

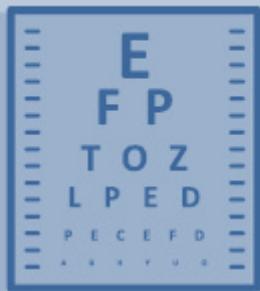


PLAINVIEW, TX  
*explore the opportunities*

2026

# Benefits Guide

January 1, 2026 — December 31, 2026



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# Take Care of Your Tomorrow!

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## Take Care of Your Tomorrow!

Personal needs greatly influence the choices we make every day. Young or old, single or married, our needs differ. That's why the City of Plainview wants to provide you with the freedom to select high quality benefit options that work best for you and/or your family.

It is important that you take an opportunity to review all your plan options in detail. You will need to carefully consider each benefit option, its cost and value to you; as well as, and whether it is appropriate for your personal needs. By taking the time to examine all your options, this will ensure that your benefits meet those needs throughout the plan year.

The City of Plainview values our employees and recognizes the importance of offering competitive benefits that enhance people's lives. For 2026, we will continue to provide two plan options for the Medical Insurance plan through BCBS. The City will offer a Standard PPO Plan with a \$2,000 deductible. The High Deductible Health Plan (HDHP) will also be offered with HSA contributions from the City of up to \$1,500 for those with Employee Only coverage and up to \$2,000 for those with Employee + dependent coverage. For 2026, there are no changes to the employee cost of the medical plans (at any coverage tier).

The Dental plan will continue to be provided through BCBS and the Vision plan through Surency. Voluntary Life AD&D are available through Dearborn National. Also, Alliance Work Partners continues to provide benefits under our Employee Assistance Plan (EAP).

Additional supplemental benefits are available through Aflac – such as accident, critical illness, disability and permanent life.

## ***Please Keep This Guide***

*It is a valuable resource for you throughout the year.*

*For more information, visit us at:*

*[www.plainviewtx.org/benefits](http://www.plainviewtx.org/benefits)*

*or*

*Contact your HR Team*

*(806) 296-1139 or (806) 296-1151*

# Benefits Resource List



For more information on the wide range of the City of Plainview benefits, programs and tools, contact the following resources:

If You Have Questions About	Contact	By Phone	On the Internet
<b>MEDICAL and PRESCRIPTION</b> (Directories of network providers, claims status or pre-notification)	Blue Cross Blue Shield of Texas	800-521-2227	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
<b>DENTAL CARE</b>	Blue Cross Blue Shield of Texas	800-521-2227	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
<b>VISION CARE</b>	Surency	866-818-8805	<a href="http://www.surency.com">www.surency.com</a>
<b>GROUP LIFE AND VOLUNTARY SUPPLEMENTAL LIFE and AD&amp;D COVERAGE</b>	Dearborn National	800-348-4512	<a href="http://www.dearbornnational.com">www.dearbornnational.com</a>
<b>FLEXIBLE SPENDING ACCOUNT</b>	Flores Administrators	704-335-8211	<a href="http://www.flores-associates.com">www.flores-associates.com</a>
<b>HEALTH SAVINGS ACCOUNT</b>	Health Equity	866-346-5800	<a href="http://www.healthequity.com">www.healthequity.com</a>
<b>TEXAS MUNICIPAL RETIREMENT SYSTEM</b>	TMRS	800-924-8677	<a href="http://www.tmrs.com">www.tmrs.com</a>
<b>EMPLOYEE ASSISTANCE PLAN (EAP)</b>	Alliance Work Partners	800-343-3822	<a href="http://www.awpnow.com">www.awpnow.com</a>
<b>Financial Wellness Program</b>	FinPath	833-777-6545	<a href="http://Finpathwellness.com/register">Finpathwellness.com/register</a>
<b>HUB International</b>	David Joza	512-600-5203	<a href="http://www.hubinternational.com">www.hubinternational.com</a>

# Enrollment Instructions

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## Enrolling & Making Changes

Open Enrollment is your opportunity to add, cancel, or make changes to your benefits for the 2026 plan year, effective January 1, 2026.

All employees must complete their enrollment in benefits through Benefit Connector. When you complete Open Enrollment, you will need to verify that your e-mail, mailing address, and cell phone number are current. You will also need social security numbers and proof of identity for any dependents you are adding to the plan for the first time. For enrollment assistance, contact the Human Resources Department at (806) 296-1139 or (806) 296-1151.

## Wellness and Tobacco User Credits

Employees are encouraged to take advantage of the wellness fair provided by the city and covered under the city's medical plan. Employees who participate in the annual employee wellness fair or have an annual wellness screening will have the privilege of maintaining a lower premium for medical insurance. Also, employees who are non-tobacco users will have the privilege of maintaining a lower premium for medical insurance. Review the Wellness and Tobacco Cessation Affidavit for more information.

Non-completion of the Wellness and Tobacco Cessation Affidavit by December 1st annually will result in a surcharge on the first premium deduction for the new plan year.

## Spousal Surcharge

Employees enrolling their spouse in City of Plainview's medical plan will be assessed a "Spousal Surcharge" of \$100 per month (\$50 per pay period) if the spouse is offered medical coverage through their employer.

Making this change allows the City of Plainview to maintain affordable coverage for employees and their children, while non-working spouses and those without employer coverage are still eligible to be enrolled without a surcharge applied.

Non-completion of the Spousal Affidavit by December 1st annually will result in a surcharge on the first premium deduction for the new plan year.

## New Hires

Benefits will begin on the 1st of the month following 60 days of employment.

## New Hire Medical Plan Option

New employees who would like to enroll in the city's health plan, the high deductible health plan will be the only option available. A health savings account will be opened for the employee, and the city will contribute to it on a prorated basis. New employees will have the option to change health plans during open enrollment in the fall of 2026 for the next plan year beginning January 1, 2027.

# Registering and Enrolling on Benefit Connector

## Step 1

Log on to: <https://cityofplainview.benefitconnector.com/>  
or with your mobile device use the following QR Code.



## Step 2

If you have never accessed the site, you must **register**.

- From the log in screen, click 'register' to begin registration process.

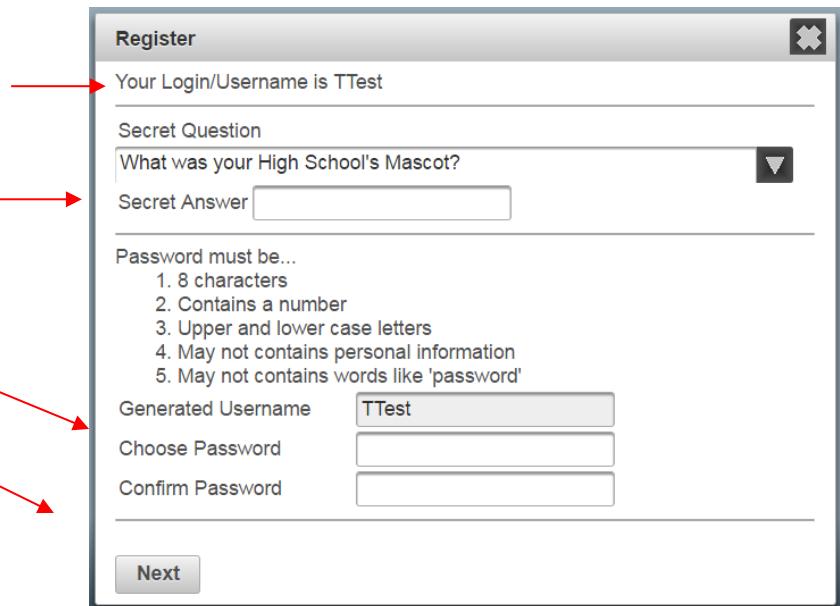
## Step 3

- Enter the **Registration Information**  
Last Name, Date of Birth, Last 4-Digits of SS#.
- Click 'Next' to continue.



## Step 4

- Make note of your **Login/Username**
- Select and answer a **Secret Question**
- Create and verify a **Password**.(password strength is displayed as developed).
- Click 'Next' to continue.



Be sure to remember your Login/Username and Password for future access to Benefit Connector.

If you forget your Password, it can be reset it by following the instructions for '**Forgot Login/Password**' on the log in screen.

# Eligibility

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If you are a full-time employee who regularly works a minimum of 30 hours per week, you are eligible to participate in the City of Plainview's benefit plans.

## Dependent Eligibility

### Who is eligible to add to your benefit plans?

You may cover your legal spouse on our medical, dental, vision, and life insurance plans. If your legal spouse is a benefit eligible employee at the City of Plainview, you may not cover him/her under spouse life insurance. Children's eligibility varies by plan.

**Medical Insurance:** A child may be covered under our medical plan through the end of the month during which he/she reaches age 26. Student status does not affect eligibility for medical coverage.

**Dental, Vision, and Life Insurance:** An unmarried, dependent child may be covered through the end of the month during which he/she reaches age 26. Student status does not affect eligibility for medical coverage.

**Flexible Spending Accounts:** Claims incurred by you, your legal spouse, and qualifying children are reimbursable under an FSA.

**You must cover yourself on any plans that you wish to enroll a dependent(s) in. See the Summary Plan Descriptions for more information about dependents and their eligibility.**

## Dependent Verification Required

Documentation will be required to enroll a dependent in medical, dental or vision coverage. Verification of a dependent can include a copy of a birth certificate, or a copy of a marriage license proving the dependent relationship.



# What Constitutes a Qualifying Life Event?

During the plan year employees may change their benefit elections only if a Qualifying Life Event (QLE) occurs. You must notify Human Resources within 30 days of the QLE. In case of a newborn, you have 60 days from birth to add them to your medical plan only. All other benefits are still 30 days.

Qualifying Life Event	Benefits Allowed to Change									Documentation
	Medical	Dental	Vision	Supp. EE Life	Vol. Sp. Life	Vol. Child Life	Dep. Care	Health Care	Beneficiaries	
Change in marital status: - Marriage - Divorce or Annulment - Legal Separation - Domestic Partner Dissolution - Death of Spouse	✓	✓	✓		✓		✓	✓	✓	Marriage Certificate Divorce Decree Final Court Document Notarized Statement of Disenrollment Death Certificate
Change in the number of dependents: - Birth - Adoption - Guardianship of a Child - Death of a Dependent	✓	✓	✓			✓	✓	✓	✓	Birth Certificate Adoption Agreement Court Decree for Guardianship Death Certificate
Dependent Becomes Eligible	✓	✓	✓	✓	✓	✓	✓	✓	✓	Provide Name, Social Security Number, and Date of Birth
Dependent Loses Other Coverage	✓	✓	✓				✓	✓	✓	Proof of Loss of Coverage, (such as termination letter) Certificate of Creditable Coverage
Dependent Gains Other Coverage	✓	✓	✓				✓	✓	✓	Proof of Coverage with start date of benefits and name(s) of covered dependents
A change in Employee's, spouse's, or dependent's work hours (including a switch between full and part-time status)	✓	✓	✓				✓	✓	✓	Proof of loss of Coverage due to employment status change, such as a Certificate of Creditable Coverage or letter from the company
Change in Dependent Care Costs							✓			Letter from your Day Care Provider
Court Ordered Dependent, add or drop from coverage	✓	✓	✓			✓	✓	✓	✓	Contact your Benefits Team Directly

# Medical Benefits – Blue Cross Blue Shield

Here is a snapshot of the coverage options provided under the 2026 Medical plan(s). For a complete summary of medical benefits, please refer to the plan summaries provided.

BENEFITS –BlueCross Blue Shield of Texas		HDHP Plan w/ HSA	Standard Plan
Deductible	Network	\$3,500 Individual/ \$7,000 Family	\$2,000 Individual/ \$4,000 Family
	Non-Network	\$10,000 / \$20,000	\$10,000 / \$20,000
Out-of-Pocket Maximum	Network	Includes Deductible \$4,000 Individual/ \$8,000 Family	Includes Deductible \$5,000 Individual/ \$10,000 Family
	Non-Network	Unlimited	Unlimited
Co-insurance	Network	80%	80%
	Non-Network	60%	Deductible/50%
		You Pay	You Pay
PCP Office Visit	Network	Deductible/20%	\$20 Copay
	Non-Network	Deductible/40%	Deductible/50%
Specialist Office Visit	Network	Deductible/20%	\$50 Copay
	Non-Network	Deductible/40%	Deductible/50%
Wellness Visit	Network	Covered at 100%	Covered at 100%
	Non-Network	Deductible/40%	Deductible/50%
Telemedicine - MDLive	Network	Deductible/20%	\$20 Copay
	Non-Network	Deductible/40%	Deductible/50%
Urgent Care	Network	Deductible/20%	\$75 Copay
	Non-Network	Deductible/40%	Deductible/50%
In-Patient & Out-Patient Hospital	Network	Deductible/20%	Deductible/20%
	Non-Network	Deductible /40%	Deductible/50%
Emergency Transportation	Network	Deductible/20%	Deductible/20%
	Non-Network		
Emergency Room	Network	Deductible/20%	\$250 Copay + 20%
	Non-Network		\$250 Copay + 20%
Prescriptions	Generic/Brand/Non-Formulary	Deductible, then: \$10/\$35/\$75	\$10/\$35/\$75
	Mail Order (90 Days)		\$10/\$35/\$75
Specialty Drugs (30 Day Supply)		\$150	\$150

Medical Costs (Monthly)	HDHP Plan w/ HSA	Standard Plan
Employee Only	\$0.00	\$25.00
Employee & Spouse	\$294.64	\$389.08
Employee & Children	\$241.06	\$323.08
Employee & Family	\$508.90	\$653.04

# Benefits Value Advisor

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Overwhelmed with cross-checking hospitals, doctors, and your network to get the best prices? Then meet your Benefits Value Advisor (BVA). You have 24/7 access to a personal customer service concierge dedicated to getting you the best deals on any medical expense in Texas. Contact a BVA via Blue Access for Members on the BCBSTX website, or the BCBSTX mobile app, or by calling the BCBSTX Helpline at 855-762-6084.

These trained advisors maximize your savings by keeping you up to date on all of the best options and costs for procedures by:

## Using the Member Liability Estimator (MLE)

- A price comparison tool you can also access on the BCBSTX website that has more than 1600 procedures you can search for the best price one.
- All results are tailored to your plan, including deductibles and history, if you access the MLE tool through your login.
- You can search by doctor, hospital, or procedure.

## Being your personal medical secretary

- Your BVA may find you a better option that can save you money. If so, they'll take care of everything. Your BVA will cancel your previous appointment, reschedule with a more cost-efficient provider, and then contact your Primary Care Provider letting them know of the change.
- Your BVA will provide you with "after-call summaries" to ensure you have a written breakdown of how you can get the best price on · Your BVA will provide you with "after-call summaries" to ensure you have a written breakdown of how you can get the best price on your procedure.

# Telemedicine

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## MDLIVE®

Remotely connect with a board-certified doctor via online video, mobile app, or phone, anytime, anywhere and address a variety of non-emergency care issues. MD Live doctors can also send prescriptions to nearby pharmacies for many common medical conditions. Register for MD Live benefits through Blue Access for Members then download the app.

• Allergies	• Headache	• Tonsilitis
• Acid Reflux	• Laryngitis	• Upset Stomach
• Acute Bronchitis	• Nasal Congestion	• UTI (Females, 18+)
• Asthma	• Nausea	• Vomiting
• Cold & Flu	• Neck Pain	• And more
• Cough	• Sinus Problems	
• Hay Fever	• Sore Throat	



# 24/7 Nurseline



BlueCross BlueShield  
of Texas

**24/7 Nurseline**  
**Nurses available anytime  
you need them.**



**Health happens – good or bad, 24 hours a day, seven days a week. That is why we have registered nurses waiting to talk to you whenever you call our 24/7 Nurseline.**

Our nurses can answer your health questions and try to help you decide whether you should go to the emergency room, urgent care center or make an appointment with your doctor. You can also call 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- Asthma
- Dizziness or severe headaches
- Cuts or burns
- Back pain
- High fever
- Sore throat
- Diabetes
- A baby's nonstop crying
- And much more



Call **800-581-0393** to reach the  
24/7 Nurseline and talk to a nurse.  
Hours of Operation: Anytime

# Urgent Care vs. Emergency Rooms



## Where to Go for Care

What do you do if your clutch player breaks an arm in the big game? Or you slice your finger chopping veggies? Or have stomach cramps after last night's sushi date? Often the choice is clear. If you have signs of a heart attack, it's best to go to the emergency room. But what if you have a sore throat? Or lower back pain?

Knowing where to go can make a big difference in the cost of your care — especially when you use in-network providers.



### We make it easy to find independently contracted, in-network providers near you:

- Go to [bcbstx.com](http://bcbstx.com) and click **Find Care**
- For personalized search results, log in or register at [bcbstx.com](http://bcbstx.com) and search in Blue Access for Members<sup>SM</sup>
- Call Customer Service at the number on your ID card

#### Doctor

Is your blood pressure high? Are allergies making you miserable? Can't sleep? Your go-to provider is a good place to start. Some even offer telemedicine. If you need a specialist, your doctor will tell you.



**Good for:** health exams, shots, cough, sore throat

**Wait time:** check with office

**Cost:** in network \$ out of network \$\$

#### Retail Health Clinic

Need a flu shot? Feel queasy? Have an ear ache or rash? Many grocery stores and pharmacies have on-site medical clinics. Some may even see patients evenings, weekends and holidays.



**Good for:** headache, stomach ache, sinus pain

**Wait time:** check with clinic

**Cost:** in network \$ out of network \$\$

## Urgent Care Center

Sprain your ankle? Have a monster migraine? Can't stop coughing? These centers offer non-emergency care when your doctor's office isn't open evenings, weekends or holidays. Some may offer online booking.

**Good for:** back pain, vomiting, animal bite, asthma

**Wait time:** often less than ER

**Cost:** in network \$\$ out of network \$\$\$



## Hospital ER

Worried you may be having a heart attack? Did you black out after a nasty fall? Are you coughing up blood? ER doctors and staff are trained to treat serious and life-threatening health issues 24/7.

**Good for:** chest pain, bleeding, broken bones

**Wait time:** varies

**Cost:** \$\$\$



### Know the Difference:

#### Freestanding ER vs. Urgent Care Center

Freestanding ERs look a lot like urgent care centers, but are not affiliated with a hospital. Nearly all are out of network. You could end up with a hefty bill (or several bills). You might even be sent to a hospital ER for care! Here are ways to spot a freestanding ER:

1. Look for "Emergency" on the building exterior.
2. Check the hours. If it's open 24/7, it's a freestanding ER. Urgent care centers close at night.
3. Confirm it's not connected to a hospital.
4. Ask if it follows the copay, coinsurance and deductible payment model.

**If you need emergency care, call 911 or seek help from any doctor or hospital immediately.**

**Note:** Many health care providers offer telehealth appointments. Ask your preferred provider if they do and if it is appropriate for your condition(s).

Members are strongly advised to search and verify the network status of any health care provider or facility before receiving care to avoid unexpected charges. Network participation may change, and it is the member's responsibility to review whether a provider is in network at the time of service.

Examples given for each care scenario are not intended as an exhaustive list. You may seek care and be treated for other conditions or illnesses other than those cited as examples.

Information provided in this flier is not intended as medical advice, nor meant to be a substitute for the individual medical judgment of a doctor or other health care professional. Please check with your doctor for individualized advice on the information provided. Coverage may vary depending on your specific benefit plan and use of network providers. For questions, please call the number on your member ID card.



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## FIX PAIN FAST!

## NEW HEALTH PLAN BENEFIT

For all employees and dependents on the  
BlueCross BlueShield medical plan offered by  
City of Plainview

Airrosti is an in-network benefit!

**Airrosti providers are experts at diagnosing and rapidly resolving the source of your injury.**

Each patient receives one full hour of assessment, diagnosis, treatment, and education designed to eliminate the pain associated with many common conditions, allowing you to quickly and safely return to activity - usually within 3 visits (based on patient-reported outcomes).



### Schedule Your Appointment Today!



**3.2**

visits average to complete injury resolution\*  
\*Based on patient reported outcomes



**9,000+**  
SURGERIES AVOIDED



**40%**  
THE AVERAGE COST  
OF OTHER CARE

**(800) 404-6050 | AIRROSTI.COM**



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# Generic Drugs: Questions and Answers

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## What are generic drugs?

A generic drug is identical -- or bioequivalent -- to a brand name drug in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. Although generic drugs are chemically identical to their branded counterparts, they are typically sold at substantial discounts from the branded price. According to the Congressional Budget Office, generic drugs save consumers an estimated \$8 to \$10 billion a year at retail pharmacies. Even more billions are saved when hospitals use generics.

## Are generic drugs as effective as brand-name drugs?

Yes. A generic drug is the same as a brand-name drug in dosage, safety, strength, quality, the way it works, the way it is taken and the way it should be used. The FDA requires generic drugs have the same high quality, strength, purity and stability as brand-name drugs.

Not every brand-name drug has a generic drug. When new drugs are first made, they have drug patents. Most drug patents are protected for 20 years. The patent, which protects the company that made the drug first, doesn't allow anyone else to make and sell the drug. When the patent expires, other drug companies can start selling a generic version of the drug. But, first, they must test the drug and the FDA must approve it.

Creating a drug costs lots of money. Since generic drug makers do not develop a drug from scratch, the costs to bring the drug to market are less; therefore, generic drugs are usually less expensive than brand-name drugs. Generic drug makers must show that their product performs in the same way as the brand-name drug.

## How are generic drugs approved?

Drug companies must submit an abbreviated new drug application (ANDA) for approval to market a generic product. The Drug Price Competition and Patent Term Restoration Act of 1984, more commonly known as the Hatch-Waxman Act, made ANDAs possible by creating a compromise in the drug industry. Generic drug companies gained greater access to the market for prescription drugs, and innovator companies gained restoration of patent life of their products lost during FDA's approval process.

New drugs, like other new products, are developed under patent protection. The patent protects the investment in the drug's development by giving the company the sole right to sell the drug while the patent is in effect. When patents or other periods of exclusivity expire, manufacturers can apply to the FDA to sell generic versions.

The ANDA process does not require the drug sponsor to repeat costly animal and clinical research on ingredients or dosage forms already approved for safety and effectiveness. This applies to drugs first marketed after 1962.

## What standards do generic drugs have to meet?

Health professionals and consumers can be assured that FDA approved generic drugs have met the same rigid standards as the innovator drug. To gain FDA approval, a generic drug must:

- contain the same active ingredients as the innovator drug (inactive ingredients may vary)
- be identical in strength, dosage form, and route of administration
- have the same use indications
- be bioequivalent
- meet the same batch requirements for identity, strength, purity, and quality
- be manufactured under the same strict standards of FDA's good manufacturing practice regulations required for innovator products

# GoodRx

Access Good Rx at [www.goodrx.com](http://www.goodrx.com) or download the free app for your smart phone to have instant access to current discounts and coupons for your prescriptions.

- Know out-of-pocket costs in real time

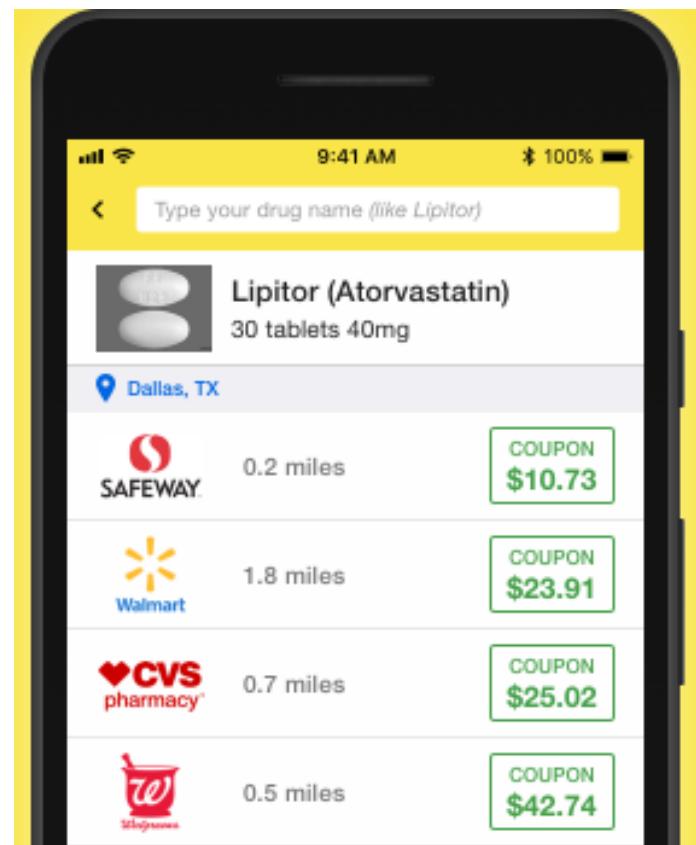
Employees save money by seeing their personalized out-of-pocket for a drug being prescribed at local pharmacies including any special coupons or discounts you can use. The cost of a prescription can differ by more than \$100 between pharmacies!

- Stay up to date on coverage and savings

Good RX gathers information on current prices and discounts to help you find the lowest cost pharmacy for your prescriptions. The average Good RX customer saves \$276 a year on their prescriptions!

- How to use?

Go to [www.goodrx.com](http://www.goodrx.com) or the free app and type in your drug's name and click the "Find the Lowest Price" button. Print the coupon or show the coupon on your phone to your pharmacist. Your pharmacist will input the coupon code and pull up the lowest discount available.



**GoodRx**

Mobile App   Sign Up   Log In   Help

## Stop paying too much for your prescriptions

Type your drug name (like Lipitor, Gabapentin, etc) FIND THE LOWEST PRICE

Popular searches: [Lipitor](#), [Cialis](#), [Neurontin](#), [Prilosec](#), [Synthroid](#), [Lexapro](#) | [Browse All Drugs](#)



1

**Compare prices**

GoodRx collects prices & discounts from over 60,000 U.S. pharmacies



2

**Print free Coupons**

Or send coupons to your phone by email or text message



3

**Save up to 80%**

Show the coupon to your pharmacist for massive savings on your meds

# Health Savings Account – Health Equity

## WHAT IS A HEALTH SAVINGS ACCOUNT (HSA)?

An HSA is an individually-owned, personal health care savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. Your contributions are tax-free, and the money remains in the account for you to spend on eligible expenses no matter where you work or how long it stays in the account.

An HDHP generally costs less than what traditional health care coverage costs, so the money that you save on insurance premiums can therefore be put into the Health Savings Account.

## YOUR HSA IS AN INDIVIDUALLY OWNED ACCOUNT

- You own and administer your HSA.
- You determine how much you will contribute to your account and when to use the money to pay for eligible health care expenses.
- You can change your contribution during the plan year without a qualifying event (allowed one time per month).
- Like a bank account, you must maintain a balance in order to pay for eligible healthcare expenses.
- Keep all receipts for tax documentation.
- An HSA allows you to save and “roll over” money from year to year.
- The money in the account is always yours, even if you change health plans or jobs.
- There are no vesting requirements or forfeiture provisions.

## YOU ARE ELIGIBLE TO OPEN AND FUND AN HSA IF YOU MEET ALL OF THE CRITERIA BELOW:

- You are enrolled in a HDHP/HSA plan.
- You are not covered by another health plan (unless it is an HSA-qualified plan), healthcare FSA (including a spouse’s healthcare FSA), or health reimbursement arrangement.
- You are not eligible to be claimed as a dependent on someone else’s tax return.
- You are not enrolled in Medicare or TRICARE for Life.

## WHAT IS A HIGH DEDUCTIBLE HEALTH PLAN (HDHP)?

You must have an HDHP if you want to open an HSA or keep contributing to an existing HSA. The HDHP is usually a less expensive health insurance plan that generally doesn’t pay for the first several thousand dollars of health care expenses (i.e., your “deductible”) but will generally cover you after that. Preventive Care services including physician services, lab and routine x-rays are covered at 100%. Of course, your HSA is available to help you pay for the expenses your plan does not cover.

## 2026 IRS CONTRIBUTION LIMITS

### COVERAGE LEVEL

Employee Only	\$4,400
Employee + Spouse Employee + Child(ren) Family	\$8,750
Catch-Up Contribution (Individuals 55 or Older)	\$1,000

For more information on HSA Accounts visit  
<https://www.irs.gov/pub/irs-pdf/p969.pdf>

# Health Savings Account (HSA)

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## HSA ADVANTAGES AND HOW DOES THE HSA PLAN WORK?

1. Contributions are made to the HSA by the City of Plainview. **The City of Plainview's 2026 contribution is \$1,500 for single coverage for the year and \$2,000 for Employee & Spouse, Child(ren), or Family coverage. If you are a newly hired employee after January 1st, your contribution amount will be pro-rated accordingly.** You can also elect to make your own additional contribution to the HSA at Open Enrollment which would be taken out of your paycheck on a pre-tax basis. That money is available to pay for the qualifying medical expenses throughout the year.
2. When you need medical care and visit the doctor, emergency room or hospital, you will be responsible for the full cost of the visit (minus any network discounts). You can use the HSA account funds to pay for that visit at the time of the service, you can reimburse yourself at the end of the year or you can choose to pay for the visit out of pocket and let the HSA funds grow.
3. Unused HSA contributions carry over from year to year and remain in the HSA for the following year's medical expenses.

## CHANGES TO YOUR HSA WHEN YOU REACH 65

At age 65, you can take penalty-free distributions from the HSA for any reason. However, in order to be both tax-free and penalty-free the distribution must be for a qualified medical expense. Withdrawals made for other purposes will be subject to ordinary income taxes.

## HEALTH INSURANCE PREMIUMS

At age 65, you can use your HSA to pay for Medicare parts A, B, D and Medicare HMO premiums tax-free and penalty-free. You cannot use your HSA to pay for Medigap insurance premiums.

If your Medicare premium is automatically deducted from your Social Security check, you simply reimburse yourself directly from your HSA for the Medicare premiums paid from your Social Security payment.

## CONTINUED ELIGIBILITY FOR AN HSA

Most Americans become eligible for Medicare at age 65. Americans that begin receiving Social Security benefits prior to age 65 are automatically enrolled in Medicare at age 65. Participation in any type of Medicare (Part A, Part B, Part C - Medicare Advantage Plans, Part D, and Medicare Supplement Insurance -Medigap), makes you ineligible to contribute to an HSA. However, you can continue to use your HSA for qualified medical expenses and for other expenses as long as you have funds in your HSA.

**LOSS OF ELIGIBILITY IN MONTH YOU TURN 65.** You lose eligibility as of the first day of the month you turn 65 and enroll in Medicare.

## STOPPING MEDICARE TO RECLAIM HSA ELIGIBILITY

If you signed up for Medicare Part A and now want to decline it, you can do so by contacting the Social Security Administration. Assuming you have not begun receiving Social Security checks this will reestablish your eligibility for an HSA. If you have applied for or have begun receiving Social Security, you cannot opt out of Medicare Part A without paying the government back all the money you received from Social Security payments plus paying the government back for any money Medicare spent on your medical claims. This action will also stop future Social Security payments (until you reapply and start this cycle over again).

## SPOUSE UNDER AGE 65

If your spouse is under age 65, that may provide an avenue for continued HSA contributions. An employee however, cannot make HSA contributions into the HSA of an employee's spouse.

## Health Savings Account

An HSA lets you save money for future healthcare costs while also saving on taxes. How? HSAs are the only benefit with a triple-tax advantage:<sup>1</sup> Tax-free contributions. Tax-free account growth. And tax-free spending on HSA-qualified expenses. It's your healthcare emergency safety net.

- ✓ No use-it-or-lose-it rule, HSAs rollover every year
- ✓ Available tax-free investing, just like a 401(k)<sup>2</sup>
- ✓ Requires an eligible high-deductible health plan (HDHP)



### Don't tax your money. Max your money.

Get \$20 tax savings for every \$100 you contribute.<sup>3</sup>



### 2025 HSA Contribution Limits



**\$4,300**  
Individual plan



**\$8,550**  
Family plan

Members 55+ can contribute an extra \$1,000.



**See how much  
you can save.**

[HealthEquity.com/Learn/HSA](https://HealthEquity.com/Learn/HSA)

<sup>1</sup>HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules. | <sup>2</sup>Investments made available to HSA members are subject to risk, including the possible loss of the principal invested, and are not FDIC or NCUA insured, or guaranteed by HealthEquity, Inc. | <sup>3</sup>Example for illustration only. Estimated savings are based on an assumed combined federal and state income tax bracket of 20%. Actual savings will depend on your taxable income and tax status. HealthEquity does not provide legal, tax or financial advice.

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### Spend tax-free.

There are thousands of HSA-qualified expenses. Here are just a few:

- Medical
- Dental
- Vision
- Pharmacy
- Over-the-counter (OTC) medications
- Mental health services
- Lab fees

# Think high-deductible health plans (HDHP) cost too much? Not so fast!

On the right are three different spending scenarios that show how an HDHP paired with a Health Savings Account (HSA) can help you save money. Savings can add up fast, especially when you consider insurance premiums and potential employer HSA contributions. Remember, these are only examples. So be sure to review your plan details carefully.\*

## Defining key terms

**Premiums.** The amount you pay per year to have health insurance.

**Deductible.** The amount you must pay before your insurance kicks in.

**Coinsurance.** The percentage of healthcare expenses you may need to pay after your deductible.

**HSA employer contribution.** The amount your employer may put into your HSA just for choosing an HDHP.

## Compare your net costs.

To find net costs for your health plan options, simply add premium costs + expenses. Then subtract the employer HSA contribution (if available). Where healthcare expenses exceed your deductible, you may need to add coinsurance too. You can find it by calculating 20% of expenses after your deductible.

## How much will you save?

In each scenario, the HDHP gives you \$1,000 premium savings plus \$1,000 free money with the employer HSA contribution. So, the HDHP saves \$2,000 before we even consider healthcare expenses. This is why the HDHP is so appealing for folks like Low-spender Larry and Mid-spender Maria. HDHPs bring the potential for significant savings. But even for High-spender Hayden, the HDHP is essentially breakeven.

**Bottom line: Look beyond deductibles. Consider premium costs. And see if an employer HSA contribution is available.**

Learn more at [HealthEquity.com](https://HealthEquity.com)

\*The examples used are for illustrative purposes only.



### Low-spender Larry

\$500 est. healthcare expenses

	Traditional health plan	High-deductible health plan
Premium costs	\$3,000	\$2,000
Deductible	\$1,000	\$3,500
Out-of-pocket costs (20% coinsurance)	\$0	\$0
HSA employer contribution	\$0	\$1,000
<b>Net cost</b>	<b>\$3,500</b>	<b>\$1,500</b>



### Mid-spender Maria

\$3,000 est. healthcare expenses

	Traditional health plan	High-deductible health plan
Premium costs	\$3,000	\$2,000
Deductible	\$1,000	\$3,500
Out-of-pocket costs (20% coinsurance)	\$400	\$0
HSA employer contribution	\$0	\$1,000
<b>Net cost</b>	<b>\$4,400</b>	<b>\$4,000</b>



### High-spender Hayden

\$6,000 est. healthcare expenses

	Traditional health plan	High-deductible health plan
Premium costs	\$3,000	\$2,000
Deductible	\$1,000	\$3,500
Out-of-pocket costs (20% coinsurance)	\$1,000	\$500
HSA employer contribution	\$0	\$1,000
<b>Net cost</b>	<b>\$5,000</b>	<b>\$5,000</b>

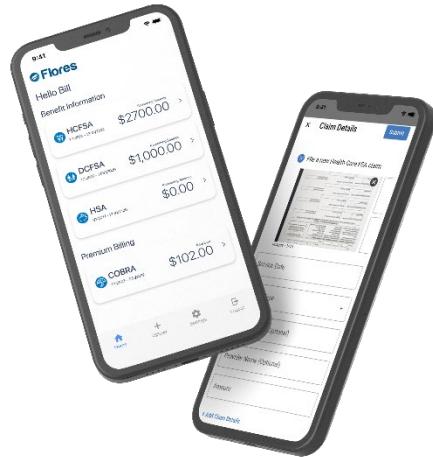
# Flexible Spending Account – Flores

A Flexible Spending Account, or FSA, lets you set aside pre-tax money from your paychecks to spend on out-of-pocket healthcare expenses (i.e. co-pays, deductibles, over-the-counter items, etc.). Money that goes into an FSA is pre-tax, so by anticipating your family's health care and dependent care costs for the next year, you can lower your taxable income.

## Health Care Reimbursement FSA

This program lets employees pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars. The annual maximum amount you may contribute to the **Health Care Reimbursement FSA for 2026 is \$3,400**. Some examples include:

- Deductible, Prescriptions & Doctor Visit Co-Payments
- Over-the-Counter Medicines with a Prescription
- Vision services, including Lasik Eye Surgery, Glasses & Contacts
- Hearing services, including hearing aids and batteries
- Orthodontics, Dental deductibles and coinsurance
- Acupuncture



## Dependent Care FSA

The Dependent Care FSA allows employees to use pre-tax dollars towards qualified dependent care for children under age 13 or caring for elders. The annual maximum amount you may contribute to the **Dependent Care FSA is \$7,500 for 2026**, (or \$2,500 if married and filing separately).

Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

### FSA Smart Tips

Cover any significant medical expenses early in the year using your FSA. You'll spend the remainder of the year paying yourself back with the regular payroll deductions.

Save your receipts as proof of purchase to be reimbursed for your health care expenses from your FSA. So, if you are making purchases that are eligible for reimbursement, you'll want to keep them separate from other items.

Take advantage of the pre-tax savings and use your FSA dollars. Remember, unused money in an FSA at the end of the year is lost.

# Limited Flexible Spending Account – Flores

## **For HSA participant use only**

If you participate in the City of Plainview High Deductible Health Plan and participate in a health savings account, you can only enroll in the limited purpose health care FSA, not the standard health care FSA.

The limited purpose health care FSA allows you to reimburse yourself for eligible dental and vision expenses.

Dental and vision expenses are also eligible under your health savings account, but you cannot claim the same expenses on both accounts.

**You cannot submit medical, 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 health savings account.**

If you have both an HSA and a limited purpose healthcare FSA...	Can you use your HSA?	Can you use your limited purpose health care FSA?
Medical expenses you incur, such as your deductible and coinsurance costs	Yes	No
Prescription drug expenses you incur	Yes	No
Over-the-counter (OTC) medication expenses	Yes, with doctor's prescription	No. Some over-the-counter medications for dental care and vision may be eligible for reimbursement.
Dental expenses, such as visits to the dentist and orthodontia (unreimbursed expenses only)	Yes	Yes
Vision expenses, such as eyeglasses and contact lenses. If enrolled in Vision Benefits, these would be expenses remaining out of your pocket after the Vision benefit is paid.	Yes	Yes

### **IRS limitations on flexible spending accounts**

- Expenses reimbursed from an FSA cannot be claimed as a medical expense on your tax return.
- Only expenses actually incurred during the calendar year are eligible for reimbursement. Expenses incurred before or after the eligibility period are not eligible, regardless of when you paid for the expenses. FSAs may not be reimbursed for future or projected expenses.
- If you do not use all the pre-tax dollars in your flexible spending account, you forfeit the amount left over. That's an Internal Revenue Service requirement.



# FSA Eligible Expenses

## General Expense Items

- Medical
  - Co-Payments
  - Co-Insurance
  - Deductibles
- Prescription Expenses
- OTC Medications
- Dental expenses (excluding cosmetic procedures)
- Orthodontia payments
- Hearing expenses
- Vision Expenses
  - Eye Exams
  - Eyeglasses
  - Contact Lenses
- LASIK surgery

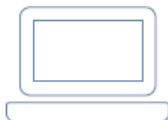
## Acceptable Over-the-Counter Items

- Acid Controllers
- Acne Medications
- Allergy & Sinus
- Antibiotic Products
- Anti-Diarrheal
- Anti-Gas, Anti-Itch & Insect Bite
- Asthma devices and Medication
- Smoking Cessation Medication
- Insulin
- Saline
- Bandages/Band-Aids Rubbing
- Cold/Hot Packs
- First Aid Kits
- Ovulation Indicators
- Pedialyte
- Blood Pressure Monitor
- Cholesterol Test
- Pregnancy Test
- Flu Shots
- Reading Glasses
- Menstrual Care Products
- Cold Sore Remedies
- Cough, Cold & Flu
- Digestive Aids
- Feminine Anti-Fungal/Anti-Itch
- Gauze and Tape
- Incontinence Supplies
- Diabetic Supplies
- Glucose Meters
- Sunscreen SPF 15+ Crutches
- Orthopedic Shoe Inserts
- Breast Pumps/Lactation Supplies
- Baby Rash
- Ointments/Creams Laxatives
- Motion Sickness
- Pain Relief
- Sleep Aids & Sedatives
- Stomach Remedies Medicated Sunburn Creams

## Non-Acceptable Over-the-Counter Items

- Aromatherapy
- Baby bottles and cups
- Baby oil
- Baby wipes
- Cosmetics
- Dental floss
- Facial care
- Fragrances
- Hair regrowth
- Oral care
- Petroleum jelly
- Shampoo & conditioner
- Skin care
- Spa salts
- Sunscreen/tanning products
- Teeth Whitening Products
- Tooth brushes
- Toiletries (i.e. Deodorants, Fragrances, and Tissues)

### HOW DO I OBTAIN MY ACCOUNT DETAILS?



#### WEBSITE

Visit [www.flores247.com](http://www.flores247.com) and log in using Participant ID or User Name and password



#### MOBILE APP

Download our mobile app from your app store



#### PID & PASSWORD ASSISTANCE

Dial 800.840.7684

### HOW DO I SUBMIT DOCUMENTS TO FLORES?

#### ONLINE

Visit [www.flores247.com](http://www.flores247.com) and upload documents securely

#### MOBILE

Download Flores Mobile app Available for Apple or Android devices

#### MAIL

Flores & Associates, LLC  
PO Box 31397  
Charlotte, NC 28231

#### FAX

800.726.9982 or 704.335.0818

Revised 10/24

# Dental – Blue Cross Blue Shield

Here is a snapshot of the coverage provided under the 2026 Dental plan. For a complete summary of dental benefits, please refer to the plan summaries provided.

BENEFITS	BlueCare Dental PPO
<b>Type I – Preventive Services</b> Oral examinations (2 Per Year) X-rays Cleanings (2 Per Year)	No Waiting Period  100%
<b>Type II – Basic Services</b> Basic Restorative - Fillings Non-Surgical Extractions Non-Surgical Periodontics Endodontic Services Oral Surgery Surgical Periodontal Services	No Waiting Period  80%
<b>Type III – Major Services</b> Crowns Major Restorative Services Removable / fixed bridge-work Partial or complete dentures Misc. Restorative & Prosthodontic Services	No Waiting Period  50%
<b>Type IV - Orthodontia</b> Adult & Dependent	No Waiting Period 50%
Annual Deductible	
Individual	\$50
Family	\$150
Annual Maximums	
Dental Annual Maximum	\$1,500
Orthodontia Lifetime Maximum	\$1,500
Network – BlueCare Dental	<a href="http://www.bcbstx.com">www.bcbstx.com</a>

**NOTE:** This is a brief summary and not intended to be a contract.

Dental Costs	Monthly
Employee Only	\$28.60
Employee & Spouse	\$59.10
Employee & Children	\$76.20
Employee & Family	\$105.10

# Vision – Surency

Here is a snapshot of the coverage provided under the 2026 vision plan. For a complete summary of vision benefits, please refer to the plan summaries provided.

BENEFITS		Surency
<b>Eye Exam</b>	Network	\$10 Copay
	Non-Network	Up to \$35 Reimbursement
<b>Frames/ Lens</b>		
<b>Single Vision</b>	Network	\$25 Copay
	Non-Network	Up to \$25 Reimbursement
<b>Bifocal Lenses</b>	Network	\$25 Copay
	Non-Network	Up to \$40 Reimbursement
<b>Trifocal Lenses</b>	Network	\$25 Copay
	Non-Network	Up to \$55 Reimbursement
<b>Frames</b>	Network	\$130 Allowance
	Non-Network	Up to \$65 Reimbursement
<b>Contacts In Lieu of Glasses</b>		
<b>Network</b>	Medically Necessary	Covered in Full
	Elective	\$130 Allowance, 15% discount on balance
<b>Non-Network</b>	Medically Necessary	Up to \$200 Reimbursement
	Elective	Up to \$90 Reimbursement
<b>Exam Frequency</b>		12 Months
<b>Lens Frequency</b>		12 Months
<b>Frames Frequency</b>		24 Months
<b>Network Website - EyeMed Insight Network</b>		<a href="http://www.surency.com">www.surency.com</a>

**NOTE:** This is a brief summary and not intended to be a contract.

Vision Costs		Monthly
Employee Only		\$4.65
Employee & Spouse		\$9.91
Employee & Children		\$10.42
Employee & Family		\$16.78

# Life & AD&D Benefits – Dearborn National

The City of Plainview provides Basic Life and AD&D (Accidental Death and Dismemberment) insurance for you as a full-time employee at no additional cost. If you would like to purchase additional life insurance for yourself and/or your dependents, please see the Voluntary Life Insurance page for more information.

## BENEFICIARY INFORMATION

Remember, it is important to designate beneficiaries for all of your insurance policies that require them. If you don't, laws may cause death benefits to be distributed differently than you had planned resulting in additional taxes and may unnecessarily delay the process of finalizing payment to your loved ones. You should regularly review and, if necessary, update your beneficiary designations. You can update your beneficiary at any time by *submitting a new beneficiary form to Human Resources*.

BASIC LIFE/AD&D BENEFITS	Dearborn National
<b>Basic Life &amp; AD&amp;D Schedule</b>	\$25,000
<b>Guarantee Issue Amount</b>	\$25,000
<b>Maximum Amount</b>	\$25,000
<b>Conversion</b>	Included

**NOTE:** This is a brief summary and not intended to be a contract.

## HOW MUCH INSURANCE DO YOU NEED

Your need for insurance will vary at different times of your life — so you'll want to recognize these changing needs and be prepared to act.

When you're a young adult, and you're single, life insurance will probably not be that big of a priority. And even married couples without children typically have little need for life insurance; if both spouses contribute equally to household finances, and you don't own a home, the death of one spouse will generally not be financially catastrophic for the other.

When you have children, your life insurance needs will typically increase greatly. In fact, it's a good idea for both parents to carry enough life insurance to pay off a mortgage and raise and educate the children, because the surviving parent's income may be insufficient for these needs. How much insurance do you need?

Once you've reached the "empty nest" stage, and your kids are grown and living on their own, you may need to re-evaluate your insurance needs. You might be able to lower your coverage, but if you still have a mortgage, you probably will want to keep enough insurance to pay it off.

After you retire, you may have either paid off your mortgage or moved into a condominium or apartment, so you may require even less life insurance than before. But it's also possible that your need for life insurance will remain strong.



# Voluntary Life and AD&D – Dearborn National

The City of Plainview provides employees the option to purchase additional Life and AD&D (Accidental Death and Dismemberment) insurance for yourself, spouse, and dependents.

<b>VOLUNTARY LIFE BENEFITS</b>		<b>Dearborn National</b>
Class Description	All Full Time Employees	
Definition of Earnings	Base Annual Earnings	
Employee Life Schedule	\$10,000- \$500,000, Increments of \$10,000	
Employee Maximum Benefit	\$500,000	
Employee Guarantee Issue Amount	\$100,000*	
Annual Open Enrollment	During annual open enrollment, Employees and/or spouses who chose not to sign up at initial enrollment are required to provide evidence of insurability for the full amount requested. Employees who enrolled for voluntary life and AD&D coverage at initial eligibility, and who apply for additional voluntary life coverage during open enrollment, will be eligible for up to \$10,000 of additional coverage without evidence of insurability up to the guaranteed issue level.	
Age Reduction Schedule	to 65% at age 70-74 to 45% at age 75-79 to 30% at age 80-84 to 15% at age 85+	
Waiver of Premium	Disabled Prior to age 60, 6-month Elimination Period, to age 65	
Accelerated Death Benefit	50% of benefit to a max of \$150,000	
Spouse Life Schedule	Increments of \$10,000	
Spouse Maximum Benefit	\$10,000	
Spouse Guarantee Issue Amount	\$10,000	
Child(ren) Life Schedule	6 months to age 26- \$10,000	
Conversion	Included	
Portability	Included	
Suicide Clause	1 year	
<b>FINANCIALS (per \$1,000)</b>		
<b>Age of Employee</b>	Employee	
Up to 24	\$0.08	
25 – 29	\$0.08	
30 – 34	\$0.08	
35 – 39	\$0.12	
40 – 44	\$0.19	
45 – 49	\$0.28	
50 – 54	\$0.48	
55 – 59	\$0.82	
60 – 64	\$1.29	
65 – 69	\$2.03	
70 – 74	\$3.23	
75+	\$5.72	
<b>Employee AD&amp;D Rate (per \$1,000)</b>	\$0.05	
<b>Spouse Life Rate (per \$10,000)</b>	\$2.00	
<b>Child(ren) Rate (per \$10,000)</b>	Life - \$2.00	

\*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.

# Employee Assistance Plan – Alliance Work Partners

## City of Plainview

### Employee Assistance Program (EAP)

Alliance Work Partners is  
here for you as life happens.



AWP is proud to serve as your EAP, offering you and your household valuable, confidential services at no cost to you.

Your benefits are designed to help you manage daily responsibilities, major events, work stresses, or any issue affecting your quality of life.



All benefits can be  
accessed by calling:  
toll free  
**1-800-343-3822**

TDD  
**1-800-448-1823**  
teen line

**1-800-334-TEEN (8336)**

We are available to take your call  
24 hours a day, 7 days a week.



Visit your EAP website at  
**awpnow.com**

and create a  
customized account.

Go to  
<https://www.awpnow.com>  
select "Access Your Benefits"

Registration Code:  
**AWP-COPV-4508**

### Your EAP Benefits:

#### LawAccess

Legal and Financial services provided by a lawyer or financial professional specializing in your area of concern. Available online or by telephone.

#### HelpNet

Customized EAP website featuring resources, skill-building tools, online assessments and referrals.

#### WorkLife

Resources and referrals for everyday needs.  
Available by telephone.

#### PlanWell

Online tools and resources to help improve your finances and track financial goals.

#### SafeRide

Reimbursement for emergency cab fare for eligible employees and dependents that opt to use a cab service instead of driving while impaired.

#### 1 to 6 Counseling Sessions

Per problem, per year. Short-term counseling sessions which include assessment, referral, and crisis services. *(Same day appointments available for urgent/crisis callers, or facilitation of immediate hospitalization)*

#### Newsletters

Webinar Training Series  
Tips for Everyday Living

*Here for you as life happens ...*



# Employee Assistance Plan – Alliance Work Partners



**City of Plainview**  
Employee Assistance Program (EAP)

## Criteria for Benefits Eligibility

### **Full Benefits:**

- Employee, retiree, married/divorced spouse, partner, significant other
- Any household member, regardless of age or relationship, residing in employee's home, including significant other and their children
- All covered employees may bring anyone with them to their authorized/covered sessions regardless of relationship to employee.
- Children and grandchildren, age 26 or under, residing in US or Puerto Rico. This includes children and grandchildren of significant other or partner.
- Any person meeting benefit eligibility prior to lay-off or termination of an employee will continue to be eligible for benefits up to 6 months from the date of employee's lay-off or termination. Benefits are extended for 6 months from date of employee's call within this timeframe.

### **Assessment & Referral:**

- Children and grandchildren age 27 and over of employee, married/divorced spouse, partner, or significant other living outside employee's home
- Employee instructed by law to receive court-ordered counseling
- All crisis cases (suicidal/homicidal, domestic violence, chemical dependence, substance abuse, child/elderly abuse) not otherwise covered
- Any person meeting benefit eligibility prior to lay-off or termination of an employee will continue to be eligible for assessment and referral after 6 months and up to 1 year from the date of employee's lay-off or termination. Benefits are extended 1 year from date of employee's call within this timeframe.

### **Information & Referral:**

- Anyone contacting Alliance Work Partners regardless of contract status



# Financial Wellness Program - FinPath



## Empowering the shift from surviving to thriving

In the United States, 7 in 10 Americans report high levels of financial stress. We're here to change that.

If you've ever felt like you're living paycheck to paycheck or like your dollar can go farther, we have just the tools to make a difference. And it's all available at **no cost to you**.



### Meet FinPath

FinPath is a financial education program paid for by your employer to help you take control of your finances and reduce your financial stress. With FinPath, focusing on your financial goals and getting answers to your questions is easy.

Here's what you get:

#### **Unlimited 1:1 Coaching**

Personalized, confidential coaching sessions tailored to your financial needs

#### **Financial Health Tools**

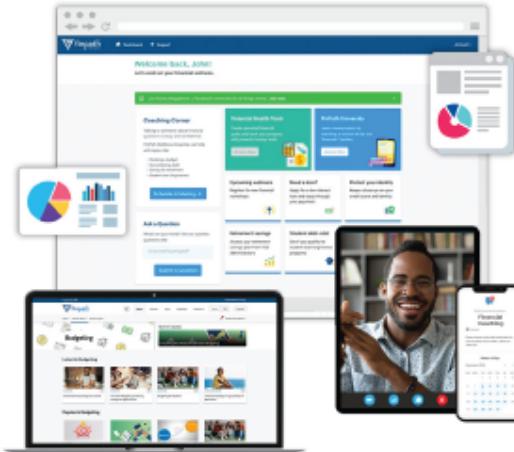
Over 30+ tools to help you budget, reduce debt, plan for emergencies, and more!

#### **FinPath University**

Participate in live and self-paced courses accessible anytime, anywhere

#### **FinPath Perks**

Get rewarded by building better financial habits through monthly gift card raffles, including a \$1,000 giveaway



**Activate your free account in 3 easy steps!**

1. Head to [finpathwellness.com/register](http://finpathwellness.com/register)
2. Enter your work email address
3. Check your email for your unique activation link

**Have Questions?  
Get Answers.**

833-777-6545 

[finpathwellness.com/support](http://finpathwellness.com/support) 



PLAINVIEW, TX  
*explore the opportunities*

# TMRS Retirement Plan

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To help you prepare for the future, the City of Plainview participates in the TMRS Plan as part of its benefits package. Here are some of the plan highlights.

- ❖ Mandatory Employee contribution 7%
- ❖ Contribution matched by the City 2:1
- ❖ Vesting after 5 years
- ❖ Retirement after 25 years or Age 60 with 5- years of service
- ❖ Coverage becomes effective on Date of Hire.



**For additional personal account information or to add other eligible service credit, please contact TMRS at:**

Contact: 1-800-924-8677  
Website: [www.tmrs.com](http://www.tmrs.com)

## Optional Supplemental Benefits

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If you have questions regarding optional supplemental benefits, please contact them directly.

If You Have Questions About	Contact	By Phone	On the Internet
<b>Air Ambulance Benefit</b>	<b>AirMedCare Network</b>	800-793-0010	<a href="http://www.airmedcarenetwork.com">www.airmedcarenetwork.com</a>
<b>AFLAC Supplementary Benefits</b>	<b>Aflac</b>	800-433-3036	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>
<b>Country Club Membership</b>	<b>Plainview Country Club</b>	806-293-2445	<a href="http://www.plainviewcc.com">www.plainviewcc.com</a>
<b>457 Deferred Compensation</b>	<b>Corbridge Financial Services (VALIC)</b>	800-448-2542	<a href="http://www.corebridgefinancial.com">www.corebridgefinancial.com</a>
<b>YMCA</b>	<b>YMCA</b>	806-293-8319	<a href="http://www.plainviewymca.org">www.plainviewymca.org</a>

# Glossary of Health Coverage & Medical Terms

This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)

## **Allowed Amount**

Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)

## **Appeal**

A request for your health insurer or plan to review a decision or a grievance again.

## **Balance Billing**

When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A preferred provider may not balance bill you for covered services.

## **Co-insurance**

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

## **Complications of Pregnancy**

Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

## **Co-payment**

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

## **Deductible**

The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services

subject to the deductible. The deductible may not apply to all services.

## **Durable Medical Equipment (DME)**

Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

## **Emergency Medical Condition**

An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

## **Emergency Medical Transportation**

Ambulance services for an emergency medical condition.

## **Emergency Room Care**

Emergency services you get in an emergency room.

## **Emergency Services**

Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

## **Excluded Services**

Health care services that your health insurance or plan doesn't pay for or cover.

## **Grievance**

A complaint that you communicate to your health insurer or plan.

## **Habilitation Services**

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

## **Health Insurance**

A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium.

## **Home Health Care**

Health care services a person receives at home.

## **Hospice Services**

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

## **Hospitalization**

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

## **Hospital Outpatient Care**

Care in a hospital that usually doesn't require an overnight stay.

## **In-network Co-insurance**

The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network co-insurance usually costs you less than out-of-network co-insurance.

## **In-network Co-payment**

A fixed amount (for example, \$15) you pay for covered health care services to providers who contract with your health insurance or plan. In-network co-payments usually are less than out-of-network co-payments.

## **Medically Necessary**

Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

## **Network**

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

## **Non-Preferred Provider**

A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers.

## **Out-of-network Co-insurance**

The percent (for example, 40%) you pay of the allowed amount for covered health care services to providers who do not contract with your health insurance or plan. Out-of-network co-insurance usually costs you more than in-network co-insurance.

## **Out-of-network Co-payment**

A fixed amount (for example, \$30) you pay for covered health care services from providers who do not contract with your health insurance or plan. Out-of-network co-payments usually are more than in-network co-payments.

## **Out-of-Pocket Limit**

The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

## **Physician Services**

Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

## **Plan**

A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

## **Preauthorization**

A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

## **Preferred Provider**

A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

## **Premium**

The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly.

## **Prescription Drug Coverage**

Health insurance or plan that helps pay for prescription drugs and medications.

## **Prescription Drugs**

Drugs and medications that by law require a prescription.

### **Primary Care Physician**

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

### **Primary Care Provider**

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

### **Provider**

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

### **Reconstructive Surgery**

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

### **Rehabilitation Services**

Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and

occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

### **Skilled Nursing Care**

Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

### **Specialist**

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

### **UCR (Usual, Customary and Reasonable)**

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

### **Urgent Care**

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

The benefits described in this booklet are represented for employees only.

The City of Plainview expects to continue these plans indefinitely but reserve the right to modify, amend, suspend or terminate any plan at any time and for any reason without prior notification.

You will be notified of any changes to these plans and how they affect your benefits, if at all. The plans described in this booklet are governed by insurance contracts and self-insured plan documents, which are available for examination by request of your HR Department. We have attempted to make the explanation of the plans in this booklet as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of the plans, since the written descriptions in the insurance contracts or plan documents will always govern.

2026 Plan Year



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**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 City will distribute all required notices

