

A GUIDE TO YOUR Benefits

October 1, 2026 - September 30, 2027



2026-27

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, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

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

- ▶ Your legally married spouse
- ▶ Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month after 30 days of hire.
- ▶ If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective October 1, 2026 - September 30, 2027.

Choose Carefully!

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

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

Making Changes

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

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

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Go to <https://ffbenefits.ffga.com/cityofharkerheights/>. There, you will find detailed information about the plans available to you and instructions for enrolling.

Medical

We are proud to offer you a choice of 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 these plans, 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 HDHP HSA

The High-Deductible Health Plan (HDHP) works similarly to a traditional PPO:

- ▶ You may see any health care provider and still receive coverage, but will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.
- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the annual deductible. **NOTE:** *If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL IN A FAMILY deductible (up to the family limit) before the plan starts to pay expenses for that individual.*
- ▶ Once you meet the deductible, you pay a percentage of your health care expenses (**coinsurance**) and the plan pays the rest.
- ▶ Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year. **NOTE:** *If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL IN A FAMILY out-of-pocket maximum (up to the family limit) before the plan starts to pay covered services at 100% for that individual.*



Health Savings Account

The HDHP comes with a type of savings account called a health savings account (HSA). The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

Here's how the HSA works:

- ▶ You contribute pre-tax funds to the HSA through automatic payroll deductions.
- ▶ Your contributions may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2026	2027
Employee Only	\$4,400	\$4,500
Family (employee + 1 or more)	\$8,750	\$9,000
Catch-up (age 55+)	\$1,000	\$1,000

- ▶ You can withdraw HSA funds, tax free, to pay for qualified health care expenses now or in the future. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

Important Notes:

- ▶ Your HSA will be automatically opened for you, and you'll receive contributions directly into your account.
- ▶ You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, visit www.irs.gov/forms-pubs/about-publication-969.
- ▶ For a complete list of qualified health care expenses, visit www.irs.gov/forms-pubs/about-publication-502.
- ▶ Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

Medical

We are proud to offer you a choice of 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.

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

Key Medical Benefits	Baylor Scott & White Premier HMO Network	Baylor Scott & White Plus HMO Network	Baylor Scott & White Premier HSA Plan
	In-Network Only	In-Network Only	In-Network Only
Deductible (per calendar year)			
Individual / Family	\$2,500 / \$5,000	\$2,000 / \$4,000	\$4,500 / \$9,000
Out-of-Pocket Maximum (per calendar year)			
Individual / Family	\$6,000 / \$12,000	\$6,000 / \$12,000	\$8,000 / \$16,000
Covered Services			
Office Visits (physician/specialist)	\$25 / \$50 copay ²	\$25 / \$50 copay ²	20%*
Virtual Visits	\$0	\$0	20%*
Routine Preventive Care	\$0	\$0	No charge
Outpatient Diagnostic (lab/X-ray)	No charge	No charge	20%*
Complex Imaging	30% ²	20% ²	20%*
Chiropractic Services	\$50 (limited to 35 visits/calendar year)	\$50 (limited to 35 visits/calendar year)	20%*
Ambulance	30%*	20%*	20%*
Emergency Room	\$250 copay (waived if admitted) + 30%	\$250 copay + 20% ²	20%*
Urgent Care Facility	\$75 copay ²	\$75 copay ²	20%*
Inpatient Hospital Stay	30%*	20%*	20%*
Outpatient Surgery	30%*	20%*	20%*
Prescription Drugs (Generic Preferred / Generic / Preferred Brand / Non-Preferred Brand)			
Retail Pharmacy (30-day supply)	\$4 / \$8 / \$45 / \$100	\$4 / \$8 / \$45 / \$100 ²	\$4* / \$8* / \$45* / \$100*
Mail Order (90-day supply)	\$10 / \$20 / \$112.50 / \$250	\$10 / \$20 / \$112.50 / \$250 ²	\$10* / \$20* / \$112.50* / \$250*
Prescription Drugs (Tier 1/ Tier 2/ Tier 3)			
Specialty Drugs - Premier and Plus	\$75 / \$150 / \$300	\$75 / \$150 / \$300	\$75 / \$150 / \$300

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

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

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Deductible does not apply.

Dental

We are proud to offer you a choice of dental plans.

United Healthcare DPPO

These plans offer you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the United Healthcare network.

The following is a high-level overview of the coverage available.

Key Dental Benefits	Base Plan	Buy-Up Plan
	In-Network Only	In-Network Only
Deductible (per calendar year)		
Individual / Family	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year; preventive, basic and major services combined)		
Per Individual	\$1,500	\$2,000
Covered Services		
Preventive Services	\$0*	\$0*
Basic Services	20%*	20%*
Major Services	50%*	50%*
Orthodontia (Child Only)	50%, maximum \$1,000	50%, maximum \$2,000

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

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

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

Vision

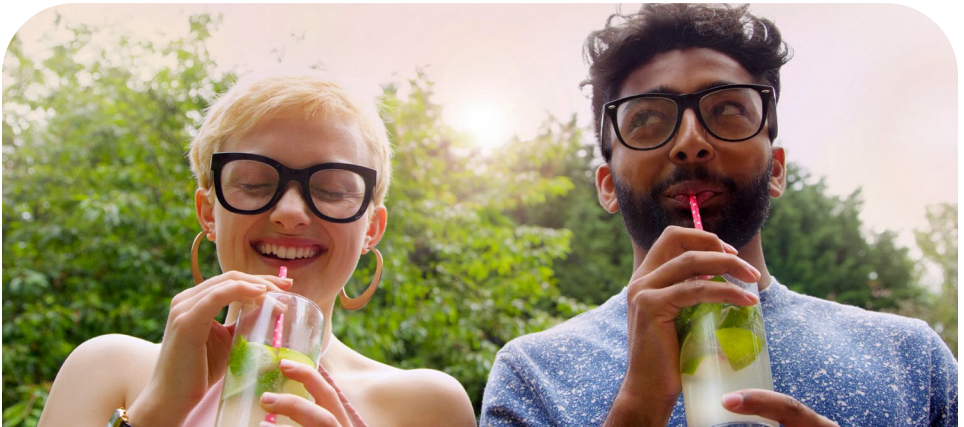
We are proud to offer you a vision plan.

Superior Vision Base Plan

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

The following is a high-level overview of the coverage available.

Key Vision Benefits	Superior Vision Base Plan		Superior Vision Buy-Up Plan	
	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	\$25	\$10	Up to \$35
Materials Copay	\$15	\$15	\$15	\$15
Lenses (once every 12 months) Single Vision Bifocal Trifocal	No charge	Up to \$25	No charge	Up to \$25
		Up to \$40		Up to \$40
		Up to \$45		Up to \$45
Frames (Base Plan: once every 24 months; Buy-Up Plan: once every 12 months)	Up to \$75	\$40	Up to \$175	Up to \$70
Contact Lenses (once every 12 months; in lieu of glasses)	Up to \$100	Up to \$55	Up to \$175	Up to \$80



Life and AD&D

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

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

Basic Life/AD&D (Company-paid)

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

Benefit Amount	
Employee	\$20,000
Spouse	\$5,000
Child(ren)	\$2,000

Supplemental Life/AD&D (Employee-paid)

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

Benefit Option		Guaranteed Issue ¹
Employee	\$10,000 increments; minimum of \$10,000 up to \$500,000 not to exceed 5 times annual salary	\$150,000
Spouse	\$5,000 increments; minimum of \$5,000 up to \$150,000 not to exceed 50% of employee's election	\$30,000
Child(ren)	6 months to 25 years: \$10,000 / 14 days to 6 months: \$250	\$10,000

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



Disability

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

Long-Term Disability

Provided at **NO COST** to you through Lincoln Financial

Benefit Percentage	60%
Monthly Benefit Maximum	\$8,000
When Benefits Begin	After 90th day of disability
Maximum Benefit Duration	Social Security Retirement Age

Cost of Benefits

October 1, 2026 - September 30, 2027

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

Medical

Coverage Tier	Monthly Employee Contribution		
	Baylor Scott & White Premier HMO Network	Baylor Scott & White Plus HMO Network	Baylor Scott & White Premier HSA Plan
Employee Only	\$42.18	\$116.68	\$0.00
Employee + Spouse	\$987.86	\$1,162.52	\$776.86
Employee + Child(ren)	\$535.20	\$661.92	\$405.02
Family	\$1,374.98	\$1,590.66	\$1,094.90

Dental

Coverage Tier	Monthly Employee Contribution	
	United Healthcare Base Plan DPPO	United Healthcare Buy-Up Plan DPPO
Employee Only	\$0.00	\$2.78
Employee + Spouse	\$18.24	\$23.76
Employee + Child(ren)	\$31.36	\$44.94
Family	\$55.98	\$74.46

Vision

Coverage Tier	Monthly Employee Contribution	
	Superior Vision Base Plan Base Plan	Superior Vision Base Plan Buy Up Plan
Employee Only	\$0.00	\$2.38
Employee + Spouse	\$3.38	\$7.84
Employee + Child(ren)	\$3.78	\$8.50
Family	\$8.06	\$15.42

Supplemental Life/AD&D

Deductions for supplemental Life/AD&D are taken from your paycheck after taxes. Rates are available during enrollment.

Supplemental Benefit Offerings

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 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.

Short-Term Disability through The Standard

Disability insurance will help you protect your salary should you become disabled due to a covered accident or illness. The plan includes additional benefits and optional riders so that you can maximize your coverage. If you are currently enrolled in the short-term disability plan with Aflac, American Fidelity will become your new carrier.

Cancer Indemnity through Guardian

Designed to help with the financial impact of being diagnosed, cancer insurance may help pay for expenses not covered by your major medical insurance. The plan includes an annual wellness benefit for a yearly cancer screening. There are options available for spouse and children to age 26, plus you can choose between two plans depending on the coverage you need.

Hospital Indemnity Insurance through Aflac

A trip to the hospital can be costly and most people are surprised to learn that they are responsible for a good portion of the bill. Hospital indemnity insurance provides a direct benefit in the event of a hospitalization, regardless of treatment costs or other insurance coverage. It's an affordable way to protect yourself from rising health care costs. You will have three options to choose from to help cover these out-of-pocket costs.

PureLife-Plus Permanent Life Insurance through Texas Life

Life insurance can be an ideal way to provide money for your family when they need it most. PureLife-plus offers permanent insurance with a high death benefit and long guarantees that can provide financial peace of mind for you and your loved ones. PureLife-plus is an ideal complement to any group term and optional term life insurance your employer might provide and has the following features: affordability, portability at the same cost, accidental death benefits and a chronic illness rider. This is great coverage for you, your spouse, children and grandchildren.

Critical Illness through Guardian

The critical illness plan is an excellent way to protect you and your family from financial stress due to a diagnosis of cancer, heart attack/stroke, kidney failure or major organ failure. Benefits are paid when a doctor diagnoses you with a covered illness or condition. The money is paid directly to you to spend as you wish.

Accident Insurance through The Standard

If you have an accident, major medical insurance will help with many medical expenses, but you could be left with out-of-pocket expenses. An accident insurance policy pays cash benefits directly to you, unless otherwise assigned. This means that you will have added financial resources to help with medical costs or ongoing living expenses. There are benefits payable for broken bones, stitches, doctor's visits and more.

Medical Transport through MASA

With medical transport protection, you will have zero out-of-pocket expenses for any emergent air or ground transport from anywhere in the United States, regardless of who transports you. You will receive medical emergency transportation solutions to help cover your out-of-pocket medical transport costs when your insurance falls short.

Identity Protection through iLock360

Identity theft insurance won't prevent your identity from being stolen, but it will be there to alert you if any suspicious activity is noticed under your name. The plan includes credit bureau monitoring, social security number usage and lost wallet protection. Accounts are monitored daily so you can rest easy knowing your identity is being protected even while you sleep.

Pet Insurance through Metlife

Pets are like family and it's important to protect their health, too. A pet insurance policy can help you save on vet bills, medical needs, medication and a variety of procedures. Choose the plan that works best for you and your furry friend.

Long Term Care + Life through The Standard

Innovative Term to 100 Life Insurance with benefits should you need Long Term Care. Benefits for LTC can be up to 6% of the face value of the policy for up to 34 months. Policy includes restoration rider which allows access to the 6% LTC benefit without reducing the overall face amount of the policy. Policy is Guaranteed Issue for Open Enrollment in 2026.



Visit your Employee Benefits Center! You can check enrollment dates and instructions, plus download benefit brochures and watch videos.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Baylor Scott & White Health	(855) 691-0180	https://www.bswhealthplan.com/
Dental	United Healthcare	(866) 801-4409	www.myuhc.com
Vision	Superior Vision	(800) 507-3800	www.superiorvision.com
Life/AD&D	Lincoln Financial	(877) 275-5462	www.lincolffinancial.com
Disability	Lincoln Financial	(800) 423-2765	www.lincolffinancial.com
Short-Term Disability	The Standard	-	www.standard.com
Accident Insurance	The Standard	-	www.standard.com
Long Term Care + Life	The Standard	-	www.standard.com
Hospital Indemnity	Aflac	-	www.aflac.com
Life Insurance	Texas Life	-	www.texaslife.com
Cancer Indemnity	Guardian	-	www.guardianlife.com
Critical Illness	Guardian	-	www.guardianlife.com
Medical Transport	MASA	-	www.masamts.com
Identity Protection	iLock360	-	www.ilock360.com
Pet Insurance	Metlife	-	www.metlife.com

Benefits Website

Our benefits website <https://ffbenefits.ffga.com/cityofharkerheights/> can be accessed anytime you want additional information on our benefits programs.

Questions?

If you have additional questions, you may also contact:

HR Team at (254) 953-5600 | hr@harkerheights.gov

On site enrollment and help support:

- ▶ 8/11 8am - 1pm City Hall, 305 Miller's Crossing
- ▶ 8/12 7am - 1pm Activities Center 400 Indian Trail
- ▶ 8/13 11am - 4pm Activities Center 400 Indian Trail
- ▶ 8/14 - phone appointments - calendar available <https://cityofharkerheights.timetap.com>
- ▶ 8/20 11am - 4pm City Hall 305 Miller's Crossing



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

