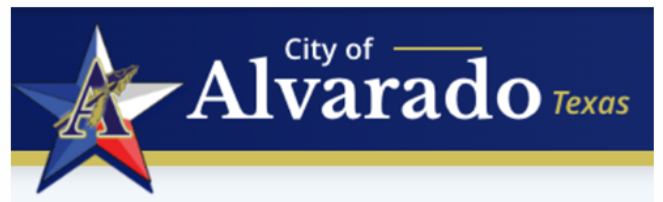


2025-2026

Benefits Guide



AUGUST 1, 2025 – JULY 31, 2026

Welcome

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

Eligibility

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

- ▶ Your legally married spouse
- ▶ Your registered domestic partner (RDP) and/or their children, where applicable by state law
- ▶ Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 30 days. If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective August 1, 2025-July 31, 2026.

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

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Choose Carefully

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

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

Making Changes

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

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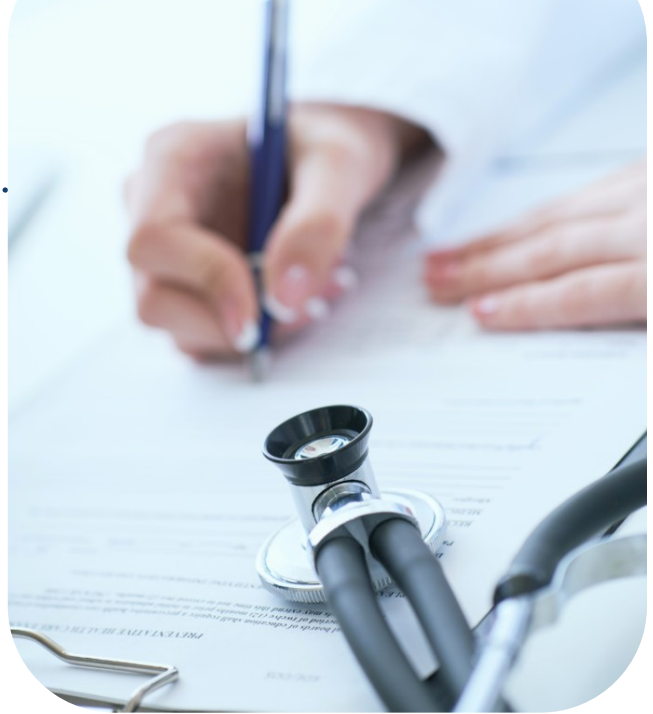
Contact information

Enrollment

Go to <https://cityofalvarado.benefitconnect.or.com/>. There you will find detailed information about the plans available to you and instructions for enrolling.



Medical



We are proud to offer you a choice between two different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Cigna PPO

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

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

Cigna HSA

Like the PPO plans, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Cign network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars¹ to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Here's how the plan works:

- **Deductible:** You must meet the deductible before the plan starts to pay for non-preventive medical and prescription

Health Savings Account (HSA)

You may contribute to your HSA through pre-tax payroll deductions to help offset your deductible and pay for qualified health care expenses. In addition, The City of Alvarado will contribute \$950, spread out over 26 pays to your HSA.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

Important: Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below:

HSA Contribution Limit	2025	2026
Employee Only	\$4,300	\$4,400
Family (employee + 1 or more)	\$8,550	\$8,750
Catch-up (age 55+)	\$1,000	\$1,000

Health Savings Account Basics	
Eligibility Requirements	You must be enrolled in a qualified high-deductible health plan.
Who Owns the Account	You
Contribution Limit	Any HSA contributions you elect to make, when combined with any employer contributions and/or incentives earned (if applicable), cannot exceed the 2025 IRS limits of \$4,300 for employee-only coverage and \$8,550 for all other tiers. Individuals 55 and older may make an additional "catch up" contribution of \$1,000.
Eligible Expenses	Qualified medical, prescription drug, dental and vision expenses not covered by insurance. You can also use HSA funds to cover COBRA premiums, qualified long-term care insurance and expenses, health insurance premiums when receiving unemployment and Medicare and retiree health insurance premiums (excluding Medicare supplement and Medigap insurance premiums).
Changing Your Contribution Amounts	You can change how much you contribute to your HSA at any point during the year
Rollover	HSA funds roll over year to year if you don't spend them.
Portability	You can take your HSA funds with you even if you change jobs, switch health care plans or leave the work force. There is no "use it or lose it" risk.

¹ Tax free under federal tax law; state taxation rules may apply

² You must be enrolled in a qualified health plan to contribute to an HSA.

Medical

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits Cigna Health	Open Access Plus		HSA HDHP	
	In-Network Only	Out-of-Network ¹	In-Network Only	Out-of-Network
Deductible (per calendar year)				
Individual / Family	\$2,000 / \$6,000	\$4,000 / \$12,000	\$3,500 / \$7,000 ²	\$7,000 / \$14,000
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$5,000 ³ / \$10,200 ³	\$10,000 / \$30,000	\$3,500 / \$7,000 ³	\$7,000 / \$14,000
City Contribution to Your Health Savings Account (HSA)				
Annual Contribution	N/A	N/A	\$1,400	
Covered Services				
Office Visits (physician/specialist)	\$20 Copay / \$30 Specialist	Ded. + 40%	0% after Deductible	Ded. + 30%
Routine Preventive Care	No charge	Ded. + 40%	No charge	Ded. + 30%
Outpatient Diagnostic (lab/X-ray)	No charge	Ded. + 40%	0% after Deductible	Ded. + 30%
Complex Imaging	Ded. + 20%	Ded. + 40%	0% after Deductible	Ded. + 30%
Chiropractic	\$30 Copay	Ded. + 40%	0% after Deductible	Ded. + 30%
Ambulance	Ded. + 20%	Ded. + 40%	0% after Deductible	Ded. + 30%
Emergency Room	\$100 Copay	\$100 Copay	0% after Deductible	0% after Deductible
Urgent Care Facility	\$50 Copay	Ded. + 40%	0% after Deductible	Ded. + 30%
Inpatient Hospital Stay	Ded. + 20%	Ded. + 40%	0% after Deductible	Ded. + 30%
Outpatient Surgery	Ded. + 20%	Ded. + 40%	0% after Deductible	Ded. + 30%
Prescription Drugs (Tiers)				
Retail Pharmacy (30-day supply)	\$15 / \$40 / \$55	Not Covered	0% after Deductible	Not Covered
Specialty Pharmacy (30-day supply)	\$15 / \$40 / \$55	Not Covered	0% after Deductible	Not Covered
Mail Order (90-day supply)	\$45 / \$120 / \$165	Not Covered	0% after Deductible	Not Covered

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

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

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

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

2. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

3. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.

Dental

We are proud to offer you a dental plan.

Cigna DPPO: This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the network. The following is a high-level overview of the coverage available.

Key Dental Benefits	Cigna DPPO	
	In-Network	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year; Preventive, Basic and Major services combined)		
Per Individual	\$2,000	\$2,000
Covered Services		
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontia (Child only)	\$1,500 Maximum / 50%	\$1,500 Maximum / 50%

Coinurance percentages shown in the above chart represent what the member is responsible for paying.

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



Vision

We are proud to offer you a vision plan.

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

Key Vision Benefits	Vision Service Provider (VSP)	
	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10 Copay	Up to \$45
Materials Copay Lenses (once every 12 months)		Up to \$30
Single Vision	\$15 Copay	
Bifocal		Up to \$50
Trifocal		Up to \$65
Frames (once every 12 months)	\$130 Allowance	\$70 Allowance
Contact Lenses (once every 12 months; in lieu of glasses)	Elective: Up to \$130 Medically Necessary: Covered 100%	Elective: Up to \$105 Medically Necessary: Up to \$210

Hearing

We are proud to offer you a hearing plan.

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

Key Hearing Benefits	Ameritas		
	Covered Services	Benefit Maximum (per calendar year)	Deductible (per calendar year)
Annual Hearing Exam	100%	\$0	Up to \$75
Hearing Aid	85%	\$0	(Per Ear): Year One: Up to \$400 Year Two: Up to \$600 Year Three: Up to \$800
Hearing Aid Maintenance	100%	\$0	Up to \$40

Flexible Spending Accounts

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

Health Care FSA

You may contribute up to \$3,300 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles Prescriptions and Over-the-Counter Drugs
- Menstrual Care
- Dental treatment Orthodontia
- Eye Exams, Materials, LASIK

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

Limited-Purpose Health Care FSA

If you enroll in the HSA medical plan, you may only participate in a limited-purpose Health Care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

Dependent Care FSA

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

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

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

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE

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

Health Care FSA: The Health Care FSA includes a two-and-a-half-month grace period, giving you additional time to use any remaining balance from your 2025 plan year. You may incur eligible expenses between **August 1, 2026, and October 15, 2026.**

All claims for the 2025 plan year—including those incurred during the grace period—must be submitted by **December 14, 2026.**

Dependent Care FSA: Unused funds will **NOT** be returned to you or carried over to the following year.

Life and AD&D

Life insurance provides your named beneficiary(ies) with a benefit after your death.

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

Benefit Amount	
Employee	Employee: \$30,000 Spouse: \$10,000 Child(ren): \$500 - Birth to 6 months \$5000 - 6 months to 26

Supplemental Life/AD&D (Employee-paid)

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

	Benefit Option	Guaranteed Issue ¹
Employee	Increments of \$10,000 to a maximum of 5x BAE up to \$500,000	\$100,000
Spouse/RDP	Increments of \$5,000 to a maximum of \$100,000— limited to 100% of EE Amount	\$25,000
Child(ren)	\$500 - Birth to 6 months \$10,000 - 6 months to 26	\$10,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Disability

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

Voluntary Short-Term Disability

Provided to you at **NO COST BY THE CITY** through Renaissance.

Benefit Percentage	60%
Weekly Benefit Maximum	\$1,500
When Benefits Begin	15th day
Maximum Benefit Duration	11 weeks

Long-Term Disability

Provided to you at **NO COST BY THE CITY** through Renaissance

Benefit Percentage	60%
Monthly Benefit Maximum	\$7,500
When Benefits Begin	After 90th day of disability
Maximum Benefit Duration	Social Security Retirement Age

Employee Assistance Program (EAP)

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

EAP Benefits

- Assistance for you and your household members
- Up to **six** in-person sessions with a counselor per issue, per year, per individual
- Unlimited toll-free phone access and online resources
- All benefits can be accessed by calling toll free at **800-343-3822**
- For deaf and hearing impaired caller, please dial **7-1-1**
- The teen line **800-334-TEEN (8336)**
- AWP is available to take your call 24 hours a day, 7 days a week.



Visit your EAP website at
awpnow.com



to create a
customized account.

Select "Access Your Benefits"
Registration Code:

AWP-ALVARADO-6071

Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through American Fidelity are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

Critical Illness Insurance

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000¹? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

Hospital Confinement Insurance

The average cost of a hospital stay is \$10,000²—and the average length of a stay is 4.8 days³. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered sickness or injury related hospitalization.

Cancer Indemnity

The Cancer Indemnity Plan pays a flat dollar amount to you when a covered person is diagnosed with internal cancer. Other benefits include payments, directly to you, for hospital confinement, medical imaging, radiation and chemotherapy, immunotherapy, transportation and lodging. The plan also includes a cancer screening wellness benefit.

- MetLife Accident and Critical Illness Impact Study, October 2013
- Costs for Hospital Stays in the United States, 2011. HCUP Statistical Brief #168. December 2013. Agency for Healthcare Research and Quality, Rockville, MD.
- National Hospital Discharge Survey: 2010



We not only simplify common legal issues for you, but we've got your back when life throws you a legal curveball. When it comes to dealing with the legal fine print, you're not alone. We can help you make sure that you're protected and prepared. Let us focus on the law—so you can focus on your life.



Protect your security with identity and credit monitoring. IDShield not only alerts you about threats, we'll also work for as long as it takes to restore your identity to its pre-theft status. IDShield is backed by our unlimited service guarantee.

+PLAN FOR GUN OWNERS

Protect yourself and your family with the gun owners legal plan. This includes consultation/Advice on Gun owner rights, carry and license requirements, where carrying your firearm is allowed openly or concealed, recent gun law changes, lawsuit trial defense, and discounts.

Plan	Legal+ Individual IDShield	Legal+ Family IDShield
LegalShield	\$9.48	\$9.48
IDShield	\$4.48	\$9.48
Legal + ID Shield	\$13.95	\$16.95
Gun Owners	\$6.48	\$6.48



Did you know 51.3 million emergency responses occur each year?

MASA protects families against uncovered costs for emergency transportation and provides connections with care services. MASA is coverage and care you can count on to protect you from the unexpected. With us, there is no "out-of-network" ambulance. Just send us the bill when it arrives and we'll work to ensure charges are covered. Plus, we'll be there for you beyond your initial ride, with expert coordination services on call to manage complex transport needs during or after your emergency — such as transferring you and your loved ones home safely. Protect yourself, your family, and your family's financial future with MASA.

Benefit	Cost	Coverage
Emergent Plus Plan	\$14/month	Emergency Ground Ambulance Emergency Air Ambulance Hospital to Hospital Ambulance Repatriation Near Home
Emergent Premier Plan	\$19/month	All Coverages Above plus: Post Admission Transportation Sick While Away Expenses Minor Return Transportation Pet Return Transportation
Platinum Plan	\$39/month	Coverages Above Plus: Companion Transportation Hospital Visitor Transportation Vehicle & RV Return Organ Retrieval Transportation

Cost of Benefits

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

Medical Coverage		
Coverage Tier	Monthly Employee Contribution	
	HDHP HSA	PPO
Employee Only	\$0.00	\$0.00
Employee & Spouse	\$324.57	\$357.89
Employee & Child(ren)	\$276.64	\$305.04
Employee Family	\$601.23	\$662.96

Dental Coverage	
Coverage Tier	Monthly Employee Contribution
Employee Only	\$0.00
Employee & Spouse	\$31.05
Employee & Child(ren)	\$56.67
Employee Family	\$100.72

Vision/ Hearing Coverage	
Coverage Tier	Monthly Employee Contribution
Employee Only	\$0.00
Employee & Spouse	\$10.76
Employee & Child(ren)	\$9.65
Employee Family	\$22.36

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Cigna	800-244-6226	www.my.cigna.com
Dental	Cigna	800-244-6226	www.my.cigna.com
Vision/Hearing	Ameritas – VSP	800-877-7195	www.vsp.com
Health Savings Account (HSA)	American Fidelity	800-662-1113	www.americanfidelity.com
Flexible Spending Accounts (FSA)	Surency	866-818-8805	www.surency.com
Life/AD&D	Renaissance	888-358-9484	www.myrenbenefitsmanager.com
Disability	Renaissance	888-358-9484	www.myrenbenefitsmanager.com
EAP	Alliance Work Partners	800-343-3822	www.awpnow.com
Ground + Air Ambulance	MASA Transport	575-513-9377	www.masaaccess.com/benefits
Legal/ID Theft Protection	Legal Shield	817-607-8868	www.login.legalshield.com
Retirement	TMRS	800-924-8677	www.tmrs.org

Benefits Website

Our benefits website <https://cityofalvarado.benefitconnector.com/> can be accessed anytime you want additional information on our benefit programs.

Questions?

If you have additional questions, you may also contact:

Beth Walls
bwalls@cityofalvarado.com



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

