



**HEWITT**  
TEXAS

2022–2023

# Benefits Guide



August 1, 2022—July 31, 2023

# Welcome

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, your family and your 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 his/her children, where applicable by state law
- Your children who are 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 7 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 30 days of employment. If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- **Open Enrollment:** Changes made during Open Enrollment are effective August 1, 2022 - July 31, 2023.

## Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified 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 or gain coverage under your spouse's/RDP's plan
- You gain access to state coverage under Medicaid or CHIP

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborn children).** 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 make your election changes.

**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, 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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# Medical Benefits

We are proud to offer you a choice among three 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.

## Baylor Scott & White HMO

With this plan, you select a primary care physician (PCP) from the participating network of providers who will coordinate your health care needs, refer you to specialists (if needed) and approve further medical treatment. Services received outside of the HMO's network are not covered, except in the case of emergency medical care.

## Baylor Scott & White POS (Point of Service)

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

## Baylor Scott & White 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 Baylor Scott & White network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars<sup>1</sup> 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](http://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 drug expenses.
- **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year.



⌘ **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 will contribute \$1,300 annually to your HSA. For new enrollees, the City of Hewitt will fund \$600 upon an employee's first-time enrollment in the HSA plan. **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        | 2022    |
|-------------------------------|---------|
| Employee Only                 | \$3,650 |
| Family (employee + 1 or more) | \$7,300 |
| Catch-up (55+)                | \$1,000 |

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans<sup>2</sup>, retire or leave the company. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

<sup>1</sup> Tax free under federal tax law; state taxation rules may apply

<sup>2</sup> You must be enrolled in a qualified health plan to contribute to an HSA.

| Key Medical Benefits –<br>Baylor Scott & White Health         | HMO Buy-Up Plan                                           |                             | HSA HDHP 100% Plan     |                             | Consumer Choice POS Plan                                  |                             |
|---------------------------------------------------------------|-----------------------------------------------------------|-----------------------------|------------------------|-----------------------------|-----------------------------------------------------------|-----------------------------|
|                                                               | In-Network Only                                           | Out-of-Network <sup>1</sup> | In-Network Only        | Out-of-Network <sup>1</sup> | In-Network Only                                           | Out-of-Network <sup>1</sup> |
| <b>Deductible</b> (per calendar year)                         |                                                           |                             |                        |                             |                                                           |                             |
| Individual / Family                                           | \$1,000 / \$2,000                                         | N/A / N/A                   | \$3,500 / \$7,000      | N/A / N/A                   | \$2,500 / \$5,000                                         | \$7,500 / \$15,000          |
| <b>Out-of-Pocket Maximum</b> (per calendar year)              |                                                           |                             |                        |                             |                                                           |                             |
| Individual / Family                                           | \$3,500 <sup>2</sup> / \$7,000 <sup>3</sup>               | N/A / N/A                   | \$3,500 / \$7,000      | N/A / N/A                   | \$5,000 / \$10,000                                        | \$15,000 / \$30,000         |
| <b>City Contribution to Your Health Savings Account (HSA)</b> |                                                           |                             |                        |                             |                                                           |                             |
| Annual Contribution                                           | N/A                                                       | N/A                         | \$1,300                |                             | N/A                                                       | N/A                         |
| <b>Covered Services</b>                                       |                                                           |                             |                        |                             |                                                           |                             |
| Office Visits (physician/specialist)                          | \$25 Copay,<br>\$0 children >18<br>Specialist \$50        | Not Covered                 | 0% after<br>Deductible | Not Covered                 | \$30 Copay,<br>\$0 children >18<br>Specialist \$60        | 50% after<br>Deductible     |
| Routine Preventive Care                                       | No charge                                                 | Not Covered                 | No charge              | Not Covered                 | No charge                                                 | 50% after<br>Deductible     |
| Outpatient Diagnostic (lab/X-ray)                             | No charge                                                 | Not Covered                 | 0% after<br>Deductible | Not Covered                 | No charge                                                 | 50% after<br>Deductible     |
| Complex Imaging                                               | 20% of charges                                            | Not Covered                 | 0% after<br>Deductible | Not Covered                 | 20% after<br>Deductible                                   | 50% after<br>Deductible     |
| Chiropractic                                                  | 20% of charges                                            | Not Covered                 | 0% after<br>Deductible | Not Covered                 | \$20 Copay                                                | 50% after<br>Deductible     |
| Ambulance                                                     | 20% of charges                                            | 20% of charges              | 0% after<br>Deductible | 0% after<br>Deductible      | 20% after<br>Deductible                                   | 20% after<br>Deductible     |
| Emergency Room                                                | \$500 Copay / 20%                                         | 20% of charges              | 0% after<br>Deductible | 0% after<br>Deductible      | \$500 Copay / 20%                                         | \$500 Copay / 20%           |
| Urgent Care Facility                                          | \$50 Copay                                                | \$50 Copay                  | 0% after<br>Deductible | 0% after<br>Deductible      | \$50 Copay                                                | \$50 Copay                  |
| Inpatient Hospital Stay                                       | 20% of charges                                            | Not Covered                 | 0% after<br>Deductible | Not Covered                 | 20% after<br>Deductible                                   | 50% after<br>Deductible     |
| Outpatient Surgery                                            | 20% of charges                                            | Not Covered                 | 0% after<br>Deductible | Not Covered                 | 20% after<br>Deductible                                   | 50% after<br>Deductible     |
| <b>Prescription Drugs (Tiers)</b>                             |                                                           |                             |                        |                             |                                                           |                             |
| Retail Pharmacy (30-day supply)                               | \$10 / \$50 / \$95                                        | Not Covered                 | 0% after<br>Deductible | Not Covered                 | \$10 / \$50 / \$95                                        | 50% after<br>Deductible     |
| Specialty Pharmacy<br>(30-day supply)                         | Tier 1 & 2:<br>\$250 Copay /<br>Tier 3:<br>20% of charges | Not Covered                 | 0% after<br>Deductible | Not Covered                 | Tier 1 & 2:<br>\$250 Copay /<br>Tier 3:<br>20% of charges | 50% after<br>Deductible     |
| Mail Order (90-day supply)                                    | \$25 / \$125 /<br>\$237.50                                | Not covered                 | 0% after<br>Deductible | Not Covered                 | \$25 / \$125 /<br>\$237.50                                | 50% after<br>Deductible     |

**Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying. 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 enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.
3. If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay eligible covered services at 100% for any individual.

## Dental Plan

We are proud to offer you the following dental plan.

**United Concordia DPPO:** This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network.

Following is a high-level overview of the coverage available.

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

| Key Dental Benefits                                                                        | United Concordia - DPPO |                             |
|--------------------------------------------------------------------------------------------|-------------------------|-----------------------------|
|                                                                                            | In-Network Only         | Out-of-Network <sup>1</sup> |
| <b>Deductible</b> (per calendar year)                                                      |                         |                             |
| Individual / Family                                                                        | \$50 / \$150            | \$50 / \$150                |
| <b>Benefit Maximum</b> (per calendar year; Preventive, Basic, and Major Services combined) |                         |                             |
| Per Individual                                                                             | \$2,000                 | \$2,000                     |
| <b>Covered Services</b>                                                                    |                         |                             |
| <b>Preventive Services</b>                                                                 | 100%                    | 100%                        |
| <b>Basic Services</b>                                                                      | 80%                     | 80%                         |
| <b>Major Services</b>                                                                      | 50%                     | 50%                         |
| <b>Orthodontia</b>                                                                         | \$1,500 Maximum / 50%   | \$1,500 Maximum / 50%       |

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

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount. Deductibles and Maximums are combined for Network and Out of Network.

## Vision Plan

We are proud to offer you the following vision plan.

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

Following is a high-level overview of the coverage available.

| Key Vision Benefits - Avesis                                     | In-Network          | Out-of-Network Reimbursement |
|------------------------------------------------------------------|---------------------|------------------------------|
| <b>Exam</b> (once every 12 months)                               | \$10 Copay          | Up to \$45                   |
| <b>Materials Copay Lenses</b> (Once every 12 months)             | \$15 Copay          | Up to \$50                   |
| <b>Frames</b> (once every 24 months)                             | \$150 Allowance     | Up to \$50                   |
| <b>Contact Lenses</b> (once every 12 months; in lieu of glasses) | Covered up to \$130 | Up to \$130                  |



We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through Discovery Benefits. 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

For 2022, you may contribute up to \$2,850 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental treatment
- Orthodontia
- Eye exams / eyeglasses
- Lasik eye surgery

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

### Limited-Purpose Health Care FSA (for HSA participants)

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

For 2022, 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](http://www.irs.gov/pub/irs-pdf/p503.pdf).

## 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.

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

# Life and AD&D Insurance

## Life/AD&D Insurance

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

### Accidental Death and Dismemberment (AD&D) Insurance

provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (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.

### Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Lincoln Financial.

|                       |                                                     |
|-----------------------|-----------------------------------------------------|
| <b>Benefit Amount</b> | 1 Times your base salary, up to a \$150,000 maximum |
|-----------------------|-----------------------------------------------------|

## Supplemental Life/AD&D (Employee-paid)

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

|                   | Benefit Option                                                                                        | Guaranteed Issue*                                  |
|-------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>Employee</b>   | Class 1: 5X BAE up to \$300,000<br>Class 2: 5X BAE up to \$300,000<br>Class 3: 5X BAE up to \$300,000 | Class 1:<br>\$100,000<br>Class 2 & 3:<br>\$150,000 |
| <b>Spouse/RDP</b> | \$10,000 increments; to \$200,000                                                                     | \$20,000                                           |
| <b>Child(ren)</b> | Under age 26 - Up to \$10,000                                                                         | \$10,000                                           |

\*During your initial eligibility period only, you can receive coverage up to the **Guaranteed Issue amounts** (shown above) 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. Employees that have Supplemental Life may increase by one or two \$10,000 increments annually at open enrolment with no EOI required.

# Disability Insurance

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/an affordable group rate through Lincoln Financial

|                                 |                     |
|---------------------------------|---------------------|
| <b>Benefit Percentage</b>       | 60%                 |
| <b>Weekly Benefit Maximum</b>   | \$1,000             |
| <b>When Benefits Begin</b>      | 8 <sup>th</sup> day |
| <b>Maximum Benefit Duration</b> | 12 weeks            |

## Long-Term Disability

Provided at NO COST to you/an affordable group rate through Lincoln Financial

|                                 |                                |
|---------------------------------|--------------------------------|
| <b>Benefit Percentage</b>       | 60%                            |
| <b>Monthly Benefit Maximum</b>  | \$5,000                        |
| <b>When Benefits Begin</b>      | After 90th day of disability   |
| <b>Maximum Benefit Duration</b> | Social Security Retirement Age |

# Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is 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 employee assistance program (EAP) is provided at **NO COST** to you through Alliance Work Partners.

**The EAP can help with the following issues, among others:**

- Mental health
- Relationships or marital conflicts
- Child and eldercare
- Substance abuse
- Grief and loss
- Legal or financial issues

## EAP Benefits

- Assistance for you and your household members
- Up to three in-person sessions with a counsellor per issue, per year, per individual
- Unlimited toll-free phone access and online resources

# 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 Aflac 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.

## Specified Health Event

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000<sup>1</sup>? 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 \$10,000<sup>2</sup>—and the average length of a stay is 4.8 days<sup>3</sup>. 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.

1. MetLife Accident and Critical Illness Impact Study, October 2013

2. Costs for Hospital Stays in the United States, 2011. HCUP Statistical Brief #168. December 2013. Agency for Healthcare Research and Quality, Rockville, MD.

3. National Hospital Discharge Survey: 2010

# Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your pay check before taxes, when permitted. The amount will depend upon the plan you select and if you choose to cover eligible family members. Please refer to the 2022-2023 Rate Sheet for plan premium information.

## Contact Information

| If You Have Questions About     | Contact                          | By Phone     | On the Internet                                                          |
|---------------------------------|----------------------------------|--------------|--------------------------------------------------------------------------|
| Medical Coverage                | Baylor Scott & White Health Plan | 800-728-7947 | <a href="http://www.swhp.org">www.swhp.org</a>                           |
| Pharmacy Coverage               | Baylor Scott & White Health Plan | 800-728-7947 | <a href="http://www.swhp.org">www.swhp.org</a>                           |
| Dental Coverage                 | United Concordia                 | 800-332-0366 | <a href="http://www.UnitedConcordia.com">www.UnitedConcordia.com</a>     |
| Vision Coverage                 | Avesis                           | 800-828-9341 | <a href="http://www.avesis.com">www.avesis.com</a>                       |
| Health Savings Account (HSA)    | Discovery Benefits               | 877-765-8815 | <a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a> |
| Flexible Spending Account (FSA) | Discovery Benefits               | 866-451-3399 | <a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a> |
| Life and AD&D                   | Lincoln Financial Group          | 800-423-2765 | <a href="http://www.lfg.com">www.lfg.com</a>                             |
| Long Term Disability            | Lincoln Financial Group          | 800-423-2765 | <a href="http://www.lfg.com">www.lfg.com</a>                             |
| Retirement                      | TMRS                             | 800-924-8677 | <a href="http://www.tmrs.org">www.tmrs.org</a>                           |
| 457 Plan                        | ICMA Retirement Corp.            | 800-669-7400 | <a href="http://www.icmarc.org/">http://www.icmarc.org/</a>              |
| Employee Assistance Program     | Alliance Work Partners           | 800-343-3822 | <a href="http://www.alliancewp.com">www.alliancewp.com</a>               |
| AFLAC                           | Customer Service                 | 800-992-3522 | <a href="http://www.aflac.com">www.aflac.com</a>                         |

If you have additional questions, you may contact:

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 Human Resources  
 (254) 296-5650  
[jhiggins@cityofhewitt.com](mailto:jhiggins@cityofhewitt.com)

