

2025



Benefits eGuide

For Active Employees

Health

Financial

Work-Life



January 1–December 31, 2025

Human Resources: 940-761-7615

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

Participation is offered to benefit-eligible employees and their qualifying dependents. Eligible family members include:

- Your legally married spouse
- 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.

Effective November 1, 2023, you are required to provide documentation (such as a marriage license, birth certificate, etc.) to add new dependents to your coverage.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 30 days 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 January 1–December 31, 2025.

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.

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 CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 30 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 (see [page 11](#) for details).



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Enrollment

Go to the online enrollment system. There, you will find detailed information about the plans available to you and instructions for enrolling.



Medical

Blue Cross Blue Shield (BCBS) of TX (800-521-2227)

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. Full coverage details are in the summary plan documents available on the intranet.

You can use your BCBS member ID card to sign up for online access through Blue Access for Members (BAM) at [BCBSTX.com](https://www.bcbstx.com).

Core & Catastrophic

With the core and catastrophic plans, you may only visit physicians and hospitals within the network. Services received outside the network are not covered, except in the case of emergency medical care.

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

HDHP with 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.
- 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.



Health Savings Account (HSA)

HSA Bank (800-357-6246)

The HDHP comes with a type of savings account called a health savings account, or 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, in addition to the company's contributions, may not exceed the annual IRS limits listed below:

HSA Contribution Limit	2025 Limit	City Contribution
Employee Only	\$4,300	\$1,000
Family (employee + 1 or more)	\$8,550	\$2,000
Catch-up (age 55+)	\$1,000	N/A

- You can withdraw HSA funds tax free to pay for current qualified health care expenses, or save them for the future, also tax free. 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:

- 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, d) cannot be claimed as a dependent on another person's tax return, and e) cannot have received VA care in the last 90 days. For more information, please refer to [IRS Publication 969](#).
- For a complete list of qualified health care expenses, refer to [IRS 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 (Cont'd)

For complete coverage details, please refer to the summary of benefits and coverage or summary plan descriptions available on the Intranet or in your BAM account.

Key Medical Benefits	BlueCross BlueShield Core Plan	BlueCross BlueShield HDHP HSA	BlueCross BlueShield Catastrophic Plan
	In-Network Only ¹	In-Network Only ¹	In-Network Only ¹
Deductible (per plan year)			
Individual / Family	\$2,000 / \$4,000	\$3,400 / \$6,000	\$3,500 / \$7,000
Out-of-Pocket Maximum (per plan year)			
Individual / Family	\$5,000 / \$10,000	\$4,000 / \$8,000	\$5,000 / \$10,000
Company Contribution to Your Health Savings Account (HSA) (per plan year)			
Individual / Family	N/A	\$1,000 / \$2,000	N/A
Covered Services			
Office Visits (physician/specialist)	\$35 / \$50 copay	10%*	\$30 / \$50 copay
Virtual Visits	\$44 per visit	\$48 per visit	\$44 per visit
Emergency Room	TEG Physicians at United Regional ER: \$200 copay, then deductible 20%	10%*	TEG Physicians at United Regional ER: \$200 copay
Urgent Care Facility	\$50 copay	10%*	\$75 copay
Inpatient Hospital Stay	Deductible then 20%*	10%*	Deductible then 20%*
Outpatient Surgery	Deductible then 20%*	10%*	Deductible then 20%*
Prescription Drugs (Generic / Brand / Non-Formulary / Specialty)			
Rx Deductible on Non-Preferred and Specialty	\$200 individual / \$400 family	Medical deductible, then copay	\$200 individual / \$400 family
Retail Rx (30-day supply)	\$10 / \$40 / \$80, Preferred: 25% up to \$200, Non-Preferred: 25% up to \$350	\$10* / \$40* / \$80* / 25% up to \$200*	\$10 / \$40 / \$80, Preferred: 25% up to \$200, Non-Preferred: 25% up to \$350
Mail Order (90-day supply)	\$20 / \$80 / \$160	\$20* / \$80* / \$160* / 25% up to \$200*	\$20 / \$80 / \$160

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying. *After the deductible is met. ¹If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Medical Contributions (per pay period)

Your contributions for medical benefits are deducted from your paycheck before taxes. There will be medical premium holidays in December 2024, April 2025 and September 2025.

Coverage Tier	BlueCross BlueShield Core Plan	BlueCross BlueShield HDHP HSA	BlueCross BlueShield Catastrophic Plan
Employee Only	\$58.20	\$20.63	\$31.21
Employee + Spouse	\$216.79	\$124.78	\$148.06
Employee + Child(ren)	\$170.52	\$94.40	\$113.98
Employee + Family	\$309.29	\$185.55	\$216.23





Health Care Resources

Employee Family Health Center (EFHC) (940-397-2550)

Managed by Quad Med, LLC
Open Mon. – Thurs., 7 a.m. – 6 p.m.; Fri., 7 a.m. – 4 p.m.

The Health Center offers a wide range of primary and acute care services, and scheduling an appointment is convenient and easy.

Core and catastrophic plan participants and their covered dependents* can visit the EFHC at no cost. Employees and dependents enrolled in the HDHP HSA Plan can use the EFHC for \$25 per visit. (The wellness requirement is covered at 100%.) Employees who aren't enrolled in a medical plan can also visit the EFHC for \$25 per visit (dependents not enrolled in a medical plan are not eligible).

* The EFHC cannot provide care for children under 36 months of age.

Some of the services provided are:

- Preventive care, including physicals, annual screenings and immunizations
- Personalized health and wellness coaching
- Treatment for non-emergency conditions, such as allergies, rashes, strains/sprains, flu/cold/cough, ear/eye infections, abdominal pain/upset, cuts and contusions
- Lab services and referrals to specialists, when needed

MDLIVE Virtual Visits (888-680-8646)

Access to a doctor is available 24/7, no matter where you are. With MDLIVE, you can visit a doctor online or by phone for minor health conditions like allergies, asthma, nausea, sinus infection, cold/flu, ear infections and pink eye. A copay will be required at the time of your virtual visit.

Behavioral Health Counseling (940-397-2550)

Behavioral Health counseling is available at the Wichita Falls Family Health Center (QuadMed) for all City of Wichita Falls employees, spouses and dependents covered by the City health insurance. A licensed therapist can help you build solutions for mental health conditions or long-term needs.



Dental

Humana DTP (800-233-4013)

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 Humana network.

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

Key Dental Benefits	DTP
	In-Network ¹
Deductible (per plan year)	
Individual / Family	\$50 / \$150
Benefit Maximum (per plan year; preventive, basic and major services combined)	
Per Individual	\$2,000
Covered Services	
Preventive Services	No charge
Basic Services	20%*
Major Services	50%*
Orthodontia (children to age 19)	50%* \$2,000 lifetime maximum per person

Coinsurance percentages shown in the above chart represent what the member is responsible for paying. *After the deductible is met. ¹If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Dental Contributions (per pay period)

Your contributions for dental benefits are deducted from your paycheck before taxes. There will be dental premium holidays in December 2024, April 2025 and September 2025.

Coverage Tier	Humana DTP
Employee Only	\$1.56
Employee + Spouse	\$9.06
Employee + Child(ren)	\$9.75
Employee + Family	\$17.98

Vision

BlueCross BlueShield of Texas (888-657-6061)

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 BCBSTX network.

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

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10 copay	Up to \$35 reimbursement
Lenses (once every 12 months) Single Vision Bifocal Trifocal	\$20 copay	Up to \$25 reimbursement Up to \$40 reimbursement Up to \$70 reimbursement
Frames (once every 24 months)	\$150 retail allowance after \$20 copay (20% discount applies for amounts over the retail allowance)	Up to \$70
Contact Lenses (once every 12 months; in lieu of glasses)	Medically necessary: covered in full, Elective: Up to \$150 retail allowance	Medically necessary: \$20 copay up to \$150 allowance, Elective: Up to \$80 allowance

Vision Contributions (per pay period)

Your contributions for vision benefits are deducted from your paycheck before taxes.

Coverage Tier	BCBSTX
Employee Only	\$2.17
Employee + Spouse	\$3.70
Employee + Child(ren)	\$3.91
Employee + Family	\$5.87



Flexible Spending Accounts

Health Equity Wage Works (877-924-3967)

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

Health Care FSA

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

- Coinsurance
- Copayments
- Deductibles
- Prescriptions and over-the-counter drugs
- Menstrual care products
- Dental treatment
- Orthodontia
- Eye exams, materials, LASIK

Dependent Care FSA

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

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

For a complete list of eligible expenses, visit [irs.gov/pub/irs-pdf/p503.pdf](https://www.irs.gov/pub/irs-pdf/p503.pdf).

FSA participants are authorized to shop online at [FSAstore.com](https://www.FSAstore.com).



FSA Rules

You must enroll each year to participate.

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

Unused funds will NOT be returned to you or carried over to the following year. You have 75 days following the end of the plan year to use funds from the previous year. Employees who resign or retire forfeit unused FSA funds.

Note: The maximum contribution amount is established by the IRS and your employer each year. See the plan document for details.





Life and AD&D

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 Symetra.

Benefit Amount	
Employee	1x Basic Annual Salary

Supplemental Life/AD&D (Employee-paid)

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

	Benefit Option	Guaranteed Issue ¹
Employee	0.5 to 4x Base Annual Salary to \$500,000	\$200,000
Spouse	50% of employee supplemental amount to a maximum of \$100,000	\$25,000
Child(ren)	\$10,000	\$10,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue (GI) 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.
- During Open Enrollment, employees currently enrolled in supplemental life insurance can increase their coverage by 0.5x of their earnings up to the GI amount, and spouses currently enrolled in supplemental spouse life insurance can have their coverage increased by \$1,000 up to the GI amount.
 - Employees and spouses who are not enrolled in supplemental life insurance or supplemental spouse life insurance must submit EOI for any coverage amount.



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.

Long-Term Disability

Provided at **NO COST** to you through Symetra.

Benefit Percentage	40%
Monthly Benefit Maximum	\$10,000
When Benefits Begin	180 days
Maximum Benefit Duration	Social Security normal retirement age

Voluntary Long-Term Disability Buy-Up

Provided at \$0.30 per \$100 of monthly payroll through Symetra.

Benefit Percentage	60%
Monthly Benefit Maximum	\$10,000
When Benefits Begin	90 days
Maximum Benefit Duration	Social Security normal retirement age

Employee Assistance Program

Deer Oaks (866-327-2400)

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 Deer Oaks.

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 counselor per issue, per year, per individual
- Unlimited toll-free phone access and online resources



Valuable Extras

We also offer the following additional benefits:

- Airrosti Injury Treatment
- LegalShield
- AFLAC Worksite Coverage
- Mission Square Retirement
- Nationwide Retirement
- Air Evac LifeTeam
- Wichita Falls Credit Union



Qualifying Life Events

The chart below provides an overview of common qualifying life events, the benefits you may change and what documentation is needed.

Coverage Tier	Benefits Allowed to Change							Examples of Documentation
	Medical Dental Vision	Supplemental Employee Life	Voluntary Spouse Life	Voluntary Child Life	Dependent Care FSA	Health Care FSA	Beneficiaries	
Change in marital status - Marriage - Divorce or annulment - Legal separation - Domestic partner dissolution - Death of spouse	X		X		X	X	X	Marriage Certificate Divorce Decree Final Court Document Notarized Statement of Dissolution Death Certificate
Change in number of children - Birth - Adoption - Guardianship - Death of dependent	X			X	X	X	X	Birth Certificate Hospital Announcement Adoption Agreement Court Decree for Guardianship Death Certificate
Dependent loses other coverage	X				X	X	X	Coverage Termination Letter Certificate of Creditable Coverage Letter from former employer
Dependent gains other coverage	X				X	X	X	Proof of coverage with start date of benefits and name(s) of covered persons
Change in dependent care costs					X			Letter from your daycare provider
Court-ordered dependent that needs to be added to or removed from coverage	X			X	X	X	X	Please contact Benefits Team for details

Please contact the Benefits Office at 940-761-7621 / 7667 for assistance.



Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	BCBSTX	800-521-2227	bcbstx.com
Prescription Drug Coverage	Prime	800-521-2227	myprime.com primetherapeutics.com
Health Savings Account (HSA)	HSA Bank	800-357-6246	hsabank.com
Employee Family Health Center	Quad Med	940-397-2550	myquadmedical.com/wichitafalls
Virtual Visits	MDLIVE	888-680-8646	-
Dental	Humana	800-233-4013	myhumana.com
Vision	BCBSTX	888-657-6061	bcbstx.com
Flexible Spending Accounts (FSAs)	Health Equity Wage Works	877-924-3967	healthequity.com/wageworks
Life/AD&D and Disability	Symetra	800-426-7784	symetra.com/employeebenefits
Employee Assistance Program (EAP)	Deer Oaks	866-327-2400	deeroakseap.com
Legal Plan	LegalShield	888-807-0407	mylegalshield.com
Injury Treatment	Airrosti	800-404-6050	airrosti.com
Worksite Benefits	AFLAC	432-264-6616	aflac.com
Supplemental Retirement Plans	Mission Square Nationwide	202-759-7007 817-975-0032	missionsquare.org nationwide.com
Air Evac Lifeteam	Air Evac	940-327-7767	airmedcarenetwork.com
Retirement Plans	TMRS	800-924-8677	tmrs.com
	Fireman's Fund	940-322-9430	-
Employee Credit Union	WFFCU	940-322-9328	wffedcu.com

Questions?

Contact the Benefits Office at 940-761-7621 or 940-761-7667.

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.

