID: austintexas.gov

**Guidance
NOW**SM

Go Mobile! Access your GuidanceResources® program anytime, anywhere!

The GuidanceNowSM app gives you fast, easy access to Employee Assistance Program resources.

Check it out! Download the app from your smartphone or tablet.

- ◆ Search GuidanceResources (one word).
- ◆ Install GuidanceNow.
- ◆ To register, click the Register link. Enter austintexas.gov as the Organization Web ID.

Retiree Discount Page

You can save at thousands of retailers in your neighborhood and around the country. Whether it is the local show & save program, discounted gift cards or national deals, savings are just a click away. Visit <https://coadiscounst.savings.workingadvantage.com/home> on your computer, tablet or smart phone.

In the case of a conflict between information presented in this Guide and the Plan, the Plan's terms take over.



NOTICE OF CREDITABLE COVERAGE

Important Notice from City of Austin 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 the City of Austin 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. The City of Austin has determined that the prescription drug coverage offered by the medical 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 Austin coverage will be affected. Any retiree on the City of Austin plan cannot have a Part D plan because it is included in the bundle with the Medicare Advantage plan. Part D has a premium associated with it and when a retiree is on the Medicare Advantage Part D plan, they do not pay Part D premium. Please note, if you make a yearly income above the annual thresholds, you may be subject to IRMAA. IRMAA is an income-based monthly fee separate from your Medicare B and/or D premium. More information can be found on the CMS website: <https://secure.ssa.gov/poms.nsf/lnx/0601101020>. If a member tries to sign up for Part D while on the City of Austin plan, they would be denied that coverage. There are some Medicare Advantage plans that are offered through the marketplace that do not have prescription drug coverage and in that instance the member would be allowed to get Part D.

If you do decide to join a Medicare drug plan and drop your current City of Austin coverage, please be aware that you and your dependents will be able to get this coverage back due to a Qualifying Life Event or during the City's annual Open Enrollment period.

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 the City of Austin 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 entity 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 the City of Austin 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 the "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: 01/01/2026

Name of Entity/Sender: City of Austin

Contact-Position/Office: Human Resources Department

Office Address: 505 Barton Springs Rd., Suite 600

Phone Number: 512-974-3284



HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)

City of Austin Notice of Privacy Practices

Effective January 1, 2026

Privacy Official Contact:

City of Austin Benefits

512-974-3284

Benefits.HRD@austintexas.gov

PO BOX 1088, Austin TX 78767

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.**

Your Rights

You have the right to:

- ◆ Get a copy of your health and claims records
- ◆ Correct your health and claims records
- ◆ Request confidential communication
- ◆ Ask us to limit the information we share
- ◆ Get a list of those with whom we've shared your information
- ◆ Get a copy of this privacy notice
- ◆ Choose someone to act for you
- ◆ File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- ◆ Answer coverage questions from your family and friends
- ◆ Provide disaster relief
- ◆ Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- ◆ Help manage the health care treatment you receive
- ◆ Run our organization
- ◆ Pay for your health services
- ◆ Administer your health plan
- ◆ Help with public health and safety issues
- ◆ Do research
- ◆ Comply with the law
- ◆ Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- ◆ Address workers' compensation, law enforcement, and other government requests
- ◆ Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- ◆ You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- ◆ We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
- ◆ Ask us to correct health and claims records
- ◆ You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- ◆ We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- ◆ You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- ◆ We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.
- ◆ Ask us to limit what we use or share
- ◆ You can ask us not to use or share certain health information for treatment, payment, or our operations.
- ◆ We are not required to agree to your request, and we may say “no” if it would affect your care.
- ◆ Get a list of those with whom we’ve shared information
- ◆ You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- ◆ We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- ◆ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- ◆ We will make sure the person has this authority and can act for you before we take any action.
- ◆ File a complaint if you feel your rights are violated
- ◆ You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- ◆ You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling **1-877-696-6775**, or visiting hhs.gov/ocr/privacy/hipaa/complaints.
- ◆ We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- ◆ Share information with your family, close friends, or others involved in payment for your care
- ◆ Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we *never* share your information unless you give us written permission:

- ◆ Marketing purposes
- ◆ Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- ◆ We can use and disclose your information to run our organization and contact you when necessary.
- ◆ We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: <https://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- ◆ Preventing disease
- ◆ Helping with product recalls
- ◆ Reporting adverse reactions to medications
- ◆ Reporting suspected abuse, neglect, or domestic violence
- ◆ Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director:

- ◆ We can share health information about you with organ procurement organizations.
- ◆ We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- ◆ For workers' compensation claims
- ◆ For law enforcement purposes or with a law enforcement official
- ◆ With health oversight agencies for activities authorized by law
- ◆ For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- ◆ We are required by law to maintain the privacy and security of your protected health information.
- ◆ We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- ◆ We must follow the duties and privacy practices described in this notice and give you a copy of it.
- ◆ We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

