



“The purest form of self-love is self-discipline. The discipline to work hard today for your future self to receive the benefits.”

— RYAN COE
DEPUTY POLICE CHIEF



2026 EMPLOYEE BENEFITS



“I’ve learned to laugh at myself with all of my imperfections. It’s okay not to be perfect.”

— TERRI BROWN
COMMUNITY DEVELOPMENT
ADMINISTRATIVE ASSISTANT



Table of Contents

About this Benefits Guidebook	3
Medical	4
Medical Rates.....	5
Medical Continued	6
BCBS Additional Programs	8
Health Savings Account (HSA)	9
Dental	10
Vision	11
Limited Purpose Flexible Spending Account (FSA) Dental & Vision Procedures.....	12
Dependent Care Flexible Spending Account (FSA)	13
City Paid STD and LTD.....	14
City Paid Life and Accidental Death and Dismemberment (AD&D)	15
Employee Voluntary Life and AD&D	16
Retirement	17
Pet Insurance.....	18
Additional City Benefits & Services	19
KWell Program.....	20
Benefits Advocacy Services	24
Critical Illness	25
Hospital Indemnity	27
Accident.....	28
Required Notices	30



Welcome to Your 2025-26 Benefits

Each year, the City of Keller strives to offer comprehensive and competitive benefit plans to our employees. In the following pages, you will find a summary of your benefit plans for the **October 1, 2025 to September 30, 2026 Plan Year**. Please read this guidebook carefully as you prepare to make your elections for the 2025 Open Enrollment Plan Year.

The **Benefits Plan Year** follows the City of Keller's **Fiscal Year** — October 1 through September 30 of each year. **Out-of-Pocket and Deductibles** follow the **Calendar Year** — January 1 through December 31 of each year. Therefore, even though a new Plan Year has begun, your Out-of-Pocket and Deductible balance(s) remain in effect until January 1 of the new year.

BE WELL?

One of the City of Keller's goals is to offer employees affordable health insurance. Through wellness programs, we can improve our claims experience which will help us maintain insurance rates, build our medical insurance fund and offer more benefits to employees in the future. The City introduced the K-Well Wellness Program in 2023. Employees can save \$20.00 per month on their insurance premiums by participating in the program. Details are on pages 20-23 of this Benefits Guide.



ANNUAL PHYSICALS REQUIRED

On October 1, 2023, the City implemented a policy: all employees who are enrolled in the City's health insurance plan are required to get an annual medical physical. Physicals are covered by our City health insurance. New hires will have 90 days after employment to get a physical if they haven't had one in the past 12 months. Proof must be submitted to Human Resources **by September 1st of every year**. Employees who do not get a physical are subject to a semi-monthly (per paycheck) \$50.00 surcharge.

TOBACCO CESSATION REQUIRED

Effective on October 1, 2024, all employees who are enrolled in the City's health plan and are regular tobacco users are subject to a \$50.00 surcharge unless they participate in a tobacco cessation program. Tobacco products include, but are not limited to: Cigarettes, e-cigarettes (vaping), pipes, cigars, chewing tobacco, snuff, or any other type of smoking or smokeless tobacco. **Tobacco Affidavits must be submitted to Human Resources by September 1st of each year.**

Please contact Human Resources for details.

ABOUT THIS BENEFITS GUIDEBOOK

This Benefits Guidebook describes the highlights of City of Keller's benefits program in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official plan documents and not the information in this guidebook. If there is any discrepancy between the description of the program elements as contained in this benefits guidebook and the official plan documents, the language in the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Any and all elements of City of Keller's benefits program may be modified in the future, at any time, to meet Internal Revenue Service rules or otherwise as decided by City of Keller.



Medical

Blue Cross Blue Shield of TX | www.bcbstx.com | (800) 521-2227
 City of Keller Group # 320447 | 10/1/2025-9/30/2026 Plan Year

The medical program, administered by BlueCross BlueShield of Texas (BCBSTX), provides the framework for your health and well-being. To better meet the varying needs of our employees, City of Keller offers the Medical plan described below.

MEDICAL PLAN SUMMARY	HIGH DEDUCTIBLE HEALTH PLAN	
	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible	*Aggregate Deductible \$1,700 Individual \$3,400 Family	Aggregate Deductible \$2,250 Individual \$4,500 Family
Calendar Year Out-of-Pocket Maximum	\$3,250 Individual \$6,500 Family	\$8,500 Individual \$17,000 Family
COPAYS ARE 20% IN-NETWORK OR 40% OUT-OF-NETWORK AFTER DEDUCTIBLE AMOUNT IS MET		
Prescription Copays Retail (31-day)/Mail (90-day)	Copays begin after deductible has been met	N/A
Generic	\$10/\$25	
Brand	\$35/\$87.50	
Non-Formulary	\$60/\$150	

The Benefits Plan Year begins on October 1, 2025 and ends on September 30, 2026.

The Deductible Year begins on January 1, 2026 and ends on December 31, 2026.

All deductibles and out-of-pocket expenses start over on January 1.

All of the providers in the BCBSTX network change frequently. To find out if your doctor participates in the network, go to www.bcbstx.com and click on **"Find a Doctor or Hospital."**

* An aggregate medical deductible is the total amount a family must pay out-of-pocket for covered healthcare services before BCBSTX starts to cover costs. It combines the medical expenses of all covered family members to reach a single deductible threshold.



Medical Rates

Blue Cross Blue Shield of TX | www.bcbstx.com | (800) 521-2227

MEDICAL PREMIUMS	MONTHLY RATES			EMPLOYEE PER PAY PERIOD CONTRIBUTION
	MEDICAL RATE	KELLER CONTRIBUTION	EMPLOYEE MONTHLY CONTRIBUTION	
BAND 1: ANNUAL SALARY BELOW \$50,000, BASED ON BASE SALARY DURING OPEN ENROLLMENT				
Employee Only	\$854.28	\$828.65	\$25.63	\$12.82
Employee + Spouse	\$1,782.36	\$1,523.92	\$258.44	\$129.22
Employee + Child(ren)	\$1,620.59	\$1,442.33	\$178.26	\$89.13
Employee + Family	\$2,131.46	\$1,809.61	\$321.85	\$160.93
BAND 2: ANNUAL SALARY \$50,000 TO \$69,999.99, BASED ON BASE SALARY DURING OPEN ENROLLMENT				
Employee	\$854.28	\$825.23	\$29.05	\$14.53
Employee + Spouse	\$1,782.36	\$1,466.88	\$315.48	\$157.74
Employee + Child(ren)	\$1,620.59	\$1,393.71	\$226.88	\$113.44
Family	\$2,131.46	\$1,747.80	\$383.66	\$191.83
BAND 3: ANNUAL SALARY \$70,000 TO \$99,999.99, BASED ON BASE SALARY DURING OPEN ENROLLMENT				
Employee	\$854.28	\$819.25	\$35.03	\$17.52
Employee + Spouse	\$1,782.36	\$1,383.11	\$399.25	\$199.63
Employee + Child(ren)	\$1,620.59	\$1,320.78	\$299.81	\$149.91
Family	\$2,131.46	\$1,656.14	\$475.32	\$237.66
BAND 4: ANNUAL SALARY \$100,000, BASED ON BASE SALARY DURING OPEN ENROLLMENT				
Employee	\$854.28	\$809.00	\$45.28	\$22.64
Employee + Spouse	\$1,782.36	\$1,272.61	\$509.75	\$254.88
Employee + Child(ren)	\$1,620.59	\$1,217.06	\$403.53	\$201.76
Family	\$2,131.46	\$1,528.26	\$603.20	\$301.60

Note: Premiums are based upon the City of Keller’s contribution and the individual employee’s annual salary at the time of enrollment. Base Salary is calculated as:

- » **Non-Exempt employees** – Hourly Rate X 2,080 (hours in calendar year)
- » **Non-Exempt MSC (Public Works and Parks) employees on a 36-hour work week** – Hourly Rate X 1,872 (hours in calendar year)
- » **Exempt employees** – Bi-weekly Rate X 26 (pay periods in calendar year)
- » **Fire Personnel on shift** – Hourly Rate X 2,912 (shift hours in calendar year)
- » All benefits are calculated for 24 pay periods.



Medical Continued

PRESCRIPTION DRUG COVERAGE

If you enroll in The City's Medical plan, you will automatically receive prescription drug coverage. For the HDHP plan, prescriptions are provided through BCBSTX. When you need prescriptions, you can purchase them through a local retail pharmacy or, for medications you take on an ongoing basis, through the mail order program.

RETAIL PRESCRIPTION PROGRAM

The retail prescription program uses a network of participating pharmacies. To receive the highest level of benefits, you must use a participating pharmacy. Prescriptions you fill at non-participating pharmacies are generally not covered.

MAIL ORDER PROGRAM

The mail order program offers a convenient and cost-effective way to fill prescriptions for medications you take on a regular basis (maintenance medications). When you use the mail order program, you receive a three-month supply of medication for the cost of a two-month supply. Your medications are mailed directly to your home. To order prescriptions through the mail order program, you must fill out a mail order form and return it with a 90-day prescription from your doctor and your payment. Mail order forms are available from your HR Department or on the BCBSTX website at www.bcbstx.com.

SPECIALTY PRESCRIPTION PROGRAM

If you have a chronic condition and take specialty medications, you must purchase these through a designated specialty pharmacy that provides the best available pricing and additional support. If you have a prescription that meets this requirement, BCBSTX will contact you and provide you with the necessary information to fill your prescription.

TELEHEALTH

BCBSTX provides access to a telehealth service as part of your Medical plan – MDLive. Televisits with MDLive can be a cost-effective alternative to visiting an urgent care clinic and will cost less than going to the emergency room. Remember, your telehealth services are available 24/7 for non-emergency conditions. The MDLive phone number is **(888) 680-8646**. In the event of an emergency, dial 911 or go to the nearest hospital.

BCBSTX Telehealth connection lets you get the care you need for a wide range of minor conditions. Now you can connect with a board-certified doctor via phone, without leaving your home or office.

- » **Choose When:** Day or night, weekdays, weekends and holidays.
- » **Choose Where:** Home, work, or on the go.
- » **Choose Who:** MDLive for you and your dependents that reside in Texas.
- » **Registration:** Online at mdlive.com/bcbstx to register.

If you are pre-registered on MDLive, you can speak with your doctor for help on a variety of issues including sore throat, headache, stomach ache, fever, allergies and more.

24/7 NURSELINE (NO COST)

THE RIGHT CARE AT THE RIGHT TIME

Staffed by registered nurses, the 24/7 Nurseline provides answers to general health questions and guides members to their primary care physician, urgent care center, the ER or other care as necessary. Guiding members to the right level of care to address their health concerns is making health care work better, not just for our members but for everyone. The savings are significant.

24/7 Nurseline: (800) 581-0393

TELEDOC HEALTH DIABETES MANAGEMENT - NEW

Diabetes management, your way.

Discover tools and techniques that work for you.

- » Personalized tips with each blood sugar check
- » One-on-one health coaching
- » Real-time support when you're out of range
- » Strip re-ordering right from your meter

Get started.

Join by visiting TeladocHealth.com/Register or call **800-835-2362**

LIVONGO BY TELADOC HYPERTENSION MANAGEMENT - NEW

Don't let hypertension hold you back from living your best life. Teladoc Livongo is here to help you effectively manage this chronic condition:

- » **Connected Blood Pressure Monitor:** We provide you with a cutting-edge blood pressure monitor that connects to your smartphone. Easily track your blood pressure and receive valuable insights into your health.
- » **Personalized Coaching:** Our one-on-one coaching sessions will give you the support and guidance you need to manage hypertension effectively. Our expert coaches are here to answer your questions and provide tailored advice.
- » **No Cost to You:** Just like our diabetes management program, our hypertension management services are also provided at no cost to you, thanks to our partnership with PathGroup.

A NEW WAY TO EXPERIENCE WELLNESS THROUGH WONDR - NEW

Wondr is an online program that teaches when and how to eat—not what to eat—so you can lose weight while enjoying your favorite foods. No points, no special foods, and no strict rules. Just log in anytime and follow the simple, science-backed approach.

How It Works:

In the first 10 weeks, you'll learn how to:

- » Eat mindfully and enjoy food without overeating
- » Recognize real hunger vs. emotional eating
- » Stay hydrated to support weight loss
- » Improve sleep, reduce stress, and stay active

LET'S TALK RESULTS

In as little as 10 weeks:

84%
LOST WEIGHT



61%
HAVE MORE ENERGY



68%
ARE MORE
PHYSICALLY ACTIVE



62%
FEEL MORE CONFIDENT



85%
FEEL MORE IN CONTROL
OF THEIR WEIGHT



57%
FEEL THEIR MOOD
HAS IMPROVED





BCBS Additional Programs

HINGE HEALTH - NEW

We are partnering with Hinge Health to help you conquer **back** and **joint pain**, recover from injuries and stay healthy and pain free. Best of all, Hinge Health's programs are provided for free to you and your eligible dependents enrolled in a Blue Cross Blue Shield medical plan through The City of Keller.

Hinge Health provides all the tools you need to get moving again from the comfort of your home. Here are some of the ways your treatment plan could be tailored to you based on your job and lifestyle:

- » Get a personal care team, including a physical therapist and health coach
- » Schedule as many personal physical therapy sessions as needed
- » Receive wearable sensors that give live feedback on your form in the app

Even if you don't have pain and are just looking to stay healthy, you can sign up for the free Hinge Health app!



"My 5am workouts give me the mental clarity and strength to take on the day's challenges"

— MARCIA REYNA
DIRECTOR OF HUMAN RESOURCES &
RISK MANAGEMENT





Health Savings Account (HSA)

Optum Bank® | www.optumbank.com | (866) 234-8913
Member FDIC

WHAT'S A HEALTH SAVINGS ACCOUNT?

A Health Savings Account (HSA) is a tax-free account that earns interest. When you enroll in the HDHP, the HR department will set up an HSA for all contributions (yours and the City's). The bank account is set up through Optum Bank, and you can make contributions to your account from your paychecks throughout the year. Then, you can use the HSA to pay for eligible health care expenses, such as deductibles, coinsurance and other out-of-pocket dental, vision and prescription drug expenses not covered by a health plan. Your account balance will carry over from year to year, and you take it with you if you leave the City.

CITY OF KELLER'S CONTRIBUTIONS

The City's contribution is deposited bi-weekly. New employees will receive a prorated amount.

Here's a look at what you and the City together can contribute to your HSA each year:

COVERAGE LEVEL*	CITY OF KELLER ANNUAL CONTRIBUTION	TOTAL HSA CONTRIBUTION ALLOWED PER YEAR	
		2025	2026
Employee	\$500	\$4,300	\$4,400
Employee + Family	\$1,000	\$8,550	\$8,750

*Once you turn 55, you can contribute an additional \$1,000 each year to your HSA, called a catch-up contribution. If you and your spouse are both over the age of 55, you can each contribute an additional \$1,000. Your spouse will just need to open their own HSA for their additional portion.

YOU ARE NOT ELIGIBLE TO CONTRIBUTE IF:

- » You are enrolled in Medicare.
- » You are enrolled in TRICARE program.
- » You are covered by another Medical plan (such as your spouse's plan) that does not qualify as a High Deductible Health plan.
- » You or your spouse participates in a Health Care Flexible Spending Account (FSA at your spouse's employer).
- » If you are over the age of 65.



HOW TO ACTIVATE YOUR HSA

You will receive a separate enrollment packet from Optum Bank, our preferred HSA partner. You will need to read and follow the directions to their website. Set up a username and password to view your account information.



HOW TO USE THE HSA TO PAY FOR CARE

You will receive a debit card specifically for your account. Then, when you have an eligible expense, you have several choices for how to pay:

1. **Pay with your HSA debit card** if you have funds available in your account.
2. **Write a check from your HSA.** You must order checks when you enroll in the HSA to have this option. And, as with any other type of check, you must have funds available or the check will be returned — and you will be charged an insufficient funds fee.
3. **Pay for expenses out of your own pocket**, and then reimburse yourself from your HSA. Please visit www.openenrollment123.com for additional details regarding your HSA.



Dental

Blue Cross Blue Shield of TX

www.bcbstx.com | (877) 442-4207
City of Keller Group # 320448

BlueCross BlueShield of Texas (BCBSTX) gives you the freedom to choose whether you would like to visit a participating dentist or an out-of-network dentist. There are considerable cost savings when using a dentist who is in the BCBSTX Network. The following is a summary of the major plan provisions.

DENTAL PLAN SUMMARY	DENTAL PLAN
	IN-NETWORK
CALENDAR YEAR MAXIMUM BENEFIT*	
Per Individual	\$1,500
CALENDAR YEAR DEDUCTIBLE	
Individual	\$50
Family	\$150
Orthodontia Lifetime Maximum	\$1,500
DIAGNOSTIC AND PREVENTIVE	
Exams, Routine Cleanings, Fluoride Treatments, Space Maintainers	100% covered
BASIC	
X-rays, Fillings, Sealants, Denture Repairs, Root Canal	80%
MAJOR	
Crowns, Inlays, Onlays, Bridges, Dentures, Implants	50%

* Exams & Routine Cleanings are included in the Calendar Year Maximum Benefit.

DENTAL

DENTAL PREMIUMS	MONTHLY RATES			PER PAY PERIOD
	DENTAL RATE	KELLER CONTRIBUTION	EMPLOYEE CONTRIBUTION	
Employee Only	\$36.23	\$36.23	\$0.00	\$0.00
Employee + Family	\$100.70	\$70.29	\$30.41	\$15.20

“Health is not just about what you’re eating. It’s also about what you’re thinking and saying.”

— UNKNOWN



For a list of BCBSTX preferred dentists, go to www.bcbstx.com.

NOTE: Almost all Dentists will accept BCBSTX dental insurance, but they are not all in network. Please make sure your Dentist is in the BCBSTX network.



Vision

United Healthcare Spectera Preferred | www.myuhc.com | (800) 638-3120
Group # 915136 City of Keller

Your vision health is an important part of complete wellness. United Healthcare is pleased to present Vision benefits designed to give you and your covered family members the care, value, and service to help maintain good vision and overall health. This plan encourages yearly exams along with the frames and lenses you want.

The Vision plan is designed to cover eye care needs that are visually necessary. You have to pay extra if you choose certain cosmetic or elective eyewear, so be sure to ask your eye doctor what items are covered by the plan before you purchase materials.

When you make your appointment with an in-network provider, tell the office staff that you have Spectera Preferred through UHC. You may be asked for your name, DOB and Social Security Number. For a list of UHC providers, go to www.myUHC.com.

VISION PLAN SUMMARY	VISION PLAN	
	IN-NETWORK (YOU PAY)	OUT-OF-NETWORK (REIMBURSEMENT)
Exam	\$10 copay	Up to \$40
LENSES		
Single	\$25 copay	Up to \$40
Bifocal	\$25 copay	Up to \$60
Trifocal	\$25 copay	Up to \$80
CONTACT LENSES		
Medically Necessary	\$0 copay	Up to \$210
Elective*	\$130 allowance	Up to \$105
Frames	30% off after \$130 allowance	Up to \$45
SERVICE FREQUENCIES		
Exam	12 Months	
Lenses	12 Months	
Frames	24 Months	

*Contact lenses are in lieu of eyeglasses and frames

VISION

VISION PREMIUMS	MONTHLY RATES			PER PAY PERIOD
	VISION RATE	KELLER CONTRIBUTION	EMPLOYEE CONTRIBUTION	
Employee	\$6.30	\$0.00	\$6.30	\$3.15
Employee + Spouse	\$12.00	\$0.00	\$12.00	\$6.00
Employee + Child(ren)	\$12.63	\$0.00	\$12.63	\$6.32
Family	\$18.55	\$0.00	\$18.55	\$9.28

“Never go to a doctor whose office plants have died.”

— IRMA BOMBECK



Limited Purpose Flexible Spending Account (FSA) Dental & Vision Procedures

Optum Financial | www.optumhealthfinancial.com | (800) 243-5543

The City of Keller permits you to contribute to a Limited Purpose FSA, which allows you to save taxes on certain out-of-pocket Dental and Vision expenses. The FSAs are administered by Optum Financial.

LIMITED PURPOSE FSA — FOR DENTAL & VISION ONLY

If you have elected to contribute to an HSA, you may also enroll in a Limited Purpose FSA. To comply with IRS rules for HSA, your Limited Purpose FSA may only be used to reimburse out-of-pocket dental and vision expenses for you, your spouse and your dependents. The maximum annual Limited Purpose FSA election is \$3,300.

You cannot submit prescription drug, or over-the-counter medication expenses to your Limited Purpose health care FSA for reimbursement. Those expenses are eligible only for reimbursement from your HSA.

HOW THE DEBIT CARD WORKS

If you enroll in the Limited Purpose FSA, you will receive one debit card in the mail. To request additional debit cards for your family members, please contact Optum.

You can use your debit card at certain places to pay for eligible expenses up-front and office visit copays, without having to pay with cash and wait for a reimbursement. **However, for most debit card transactions, you will need to submit your receipts or Explanation of Benefits for Dental and Vision office visit copays as substantiation of your expense, so it's important to keep your receipts.**

If you choose not to use your debit card, you can always pay for your eligible expense and file a claim for reimbursement.

It's important to keep copies of all your receipts — even if you are not required to submit them as proof of your expense. That way, if the IRS asks for substantiation of your expenses, you will have the receipts.



Dependent Care Flexible Spending Account (FSA)

Optum Financial | www.optumhealthfinancial.com | (800) 243-5543

DEPENDENT CARE FSA

The Dependent Care FSA helps you afford day care for your children under age 13 or for a disabled dependent. There are some special rules for participating in this account:

- » The day care expenses must be necessary so you can work.
- » You can only be reimbursed for expenses incurred during the Plan Year.
- » If you are married, your spouse must be employed, a full-time student at least five months during the Plan Year, or mentally or physically disabled and unable to provide care for himself or herself.

ELIGIBLE DEPENDENT EXPENSES

Generally, you may use the money in your Dependent Care FSA for care for:

- » Your children under age 13 whom you claim as a dependent for tax purposes.
- » Other dependents of any age who are mentally or physically disabled and whom you claim as a dependent for tax purposes (spouses and dependents age 13 and older must spend at least eight hours a day in your home if you are reimbursing yourself for services provided outside the home).

Some typical expenses that are eligible for reimbursement under the plan are:

- » Licensed nursery school and day care centers for children
- » Licensed day care centers for disabled dependents
- » Services from a care provider over the age of 19 (inside or outside the home)
- » Day camps
- » After-school care
- » Adult day care for elderly dependents

For a complete list of eligible expenses, visit www.OptumBank.com.

ANNUAL CONTRIBUTION AMOUNT

You can contribute up to \$5,000 per year to the Dependent Care FSA. If you are married and you and your spouse file separate tax returns, the maximum you can contribute is \$2,500.

- » For the Dependent Care FSA, you may only be reimbursed up to the amount in your account at the time you file a claim. If your eligible expenses are greater than the amount in your account, the unreimbursed amount will carry over and be reimbursed after your next deposit.
- » If you use the Dependent Care FSA, you must provide your caregiver's Social Security number or tax ID when you file a claim for reimbursement.

In some cases, a federal child-tax credit may save you more money than the Dependent Care FSA. You may want to consult a tax advisor to find which option is better for you.



City Paid STD and LTD

Mutual of Omaha | www.mutualofomaha.com | (800) 775-8805

City of Keller offers you two Disability plans that work together to keep all or part of your paycheck coming if you cannot work because of illness, injury, or pregnancy. Disability benefits are administered through Mutual of Omaha.

SHORT-TERM DISABILITY

Short-Term Disability (STD) benefits are provided by City of Keller to all eligible employees at no cost. Your STD benefits will replace 60% of your base pay for up to 22 weeks.

LONG-TERM DISABILITY

If you remain totally disabled and unable to work for more than 26 weeks, you may be eligible for Long-Term Disability (LTD) benefits. The City automatically provides you LTD benefits that replace up to 60% of your base pay, up to a maximum of \$5,000 per month. Your monthly LTD benefit will be reduced by Social Security and any other disability income you are eligible to receive (such as Workers' Compensation).

WHEN ARE YOU DISABLED?

To be considered totally disabled and eligible for LTD benefits, you must be approved by the insurance carrier and seeing a doctor regularly for treatment. In addition:

- » Your doctor must certify that you are not able to do your job at City of Keller, and
- » You must have lost 20% or more of your pre-disability income due to your illness or injury.

STD	
CLASS 1: ELIGIBLE MANAGERS AND DIRECTORS	
CLASS 2: ALL OTHER ELIGIBLE EMPLOYEES	
Weekly Percentage	60%
Weekly Maximum	Management: \$1,200 Non-Management: \$600
Benefit Duration	Up to 22 weeks
Elimination Period	30 days

LTD	
CLASS 1: ELIGIBLE MANAGERS AND DIRECTORS	
CLASS 2: ALL OTHER ELIGIBLE EMPLOYEES	
Weekly Percentage	60%
Monthly Maximum	\$5,000
Benefit Duration	Social Security Normal Retirement Age
Elimination Period	180 days
Definition of Earnings	Base Annual Earnings
Pre-Existing Limitation	3 months / 12 months
Mental Nervous Limitations	24 months per lifetime
Drug and Alcohol Limitations	24 months per lifetime
Own Occupation Definition	Management: Maximum Benefit Period Non-Management: Two Years

Note for both STD and LTD: "Base pay" means your annual base salary in effect at the time you become disabled, excluding bonuses, commissions, or any other incentive payments. **Base Pay does not include overtime.**

“A calm mind brings inner strength and self-confidence, so that’s very important for good health.”

— DALAI LAMA



City Paid Life and Accidental Death and Dismemberment (AD&D)

Mutual of Omaha | www.mutualofomaha.com | (800) 775-8805

BASIC LIFE INSURANCE

City of Keller offers Life insurance coverage at no cost to you, as a regular full-time employee, to provide financial protection in the event you or your dependents die while you are still working. This coverage is administered through Mutual of Omaha.

NOTE: This benefit is paid to your beneficiaries in the event of your death.

AD&D INSURANCE

City of Keller also provides Accidental Death and Dismemberment (AD&D) insurance for you and your family to help with expenses in the event you or a covered dependent die or become injured as a result of an accident. This coverage is administered through Mutual of Omaha.

BASIC LIFE AND AD&D BENEFITS	
BASIC LIFE SCHEDULE	
Individual	\$10,000 Life \$10,000 AD&D
Spouse	\$5,000
Child(ren)	14 days – 6 months: \$1,000 6 months – 25 years: \$2,500
Employee Age Reduction Schedule	35% at age 70 then an additional 20% at age 75 and an additional 15% at age 80
Accelerated Death Benefit	80% of Life benefit

BENEFICIARY DESIGNATION

You must designate a beneficiary for Basic and Voluntary Life Insurance benefits when you enroll.

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



Employee Voluntary Life and AD&D

Mutual of Omaha | www.mutualofomaha.com | (800) 775-8805

VOLUNTARY LIFE AND AD&D INSURANCE

In addition to Basic Life insurance and Basic AD&D insurance, you may purchase additional Voluntary Life insurance and Voluntary AD&D insurance for yourself, your spouse, and your dependent children. However, you may only elect Voluntary Life coverage for your dependents as long as you enroll for Voluntary Life coverage for yourself. You pay for the cost of Voluntary Life insurance on an after-tax basis through payroll deductions.

VOLUNTARY LIFE AND AD&D BENEFITS	
	LIFE AMOUNT
Individual	Increments of \$10,000
Spouse	100% of Employee Amount to a maximum of \$250,000
Child	Birth to 14 days: \$0 Age 14 days to 6 months: \$1,000 Age 6 months to age 26: \$10,000
	MAXIMUM AMOUNT
Individual	\$500,000
Spouse	\$250,000
Employee Age Reduction Schedule	35% at age 70 then an additional 20% at age 75 and an additional 15% at age 80 — terminates at retirement
Waiver of Premium	Waiver of life premium is included after 6 months of disability
Conversion	Included

MUTUAL OF OMAHA

- » Will Preparation — willprepservices.com (Code: MUTUALWILLS)
- » Travel Assistance » Healthy Lifestyle
- » Legal » Work and Life
- » Financial » Transitions

For more information contact Human Resources at (817) 743-4040.

HEARING DISCOUNT PROGRAM

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

VOLUNTARY LIFE

GUARANTEED ISSUE

- » **New Hire Only:** Up to \$150,000
- » **Spouse:** \$30,000

AGE RATED PREMIUMS	EMPLOYEE (RATE PER \$1,000 PER MONTH)	SPOUSE (RATE PER \$1,000 PER MONTH)
Life Rate <29	\$0.050	\$0.034
30-34	\$0.070	\$0.037
35-39	\$0.090	\$0.052
40-44	\$0.100	\$0.069
45-49	\$0.150	\$0.095
50-54	\$0.230	\$0.155
55-59	\$0.430	\$0.232
60-64	\$0.660	\$0.378
65-69	\$1.200	\$0.645
70+	\$1.940	N/A
Child Life Rate (per \$1,000)	\$0.200	N/A

VOLUNTARY AD&D

Employee AD&D Amount	Increments of \$10,000 to a maximum of \$500,000	
Employee AD&D Rate	\$0.03	N/A
Family AD&D Rate	\$0.04	N/A



“An apple a day keeps anyone away if you throw it hard enough.”

— UNKNOWN



Retirement

Texas Municipal Retirement System

www.mytmrs.org | (800) 924-8677

To help you prepare for the future, City of Keller participates in TMRS. Here are some of the plan highlights.

PLAN INFO	
City Name and Number	Keller (00681) since October 1979
Employee’s Mandatory Contribution Rate	7%
City Matching Ratio	200% or 2 to 1
Vesting Requirement	5 years service
Retirement Eligibility	5 years of service and age 60 OR 20 years of service at any age
Additional Provisions	<ul style="list-style-type: none"> • Employee Supplemental Death benefits (one year of base salary) • Retiree Supplemental Death benefits (\$7,500) • 100% Updated service credit (with transfers) • Military Service credit • Restricted Service credit

DEFERRED COMPENSATION 457(B)

Optional or Voluntary Retirement plans are available by payroll deductions through MissionSquare Retirement and Nationwide. Both vendors provide the opportunity to invest in a variety of mutual funds with pretax dollars (Traditional 457) or after-tax dollars (Roth 457) to enhance your retirement plan. The City does not contribute to Optional or Voluntary Retirement plans, only TMRS.

RETIREMENT HSA

Looking for a personalized estimate? Take the Optum Health Savings Checkup at healthsavingscheckup.com. Answer a few questions about your health, your HSA activity, and retirement goals, and you will receive a personalized snapshot of your potential health care expenses in retirement. You’ll also get ideas to help you stay healthy, spend less, and save a little money.

“When all else fails and the whole world is falling apart and I can’t stop crying or get anything done, then I turn to my fur babies – they will cure what ails ya!”

— AMIE SPENGLER
PUBLIC WORKS CUSTOMER SERVICE TECHNICIAN



Pet Insurance

Spot | spotpet.link/cityofkeller | (800) 905-1595

GET PEACE OF MIND WITH PET COVERAGE

ACCIDENTS

Spot plans help ensure your pet is covered from head-to-tail for unexpected accidents and injuries.

ILLNESSES

Spot plans cover exams for qualified illnesses and related treatment, including things like surgeries & medications.

WELLNESS

Spot’s optional Preventive Care plans focus on routine care and regular check-ups to help ensure their routine wellbeing.

TAKE CARE OF YOUR PACK

- » Vet Exam Fees
- » Microchip Implantation
- » Diagnostics
- » Behavioral Issues
- » Unexpected Emergencies
- » X-rays & Tests
- » Dental illnesses
- » Hereditary Conditions
- » Cancer & Growths
- » Surgery
- » Prescription Medications
- » And Much More...

UNLEASH MORE WITH SPOT

SPOT PERKS

Special discounts on pet products and services from your favorite brands.

24/7 PET TELEHEALTH LINE

Get unlimited 24/7 virtual pet care from vet experts for your pet.

FLEXIBLE PLANS FOR ANY BUDGET

Customize your annual limit, deductible and reimbursement rate to make your pet and wallet happy.

SIMPLE & EASY CLAIMS PROCESS

1. Visit Any Vet in the U.S or Canada
2. Submit Your Claim Online
3. Get Cash Back for Covered Vet Bills!

“ We take our dogs to the dog park every evening after work! It allows us to relax and laugh after a long day, while watching our silly dogs play!”

— KALEENA STEVENS
COMMUNITY DEVELOPMENT
PLANNING TECHNICIAN



Additional City Benefits & Services

LONGEVITY PAY

Based on funding and Council's approval of the Budget, longevity pay is equivalent to \$5.00 for each month of completed service (after one year of employment). This is paid annually, up to a maximum of 25 years.

TUITION REIMBURSEMENT

Tuition reimbursement is available after one year of employment. Courses must be job-related to any city job approved in prior year's budget process, applicant must meet grade requirements, and tuition reimbursement must not exceed State rates or that year's allowed amount as approved in the budget. City Council approved up to \$3,000 reimbursement for the current fiscal year. Contact Human Resources in March for an application form.

LEGALSHIELD AND IDSHIELD

Specialized proprietary service that provides a first-class legal and identity theft solution through payroll deduction. Services provided include identity, credit, financial account, and social media account monitoring, as well as online privacy reputation management services. Individual Plans and Family Plans available. For more information or to apply, visit shieldbenefits.com/cityofkeller.

ADP

Discounts are offered through LifeMart. Log-in to ADP and look for Your Employee Discounts! on the Home page.





Physical, Mental and Financial Well-Being

KWell Program | **Human Resources** | (817) 743-4040

The City of Keller supports and is committed to the overall health and well-being of its employees. Through wellness programs, we can improve our claims experience which will help us maintain insurance rates, build our medical insurance fund and offer more benefits to employees in the future.

The K-Well Wellness Program provides the foundation for the City to develop activities, offer incentives and modify work environments to support the health and well-being of City employees. Employees can save \$20.00 per month on their insurance premiums by participating in and completing the City's K-Well Score Card form (see page 22 of this Benefits Guide).

On October 1, 2023, the City announced that all employees who are enrolled in the City's health plan are required to have an annual medical physical which is covered 100% by Keller's health insurance. Employees who do not obtain or provide proof of an annual physical are subject to a \$50.00 per pay period surcharge. New employees will have 90 days after employment to get a physical if they haven't had one in the past 12 months. Proof must be submitted to Human Resources.

Beginning October 1, 2024, all employees who are enrolled in the City's health plan and are tobacco users are subject to a \$50.00 per pay period surcharge unless they participate in a Tobacco Cessation program. The Tobacco Free Affidavit (refer to page 23 of this Benefits Guide) is required to be completed and submitted to HR. Tobacco products include, but are not limited to, Cigarettes, e-cigarettes (vape), pipes, cigars, chewing tobacco, snuff or any other type of smoking or smokeless tobacco.

"You have power over your mind – not outside events. Realize this, and you will find strength."

— MARCUS AURELIUS





Physical, Mental and Financial Well-Being

KWell Program | Human Resources | (817) 743-4040

THE KELLER POINTE (TKP)

www.thekellerpointe.com | (817) 743-4386

City of Keller offers free membership to our recreation facility for our employees. TKP provides fitness, programs, indoor track, aquatics and more. The City also offers discounted family membership rates for employees through payroll deduction (\$10.22 per pay period).

EMPLOYEE ASSISTANCE PROGRAM (EAP)

ComPsych | www.guidanceresources.com | (800) 272-7255

You and your covered dependents have free access to the City's Employee Assistance Program (EAP). This confidential service offers free over-the-phone counseling any time, day or night, to help you with a variety of personal issues. The EAP also provides up to eight (8) free counseling sessions (per issue, per year) for both you and your covered dependents. Counselors can help with concerns about things like:

- » Relationships & Parenting
- » Legal & Financial Issues
- » Addiction & Recovery
- » Emotional Well-being & Mental Health
- » Marital & Family Problems
- » Work/Life Balance (i.e. Need a Carpenter?)

WORK-LIFE SOLUTIONS — NEW EAP ADDITION

- » Finding child or elder care
- » Finding pet care
- » Housing searches
- » Sending a child off to school
- » Seeking financial assistance
- » Planning a major project or event

To contact the EAP, call **(800) 272-7255**, 24/7 to talk to a professional counselor. Or go online and visit ComPsych at www.guidanceresources.com and use the **ID: COM589**.

FIRST-TIME USERS

- » Once on the guidanceresources.com home page, click the blue link at the bottom right of the page that states **I am a first-time user**.
- » Enter your **Company/Organization Web ID (COM589)**.
- » You will then be asked to enter a User Name and Password. Make sure that you complete all fields that have red asterisks.
- » On the next page, you will be asked to enter **Your Company Name (First five (5) characters): CITY(space)**.
- » On the next page, you will be asked to provide some demographic information. All of the fields are optional. Be sure to read the Terms of Use and click inside the check box to indicate your agreement to those terms. When you've finished, click the **Submit** button at the bottom of the page.

If you have any problems registering or logging in to Guidance Resources Online: Email Member Services at memberservices@compsych.com or call (877) 595-5289.



FY2025-26 EMPLOYEE WELLNESS PROGRAM SCORE CARD

Employee Name: _____

Employee ID: _____

Employees who complete the K-WELL Score Card are eligible to receive a \$10.00/pay period health insurance premium discount (aka Wellness Credit). Participation dates are October 1, 2026 - August 30, 2027, and the premium discount is effective October 1st of each fiscal year. The completed Score Card and the Tobacco-Free Affidavit are due to Human Resources (HR) by September 1, 2026 in order to receive the Wellness Credit.

All employees who are on the City's health insurance **must** complete an Annual Physical and a Tobacco-Free Affidavit and submit both to HR by September 1, 2026. Employees who do NOT complete an Annual Physical will be charged a **\$50.00/pay period surcharge** effective October 1, 2026. Tobacco Users, as defined, who do NOT commit to enrolling in a Tobacco Cessation program will be charged a **\$50.00/pay period surcharge**.

Step 1: Complete <u>All</u> of the Activities in this Section	
<input type="checkbox"/> Annual Physical Exam <i>(Acceptable Dates: July 1, 2025 – August 30, 2026)</i>	Date of Annual Exam: _____ <input type="checkbox"/> Proof Attached
<input type="checkbox"/> Visit the ComPysch Website www.guidanceresources.com Web ID: COM589	Date Visited: _____
<input type="checkbox"/> Tobacco-Free Affidavit	<input type="checkbox"/> Submitted to HR

Complete Your Annual Eye Exam	Date of Annual Exam: _____
Complete Your Dental Cleaning	Date of Annual Exam: _____
Participate in a City-sponsored wellness event (i.e. Health & Benefits Fair)	Name of Event: _____ Date: _____
Participate in a City-sponsored wellness event (i.e. Biggest Loser)	Name of Event: _____ Date: _____
Participate in a City-sponsored wellness event (i.e. 30-day Step Challenge)	Name of Event: _____ Date: _____
Participate in a 5K Walk/Run	Name of Event: _____ Date: _____
Get your flu shot or other immunization	Type: _____ Date: _____
Monitor your blood pressure 2x per week for 30 days <i>Please use another page for logging extra dates</i>	Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____
Workout for 30 minutes 2x per week for 30 days <i>Please use another page for logging extra dates</i>	Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____ Date: _____
Mental or Financial Health – Read a self-help or personal finance related book or participate in a related program or activity	Name: _____ Date Completed: _____

Employee Signature

Date



FY2025-26 EMPLOYEE WELLNESS PROGRAM

Tobacco-Free Affidavit

(Print Full Name)

(Employee ID #)

- I attest that I am **Tobacco-Free** and I commit to being tobacco-free for the next 12 months following October 1, 2025.
- I attest that I am an **Occasional Tobacco User**, as defined below, and will reduce the usage to less than three (3) times per month in the next 12 months following October 1, 2025.
- I am currently a **Tobacco User**, as defined below, and I commit to being tobacco-free for the next 12 months following October 1, 2025.
- I am currently a **Regular Tobacco User**, as defined below, and I commit to enrolling and completing a Tobacco Cessation program effective October 1, 2025. Upon completion of the Cessation program, I will submit confirmation to Human Resources.
- I am a current **Regular Tobacco User** and I am not willing to commit to enrolling in a Tobacco Cessation program at this time. I understand that I will be paying a **\$50.00/pay period surcharge** in FY2026-27.

Definitions:

- **Tobacco-free** means I have not used cigarettes, e-cigarettes, pipes, cigars, chewing tobacco, snuff, or any other type of smoking or smokeless tobacco. I understand that one usage of any tobacco product is considered tobacco use.
- **Regular Tobacco User** means I use tobacco products four (4) or more times per month.
- **Occasional Tobacco User** means I use tobacco products less than four (4) times per month.

I understand the nature and content of this document, I am of legal age, and I am fully competent to truthfully execute this affidavit. I certify that, if this information changes in the next 12 months, I will notify the Human Resources Department.

I certify that I have provided complete and accurate information **and** I understand the City of Keller may verify the information I provide. I understand that if the City of Keller discovers at any time, that I have failed to provide accurate information, then appropriate action, up to and including termination as indicated within the City directives, may apply. By signing or typing your name here, you acknowledge that you completed the item(s) you checked above.

Employee Signature

Date



Benefits Advocacy Services

HOLMES MURPHY

Sarah Reyes | sreyes@holmesmurphy.com |
P: (214) 265-2255 | F: (972) 889-7560

Sarah Reyes is your dedicated Benefits Analyst at Holmes Murphy. Sarah is a resource available to you and your dependents. She can help you answer many of the benefit questions you may have! Simply call or email and your Benefits Analyst will be available to help you with your questions. If your Benefits Analyst doesn't have an immediate answer, she will research it and get back to you in a timely manner without you waiting on hold. How easy is that?

Some of these questions may be:

- » How do I order a new ID card?
- » Is my physician / dentist / eye doctor in the network or out of the network?
- » What is my deductible and what on earth does "co-insurance" mean?
- » I received a bill from my doctor. Was my claim paid correctly?
- » What is an "EOB" and how do I read it?
- » I just need to get my teeth cleaned. What is my co-pay?
- » How often can I get new eye glasses / contacts?
- » I paid for my prescription out of pocket. Where can I find a claim form?
- » I can't find my Benefit Guide. Can I get a new one?

Your Benefits Analyst is here to help you with many of your benefit concerns.

If you have questions concerning your benefits, contact her today!

Monday – Friday from 8:00 a.m. – 5:00 p.m. (CST)



"We are what we repeatedly do. Excellence, then, is not an act, but a habit."

— ARISTOTLE



“You are the only one who will always be there for yourself, so why not do things that make you feel better in the long run!”

- DESIREE RODRIGUEZ
TKP - CUSTOMER SERVICE & FITNESS SUPERVISOR



Critical Illness

Mutual of Omaha | www.mutualofomaha.com | (800) 775-8805

An unexpected illness can have a lasting impact on you and your family – physically, emotionally and financially. As an active employee of City of Keller, you can give your family the extra security they need to lessen the financial impact of a serious illness by purchasing Critical Illness insurance through Mutual of Omaha Life Insurance Company.

A critical illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack, stroke or cancer. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living. **New hire employees and their spouses have a guaranteed issue amount of \$30,000.**

BENEFIT CATEGORY	CONDITION	% BENEFIT
Heart/Circulatory/ Motor Function	<ul style="list-style-type: none"> Heart Attack Heart Transplant, Stroke ALS (Lou Gehrig's) Advanced Alzheimer's Advanced Parkinson's 	100%
	<ul style="list-style-type: none"> Heart Valve Surgery Coronary Artery Bypass Aortic Surgery 	25%
Organ	<ul style="list-style-type: none"> Major Organ Transplant/Placement on UNOS List End-Stage Renal Failure 	100%
	<ul style="list-style-type: none"> Acute Respiratory Distress Syndrome (ARDS) 	25%
Childhood/ Developmental*	<ul style="list-style-type: none"> Cerebral Palsy Structural Congenital Defects Genetic Disorders Congenital Metabolic Disorders Type 1 Diabetes 	100%
Cancer	<ul style="list-style-type: none"> Cancer (Invasive) 	100%
	<ul style="list-style-type: none"> Bone Marrow Transplant 	50%
	<ul style="list-style-type: none"> Carcinoma in Situ, Benign Brain Tumor 	25%

* Benefits only available to children

CRITICAL ILLNESS

VOLUNTARY CRITICAL ILLNESS EMPLOYEE PREMIUM RATES (24 PAYROLL DEDUCTIONS PER YEAR)					
AGE	\$10,000 COVERAGE AMOUNT	\$20,000 COVERAGE AMOUNT	\$30,000 COVERAGE AMOUNT	\$40,000 COVERAGE AMOUNT	\$50,000 COVERAGE AMOUNT
0-29	\$2.50	\$5.00	\$7.50	\$10.00	\$12.50
30-39	\$3.40	\$6.80	\$10.20	\$13.60	\$17.00
40-49	\$5.45	\$10.90	\$16.35	\$21.80	\$27.25
50-59	\$8.60	\$17.20	\$25.80	\$34.40	\$43.00
60-69	\$13.35	\$26.70	\$40.05	\$53.40	\$66.75
70+	\$19.70	\$39.40	\$59.10	\$78.80	\$98.50

“Be mindful to love,
forgive, and remember
perception is important
when looking at things.”

- TERRI BROWN
COMMUNITY DEVELOPMENT
ADMINISTRATIVE ASSISTANT



“Be who you are and say
what you feel; those that
matter don’t mind and those
that mind don’t matter.”

DR. SEUSS





Hospital Indemnity

Mutual of Omaha | www.mutualofomaha.com | (800) 775-8805

A hospital indemnity insurance policy supplements your medical coverage and provides a cash benefit for hospital related fees you or an insured family member sustain as a result of being hospitalized. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work.

As an active employee of City of Keller, you may purchase hospital indemnity coverage for yourself and your family members, and premiums can be deducted from your paycheck. Hospital indemnity supplements your existing health insurance coverage by helping pay for out-of-pocket expenses incurred due to an injury or illness that may not be covered under other insurance plans.

Hospital Admission & Confinement - Admission benefits are payable up to a combined total of 2 days per policy year and are not payable on the same day; Confinement benefits are payable up to a combined total of 30 days per policy year unless otherwise noted and are not payable on the same day as Hospital/ICU admission benefits.

BENEFITS	AMOUNTS
Hospital Admission	\$1,000 per admission
Daily Hospital Confinement	\$100 per day
ICU Admission	\$1,000 per admission
Daily ICU Confinement	\$200 per day
Daily Newborn Nursery Care Confinement (Up to 2 days per policy year)	\$75 per day
ADDITIONAL BENEFITS	
Health Screening Benefit (1 time per insured per calendar year; up to 6 per family per calendar year)	\$50
Express Benefits (1 benefit per hospital admission)	\$100

NOTE: The amount(s) above may vary due to rounding and are subject to change based on the final terms of the policy.

HOSPITAL INDEMNITY

BI-WEEKLY RATES	EMPLOYEE CONTRIBUTION
Employee	\$8.79
Employee + Spouse	\$13.85
Employee + Child(ren)	\$15.43
Family	\$21.00

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

— WORLD HEALTH ORGANIZATION



Accident

Mutual of Omaha | www.mutualofomaha.com | (800) 775-8805

Don't let an accident catch you off guard. Protect your family's finances with Accident Insurance from Mutual of Omaha Life Insurance Company.

An accident insurance policy supplements your medical coverage and provides a cash benefit for injuries you or an insured family member sustain from an accident. This benefit can be used to pay out-of-pocket medical expenses, help supplement your daily living expenses and cover unpaid time off work.

As an active employee of City of Keller, you may purchase this coverage for yourself and your family members, and premiums will be deducted from your paycheck. It's a simple and affordable way for your family to receive added financial protection.

NOTE: The amount(s) above may vary due to rounding and are subject to change based on the final terms of the policy.

ACCIDENT

BI-WEEKLY RATES	EMPLOYEE CONTRIBUTION
Employee	\$5.79
Employee + Spouse	\$8.48
Employee + Child(ren)	\$11.13
Family	\$13.82

ACCIDENT PLAN SUMMARY	ACCIDENT
INITIAL CARE & EMERGENCY Most treatment / service required within 72 hours of accident; Once per accident per insured person	
Emergency Room	\$200
Urgent Care Center	\$125
Initial Physician Office Visit	\$100
Ambulance	Up to \$1,500
SPECIFIED INJURIES	
Fractures (Surgical / Non-surgical)	Up to \$8,000/Up to \$4,000
Dislocations (Surgical / Non-surgical)	Up to \$10,000/Up to \$5,000
Lacerations	Up to \$1,000
Burns	Up to \$20,000
Dental	Up to \$400
HOSPITAL, SURGICAL & DIAGNOSTIC	
Admission	\$1,500
Daily Confinement (Up to 365 days per accident)	\$300 per day
ICU Confinement (Up to 15 days per accident)	\$600 per day
Rehab. Facility Confinement (Up to 30 days per accident)	\$150 per day
Surgical	Up to \$2,000
Diagnostic	Up to \$300
FOLLOW-UP CARE Treatment / service required within 365 days of accident; Medical device is once per accident per insured person	
Physician Follow-Up Office Visit	\$100; Up to 6 per accident
Therapy Services	\$50; Up to 6 per accident
Medical Device	\$200
Prosthetic Device(s)	\$1,000; Up to 2 per accident
ADDITIONAL BENEFITS Benefits are payable within 365 days of accident	
Transportation (Up to 3 trips per accident)	\$450 per trip
Lodging (Up to 30 nights per accident)	\$150 per night
Childcare (Up to 30 days per accident)	\$30 per day
CATASTROPHIC BENEFITS Benefits are payable within 365 days of accident; Once per accident per insured person	
Principal Sum (PS)	You: \$25,000 Spouse: \$10,000 Child(ren): \$5,000
Common Carrier Accidental Death	300% of PS
Transportation of Remains	Up to \$5,000
Dismemberment & Paralysis	Up to 100% of PS
Reasonable Modifications	Up to 10% of PS
Coma	50% of PS

Required Notices

CHIP NOTICE

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

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

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

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

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

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

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

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

ALABAMA – MEDICAID

Website: <http://www.myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – MEDICAID

Premium Payment Program: <http://myakhipp.com/>
Medicaid Eligibility:
<https://health.alaska.gov/dpa/Pages/default.aspx>
E-mail: CustomerService@MyAKHIP.com

ARKANSAS – MEDICAID

Website: <http://myarhipp.com/>
Phone: 1-855-692-7447

CALIFORNIA – MEDICAID

<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Email: hipp@dhcs.ca.gov
Fax: 916-440-5676

COLORADO – MEDICAID AND CHIP

Medicaid: <https://www.healthfirstcolorado.com/>
Phone: 1-800-221-3943
CHIP: <https://hcpf.colorado.gov/child-health-plan-plus>
Phone: 1-800-359-1991
HIBI: <https://www.mycohibi.com/>
Phone: 1-855-692-6442 State relay 711

FLORIDA – MEDICAID

Website:
<https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – MEDICAID

HIPP: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, press 1
CHIPRA: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
678-564-1162, press 2

INDIANA – MEDICAID

Healthy Indiana Plan for low-income adults 19-64:
<http://www.in.gov/fssa/dfr/>
Phone: 1-800-403-0864
All other Medicaid: <https://www.in.gov/medicaid>
Phone: 1-800-457-4584

IOWA – MEDICAID AND CHIP

Medicaid: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
Phone: 1-800-338-8366
CHIP: <http://dhs.iowa.gov/Hawki>
Phone: 1-800-257-8563
HIPP: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>
Phone: 1-888-346-9562

KANSAS – MEDICAID

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – MEDICAID AND CHIP

Medicaid: <https://chfs.ky.gov/agencies/dms>
KI-HIPP: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
KI-HIPP E-mail: KIHIPPPROGRAM@ky.gov
KCHIP: <https://kynect.ky.gov>
Phone: 1-877-524-4718

LOUISIANA – MEDICAID

Website: www.medicaid.la.gov or
www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or
1-855-618-5488 (LaHIPP)

MAINE – MEDICAID

Websites: https://www.mymaineconnection.gov/benefits/s/?language=e_n_US
<https://www.maine.gov/dhhs/ofi/applications-forms>
Enroll: 1-800-442-6003
Private HIP: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – MEDICAID AND CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840 TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – MEDICAID

Website: <https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672

MISSOURI – MEDICAID

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – MEDICAID

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Email: HSHIPPProgram@mt.gov
Phone: 1-800-694-3084

NEBRASKA – MEDICAID

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633 Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – MEDICAID

Website: <http://dhcfp.nv.gov>
Phone: 1-800-992-0900

NEW HAMPSHIRE – MEDICAID

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
Phone: 603-271-5218 or
1-800-852-3345, ext. 15218

NEW JERSEY – MEDICAID AND CHIP

Medicaid: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid: 609-631-2392
CHIP: <http://www.njfamilycare.org/index.html>
CHIP: 1-800-701-0710 (TTY: 711)

NEW YORK – MEDICAID

Website:
https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – MEDICAID

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – MEDICAID

Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA – MEDICAID AND CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – MEDICAID AND CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA – MEDICAID AND CHIP

Medicaid: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Medicaid: 1-800-692-7462
CHIP: <https://www.pa.gov/en/agencies/dhs/resources/chip.html>
CHIP: 1-800-986-KIDS (5437)

RHODE ISLAND – MEDICAID AND CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rl)te)

SOUTH CAROLINA – MEDICAID

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - MEDICAID

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – MEDICAID

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
Phone: 1-800-440-0493

UTAH – MEDICAID AND CHIP

Medicaid: <https://medicaid.utah.gov/>
Phone: 1-888-222-2542
CHIP: <https://chip.utah.gov/>
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>

VERMONT– MEDICAID

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427

VIRGINIA – MEDICAID AND CHIP

Websites: <https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs>
Phone: 1-800-432-5924

WASHINGTON – MEDICAID

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – MEDICAID

Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP: 1-855-699-8447

WISCONSIN – MEDICAID AND CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – MEDICAID

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

HEALTH COVERAGE NOTICES

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

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: GENERAL INFORMATION

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

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

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

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

DOES EMPLOYER HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be

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

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

HOW CAN I GET MORE INFORMATION?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources.

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

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

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

3. Employer Name: The City of Keller	4. Employer Identification Number (EIN) 75-1294051	
5. Employer Address: P.O Box 770	6. Employer phone number: 817-743-4040	
7. City: Keller	8. State: TX	9. ZIP code
10. Who can we contact about employee health coverage at this job? Human Resources		
11. Phone number (if different from above)	12. Email address: humanresources@cityofkeller.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to all employees.
- Eligible employees are:
- Full-time regular employee who work a minimum of 30 hours per week
- With respect to dependents, we do offer coverage. Eligible dependents are:
 - Legal spouse
 - Children up to age 26 (coverage for a handicapped child may be continued past the age limit)
 - IRS-recognized dependent by legal adoption, legal guardianship, court order, etc.

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

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

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

CITY OF KELLER NOTICE OF PRIVACY PRACTICES

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

OUR COMPANY'S PLEDGE TO YOU

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

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

access to protected health information to comply with the privacy practices outlined below.

PROTECTED HEALTH INFORMATION

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

HOW WE MAY USE YOUR PROTECTED HEALTH INFORMATION

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

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

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

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

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

As permitted or Required by Law. We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or

provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

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

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

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

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

THIS NOTICE DESCRIBES:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION
- YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH THE CITY OF KELLER IF YOU HAVE ANY QUESTIONS.

Please review it carefully.

YOUR RIGHTS

You have the right to:

- Consent to most uses and disclosures of your health information
- 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 list of health care providers who have received your information through certain third parties
- Get a copy of this privacy notice
- Choose in advance whether to receive fundraising communications
- Discuss this notice with someone in our program
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

With your consent, we can use and share your information as we:

- Treat you
- Run our organization
- Bill for our services
- Fulfill your requests to share information with your consent
- Prevent multiple program enrollments
- Report about court-referred treatment
- Report to prescription drug monitoring programs

OUR USES AND DISCLOSURES

We may use and share your information without your consent 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
- For your medical emergencies
- 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
- Assist with cause of death inquiries
- Communicate within our program and with contractors
- Respond to management and financial audits and program evaluation
- Prevent or reduce crime in our program

In these circumstances, we must protect your information and limit how we use and share it

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.

Provide consent when we use or share your information for most purposes

- You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes.
- You may provide consent for more limited purposes (for example, to only disclose information to another health care provider for your treatment); however, doing so may affect the services we can provide you or how you pay for services.
- You may provide a general consent to share your information through certain third parties, such as a health information network or a research institution, where your treating health care providers can access it.

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 health care operations after you have provided consent for all those purposes. We are not required to agree to your request, and we may say "no" if, for example, it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.
- We are not required to agree to your request, and we may say "no" if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our health care operations with your health insurer. We will say "yes" unless a law requires us to share that information

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.

Discuss this notice with someone in our program

You can ask questions or obtain more information about this notice and our privacy practices by calling or emailing the contact person at the top of this notice.

Choose in advance about fundraising

You have the right to a clear and obvious notice in advance of, and a choice about whether to receive, fundraising communications for our program.

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.

With your consent, we may also use and share your information in the following ways:

- To whomever you name in a consent to share your information
- To prevent multiple enrollments in withdrawal management or maintenance treatment programs
- To report participation in treatment required by the criminal justice system
- To report prescribed substance use disorder treatment medications to a state prescription drug monitoring program when required by law

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 www.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.

Example 2: A doctor treating you for a chronic condition asks a doctor at our program about your health condition and medications you are taking, for example, to avoid complications

Bill and Pay for your health services

We can use and disclose your health information as we bill or 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/hipaa/for-individuals/guidance-materials-for-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, only as required by applicable law
- Preventing or reducing a serious threat to anyone's health or safety

For your medical emergencies

We can share your information during a bona fide medical emergency with the personnel and health care providers responding to your emergency, even when you are unable to consent because of the emergency

Do research

We can use or share your information for health research. Researchers cannot include any patient identifying information in their reports about the 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

Legal Proceedings and Court Orders

We must follow certain procedures before using or sharing your information for investigations and legal proceedings.

- We will not use or share your information or provide testimony about your information in any civil, administrative, criminal, or legislative proceedings against you without your written consent or a court order.
- We will only respond to a court order to use or share your health information if it is accompanied by a subpoena or other similar legal mandate requiring us to comply.
- We will only use or share your information in proceedings against you based on a court order after we have received notice and an opportunity to be heard or you tell us that you have received notice.
- We may use or share your information to respond to legal proceedings against our program based on a court order and you may not be notified in advance. You have the right to seek to overturn or change the court order after you learn about it.

Assist with cause of death inquiries

We can share patient identifying information about a deceased patient as required or allowed by laws that collect information relating to cause of death.

Communicate within our program and with contractors

We can share your information within our program, with an organization that has administrative control over our program, and with contractors who help us run our program.

Respond to management and financial audits and program evaluation

We can use or share your information to improve the quality of our services, obtain needed credentials, and cooperate with oversight agencies for activities authorized by law, as long as those who view or receive the information agree to destroy or return the information when they are finished and agree not to use it against you.

Prevent or reduce crime in our program

We may report to law enforcement when a patient commits or threatens to commit a crime within our program or against our staff

Redisclosure According to HIPAA

When you consent to uses and disclosures for all future treatment and payment purposes and to run our business, we may share your information with other substance use disorder treatment programs, doctors' offices, and health care businesses for those activities. If the person who receives it is subject to HIPAA, then they are allowed to use and share your information again without your consent for the purposes that HIPAA allows. Your information still cannot be used in legal proceedings against you unless (1) you consent or (2) based on a Part 2 court order and a subpoena (or similar legal requirement).

OUR RESPONSIBILITIES

- We are required to obtain your consent for most uses and sharing of your information.
- 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: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

OUR LEGAL RESPONSIBILITIES

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact Human Resources.

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.

Other Instructions for Notice

Effective Date of this Notice: February 23, 2026

The City of Keller

P.O. Box 770

Texas

817-743-4040

humanresources@cityofkeller.com

COMPLAINTS

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

IMPORTANT NOTICE FROM CITY OF KELLER ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

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

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

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
2. **City of Keller has determined that the prescription drug coverage offered by City of Keller 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 Keller coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current City of Keller coverage, be aware that you and your dependents may not be able to get this coverage back.

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

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

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

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

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

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

For more information about Medicare Prescription drug coverage:

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

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

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

Date: October 1, 2025

Name of Entity/Sender: City of Keller

Contact/Office: Human Resources

Address: PO Box 770, Keller, TX 76244

Phone Number: 817-743-4040

WHAT IS COBRA CONTINUATION COVERAGE?

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

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

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

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

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

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

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

WHEN IS COBRA COVERAGE AVAILABLE?

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

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

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

HOW IS COBRA CONTINUATION COVERAGE PROVIDED?

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

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

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

Disability Extension of 18-Month Period of Continuation Coverage

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

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?

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

CAN I ENROLL IN MEDICARE INSTEAD OF COBRA CONTINUATION COVERAGE AFTER MY GROUP HEALTH PLAN COVERAGE ENDS?

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

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

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

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

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

IF YOU HAVE QUESTIONS

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

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

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

For more information about the Marketplace, visit www.healthcare.gov.

PLAN CONTACT INFORMATION

Date: October 1, 2025

Name of Entity/Sender: City of Keller

Contact/Office: Human Resources

Address: PO Box 770, Keller, TX 76244

Phone Number: 817-743-4040

OTHER NOTICES

EXPANDED COVERAGE FOR WOMEN'S PREVENTIVE CARE

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

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

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

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

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

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

60-DAY SPECIAL ENROLLMENT PERIOD

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

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

NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

NEWBORN & MOTHERS HEALTH PROTECTION NOTICE

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

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

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

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

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

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

TAKE
VITAMINS

WORKOUT



EAT
HEALTHY

GO FOR
WALKS



LAUGH AT
YOURSELF

READ



HANG OUT
WITH FRIENDS
AND FAMILY



MEDITATE

CROCHET