

# CITY OF ROUND ROCK EMPLOYEE BENEFITS 2026



# WHAT'S INSIDE



## **WELCOME** .....3

## **ELIGIBILITY** .....4

- Enrollment
- Qualified Life Events and Enrollment Process

## **MEDICAL PLANS** .....5

- Benefit Costs
- Medical Plan Comparisons
- Medical Rates
- UHC Tools
- Medical Extras- Airrosti and RockCare
- Virtual Visits

## **PHARMACY** .....14

- Optum R(x) FAQs

## **FOCUS ON YOUR WELLBEING** .....15

- Wellness Center
- UHC Gym Pass
- Employee Assistance Program
- Additional Benefits

## **FLEXIBLE SPENDING ACCOUNTS** .....18

- Accessing Your FSA

## **DENTAL PLAN** .....20

- United Concordia Dental Plan

## **VISION PLAN** .....21

- Community Eye Care

## **LIFE INSURANCE** .....22

- Basic Life Insurance
- Accidental Death and Dismemberment
- Voluntary Life

## **DISABILITY INSURANCE** .....24

- Short-term
- Long-term

## **VOLUNTARY BENEFITS** .....25

- Accident Insurance
- Critical Illness
- Hospital Indemnity

## **RETIREMENT** .....29

- Texas Municipal Retirement System
- Nationwide Retirement Deferred Compensation

## **CONTACTS** .....30

## **REQUIRED NOTICES** .....31

## WELCOME TO YOUR 2026 EMPLOYEE BENEFITS GUIDE

At the City of Round Rock, it's our employees who make the difference in our success. That's why, each year, you have the opportunity to choose from a variety of benefits that can make a real difference in your life. We offer a broad range of benefits, including health care, life insurance, disability insurance and much more. You can elect a benefit that's exactly right for your personal situation.

This guide provides a summary of the benefits available to you. Please review it carefully and make your elections before the deadline. All elections you make during Open Enrollment will be effective on January 1, 2026. No changes will be allowed at any other time unless you have a Qualified Life Event (such as a birth, death, divorce, marriage, etc.).

Full benefits information, including forms, is available online at EmployeeNet: [employees.roundrocktexas.gov](https://employees.roundrocktexas.gov).

All elections you make during your new hire period will become effective the first day of the month following your hire date.

If you have any questions about your benefits choices or about how to enroll, please contact Human Resources so you can be sure to have the benefits you need.

### **BENEFITS STAFF:**

**Tyler Jarl, PHR, SHRM-CP**

Human Resources Manager

Phone: 512-341-3143

Email: [tjarl@roundrocktexas.gov](mailto:tjarl@roundrocktexas.gov)

**Sanghamitra (Sang) Dhar, SPHR, PHR**

Human Resources Specialist/Benefits & Wellness

Phone: 512-671-2731

Email: [sdhar@roundrocktexas.gov](mailto:sdhar@roundrocktexas.gov)



# WELCOME

# ELIGIBILITY

If you are a full-time or part-time employee and work at least 30 hours per week, you are eligible for benefits. Your benefits are effective on the first day of the month following your date of hire. You may also enroll your eligible dependents for coverage. This includes the following:

- Your legal spouse or declared informal married spouse.
- Children under the age of 26, regardless of student, dependency or marital status..
- Children who are past the age of 26 and are fully dependent on you for support due to a mental or physical disability and who are indicated as such on your federal tax return.



| Qualified Life Event           |                                                                                                                                                                               | Documentation Needed                                                                                                                                                                                                                                     |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Change in Marital Status       | <ul style="list-style-type: none"><li>• Marriage</li><li>• Divorce/Legal Separation</li><li>• Death</li></ul>                                                                 | <ul style="list-style-type: none"><li>• Copy of marriage certificate</li><li>• Copy of divorce decree</li><li>• Copy of death certificate</li></ul>                                                                                                      |
| Change in Number of Dependents | <ul style="list-style-type: none"><li>• Birth or adoption</li><li>• Step-child</li><li>• Death</li></ul>                                                                      | <ul style="list-style-type: none"><li>• Copy of birth certificate or copy of legal adoption papers</li><li>• Copy of birth certificate plus a copy of the marriage certificate between employee and spouse</li><li>• Copy of death certificate</li></ul> |
| Change in Employment           | <ul style="list-style-type: none"><li>• Change in your eligibility status (i.e., full-time to part-time)</li><li>• Change in spouse's benefits or employment status</li></ul> | <ul style="list-style-type: none"><li>• Notification of increase or reduction of hours that changes coverage status</li><li>• Notification of spouse's employment status that results in a loss or gain of coverage</li></ul>                            |

## LIFE EVENT ENROLLMENT PROCESS

- Submit a Life Event request in ESS within 30 days of event.
- Provide required documentation to Human Resources.
- Complete your benefits enrollment in ESS.

If you do not submit a life event request, provide your required documentation to Human Resources and complete your enrollment in ESS within 30 days of the Qualifying Life Event, you will have to wait until the next annual Open Enrollment period to make changes (unless you experience another Qualifying Life Event). You should submit a life event request within the 30 days even if you are awaiting the required documentation. The 30-day window begins when the event occurs, not when the documentation (i.e. marriage license, birth certificate) is received.

# MEDICAL PLANS



Our medical plans with UnitedHealthcare provide you and your family the protection you need for everyday health issues or when the unexpected happens.

Each medical plan offers:

- Comprehensive health care benefits
- In-network preventive care covered at 100%
- Coverage for eligible children up to age 26
- Prescription drug coverage

## CHOOSE THE PLAN THAT'S RIGHT FOR YOU

The key difference between the plans is the amount of money you'll pay each year when you need care. The plans have different:

- **Annual deductible amount** - the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay.
- **Out-of-pocket maximums** - the most you will pay each year for eligible network services including prescriptions.
- **Copay and coinsurance** - money you pay toward the cost of covered services.

## SAVE WHEN YOU USE IN-NETWORK PROVIDERS

In-network providers offer the highest level of benefits and lower out-of-pocket costs. Network providers charge you reduced fees but providers outside the plan's network set their own rates, which means you may have to pay the difference if a provider's fees are above the Reasonable and Customary (R&C) limits.

All urgent care visits will be processed as in-network.

## BENEFIT COSTS

| Benefit                                                              | Who Pays               | Tax Treatment        |
|----------------------------------------------------------------------|------------------------|----------------------|
| Medical and Prescription (Rx)                                        | City of Round Rock/You | Pre-tax              |
| RockCare                                                             | City of Round Rock     | N/A                  |
| Dental                                                               | City of Round Rock/You | Pre-tax              |
| Vision                                                               | City of Round Rock/You | Pre-tax              |
| Basic Life and Accidental Death & Dismemberment (AD&D) Insurance     | City of Round Rock     | N/A                  |
| Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance | You                    | After-tax            |
| Short-Term Disability                                                | You                    | After-tax            |
| Long-Term Disability                                                 | City of Round Rock     | N/A                  |
| Flexible Spending Accounts                                           | You                    | Pre-tax              |
| 457B Deferred Compensation Plan                                      | You                    | Pre-tax or After-tax |
| Employee Assistance Plan                                             | City of Round Rock     | N/A                  |
| Accident + Critical Illness + Hospital Gap                           | You                    | After-tax            |
| Prepaid Legal + ID Theft Prevention                                  | You                    | After-tax            |

### Terms to Know

Benefits can be confusing! Here's a quick reference to help you navigate commonly used terms:

- **Premium** – the amount you pay to the health plan every month; like buying a subscription to the network
- **Deductible** – the amount of money you pay out of pocket for certain covered health care services before your health plan starts to pay.
- **Out-of-Pocket Max (OOP)** – the most you'll pay for allowed health care costs in a plan year. If you reach this amount, your plan pays 100% of your care.
- **Coinsurance** – your share of the costs of a healthcare service; usually figured as a percentage of the amount charged for services.
- **Copay** – a fixed amount you pay out of pocket for a healthcare service, usually when you receive the service.



## MEDICAL PLANS COMPARISON



|                                                                                            | UnitedHealthcare Choice Plus Plan         |                    | UnitedHealthcare EPO Plan                 |
|--------------------------------------------------------------------------------------------|-------------------------------------------|--------------------|-------------------------------------------|
|                                                                                            | In-Network                                | Out of-Network     | In-Network Only                           |
| <b>Calendar Year Deductible</b>                                                            |                                           |                    |                                           |
| Individual                                                                                 | \$1,000                                   | \$2,000            | \$500                                     |
| Family                                                                                     | \$3,000                                   | \$6,750            | \$1,500                                   |
| <b>Calendar Year Out-of-Pocket Maximum (Includes Deductible)</b>                           |                                           |                    |                                           |
| Individual                                                                                 | \$5,000                                   | \$12,000           | \$2,500                                   |
| Family                                                                                     | \$14,500                                  | \$36,000           | \$5,000                                   |
| <b>You Pay</b>                                                                             |                                           |                    |                                           |
| <b>Coinsurance</b>                                                                         |                                           |                    |                                           |
| Preventive Care                                                                            | \$0 copay                                 | 50%*               | \$0 copay                                 |
| Primary Care Physician                                                                     | \$25 copay                                | 50%*               | \$25 copay                                |
| Children Under Age 19                                                                      | \$0 copay                                 | 50%*               | \$0 copay                                 |
| Specialist                                                                                 | UHPD \$25 copay<br>Regular \$45 copay     | 50%*               | \$35 copay                                |
| Urgent Care                                                                                | \$35 copay                                | 50%*               | \$35 copay                                |
| Allergy Injections                                                                         | 20%*                                      | 50%*               | 10%                                       |
| Diabetes Education and Counseling                                                          | \$45 copay                                | 50%*               | 10%*                                      |
| Inpatient                                                                                  | 20%*                                      | 50%*               | 10%*                                      |
| Outpatient                                                                                 | 20%*                                      | 50%*               | 10%*                                      |
| Hospital & Physician Services - Emergency                                                  | \$300 copay + 20%*                        | \$300 copay + 20%* | \$300 copay + 10%*                        |
| Non-Emergency ER Visits                                                                    | Not covered                               | Not covered        | Not covered                               |
| Ambulance Services (Ground & Air)                                                          | 20%*                                      | 50%*               | 10%*                                      |
| Outpatient Diagnostic Service (CT scans, PET scans, MRI, nuclear medicine)                 | 20%*                                      | 50%*               | 10%*                                      |
| Outpatient Therapeutic Treatments (dialysis, intravenous chemotherapy or infusion therapy) | 20%*                                      | 50%*               | 10%*                                      |
| Spinal Treatment/Chiropractic Care                                                         | 100% at Airrosti<br>\$45 copay all others | 50%*               | 100% at Airrosti<br>\$35 copay all others |
| Durable Medical Equipment, Prosthetic Devices, Orthopedic Appliances                       | 20%*                                      | 50%*               | 10%*                                      |
| Orthotic Devices                                                                           | 20%*                                      | 50%*               | 10%*                                      |

\*You pay after deductible

## MEDICAL PLANS COMPARISON CONTINUED...

|                                                                                    | UnitedHealthcare Choice Plus Plan                     |                                              | UnitedHealthcare EPO Plan                                 |
|------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------|
|                                                                                    | In-Network                                            | Out of-Network                               | In-Network Only                                           |
| You Pay                                                                            |                                                       |                                              |                                                           |
| Cost Sharing Provisions                                                            |                                                       |                                              |                                                           |
| Home Health Care                                                                   | 20%*<br>(120 visits per year)                         | 50%*                                         | 10%*<br>(120 visits per year)                             |
| Hospice Care                                                                       | 20%*                                                  | 50%*                                         | 10%*                                                      |
| Occupational, Speech, and Physical Therapy                                         | \$45 copay (combined 60 visits per year)              | 50%*                                         | \$35 copay<br>(combined 60 visits per year)               |
| Skilled Nursing Facility - Inpatient Rehab Facility<br>(100 days per year maximum) | 20%*                                                  | 50%*                                         | 10%*(100 days per year)                                   |
| Organ or Tissue Transplant Services (must be pre-certified)                        | 20%*<br>(must be performed at a Center of Excellence) | Not covered                                  | 10%*<br>Prior authorization is required                   |
| Travel and Lodging Benefit                                                         | Reimbursement Only <sup>1</sup>                       | Not covered                                  | Reimbursement Only <sup>1</sup>                           |
| Outpatient Mental Illness                                                          | \$45 copay                                            | 50%*                                         | \$35 copay                                                |
| Outpatient Substance Abuse                                                         | \$45 copay                                            | 50%*                                         | \$35 copay                                                |
| Outpatient Chemical Dependency                                                     | \$45 copay                                            | 50%*                                         | \$35 copay                                                |
| Inpatient Mental Illness                                                           | 20%*                                                  | 50%*                                         | 10%*                                                      |
| Inpatient Substance Abuse                                                          | 20%*                                                  | 50%*                                         | 10%*                                                      |
| Inpatient Chemical Dependency                                                      | 20%*                                                  | 50%*                                         | 10%*                                                      |
| Hearing Aids                                                                       | 20%*<br>up to \$4,000 per calendar year               | 50%*                                         | 10%*<br>up to \$4,000 per calendar year                   |
| Newborn Inpatient Care                                                             | 20%*                                                  | 50%*                                         | 10%*                                                      |
| Wig (when prescribed by MD or DO as a result of hair loss)                         | 20%* not to exceed \$1,000 per calendar year          | 20%* not to exceed \$1,000 per calendar year | 10%* not to exceed \$1,000 per calendar year <sup>2</sup> |

\*You pay after deductible.

<sup>1</sup>\$10,000 maximum benefit lifetime for travel and lodging payable at 100% at rate of \$50 per day for patient or up to \$100 per day for patient and one companion.

<sup>2</sup>If medical criteria is met.

# MEDICAL RATES

## UnitedHealthcare Choice Plus Plan Rates

|                       | Monthly Rate | City Pays Per Month | Employee Pays Per Month | Employee Pays Semi-Monthly |
|-----------------------|--------------|---------------------|-------------------------|----------------------------|
| Employee Only         | \$1,397      | \$1,257             | \$140                   | \$70                       |
| Employee + Child(ren) | \$1,607      | \$1,257             | \$350                   | \$175                      |
| Employee + Family     | \$1,747      | \$1,257             | \$490                   | \$245                      |

## UnitedHealthcare EPO Plan Rates

|                       | Monthly Rate | City Pays Per Month | Employee Pays Per Month | Employee Pays Semi-Monthly |
|-----------------------|--------------|---------------------|-------------------------|----------------------------|
| Employee Only         | \$1,362      | \$1,257             | \$105                   | \$52.50                    |
| Employee + Child(ren) | \$1,537      | \$1,257             | \$280                   | \$140                      |
| Employee + Family     | \$1,667      | \$1,257             | \$410                   | \$205                      |

| Prescription (Rx) Drug Coverage                      |       |
|------------------------------------------------------|-------|
| (Rx) You Pay                                         |       |
| Pharmacy                                             |       |
| Retail Rx (up to 30-day supply)                      |       |
| Tier 1                                               | \$0   |
| Tier 2                                               | \$30  |
| Tier 3                                               | \$50  |
| Retail Rx (up to 90-day supply)                      |       |
| Tier 1                                               | \$0   |
| Tier 2                                               | \$90  |
| Tier 3                                               | \$150 |
| UHC/Optum Mail Order Retail Rx (up to 90-day supply) |       |
| Tier 1                                               | \$0   |
| Tier 2                                               | \$90  |
| Tier 3                                               | \$150 |

# UHC TOOLS



## **The UnitedHealthcare app and [myuhc.com](https://myuhc.com)**

Whether on the go or online, you'll have access to resources designed to help you:

- View benefit info, claim details and account balances
- Search network providers and facilities for the type of care you may need
- Quickly compare cost estimates before you get care
- Learn about covered preventive care
- Access your health plan ID card and add your plan details to your smartphone's digital wallet

## **Register once to access both tools**

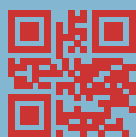
Start by downloading the UnitedHealthcare app or going to [myuhc.com](https://myuhc.com) and then:

- Tap Register Now on the app, or select Register on the website
- Fill in the required fields and create your username and password
- Enter your contact information and select SMS text or phone call for two-factor authentication - then, agree to the terms and conditions
- Opt in to paperless delivery from your communication preferences

Now you're registered for - and connected to - the app and the website.

## **Get Connected**

Scan this code to download the app and register, or visit [myuhc.com](https://myuhc.com).



## **MORE THAN JUST COVERAGE**

Get more out of your health plan benefits with these two handy digital tools



# MEDICAL EXTRAS



## AIRROSTI

Airrosti is a health care group that treats the root cause of soft tissue injuries (including strains, sprains, muscle pulls and chronic knee, hip, back or neck pain). The time Airrosti providers spend with each patient - a full hour of one-on-one care - leads to a more accurate diagnosis and better outcome. Plus, the highly individualized evaluation and treatment often eliminates unnecessary imaging, injections, pharmaceuticals and other costly procedures.

### Here's how it works:

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 three visits (based on patient-reported outcomes).

Employees and their dependents enrolled with the City's medical plans may receive treatment at Airrosti for a \$0 copay (not to exceed 20 visits per member per year).

Contact: [www.airrosti.com](http://www.airrosti.com) or 800-404-6050

## ROCKCARE - PROVIDED BY CAREATC

All employees and their dependents age 2 and above, enrolled with the City's medical plans, may receive primary care at RockCare at no cost. Services include:

- Abdominal pain/cramps
- Allergies
- Animal/insect bites
- Asthma
- Abdominal pain/cramps
- Allergies
- Backache
- Blood pressure issues
- Bronchitis
- Cold and flu symptoms
- Dizziness
- Eye infection/irritation
- Headaches/migraines
- Laryngitis
- Poison ivy/oak
- Respiratory infection
- Sinusitis
- Sore throat
- Sprains/strains
- Strep

### RockCare Hours:

Monday - Thursday: 7 a.m. - 4 p.m.; Friday: 7 a.m. - 3 p.m.; Closed Saturday and Sunday

Note: RockCare is closed from 12 noon - 1 p.m.; Monday - Friday

### Walk-ins: Acute/Sickness Only:

Monday - Friday: 7-7:45 a.m.; Monday - Friday: 1-1:45 p.m.

### Scheduling:

Call the scheduling line at 512-843-0697, or schedule an appointment through the CareATC mobile app or through your CareATC online patient portal.

### How to Access the CareATC Mobile App:

Securely activate your account by downloading the CareATC app or visiting [www.careatc.com/activate](http://www.careatc.com/activate). Follow these four, easy steps:

1. **Tell Us About Yourself** - provide personal details. It's important you double check that this matches your employer records.
2. **Verify Your Identity** - complete a short verification quiz.
3. **Create Your Account** - set up your username and password.
4. **Set Up Your Recovery Options** - provide a phone number and/or email address to recover login information.

For more information, visit the RockCare webpage on EmployeeNet.

# VIRTUAL VISITS



Virtual Visits are a great option when RockCare is closed and as an alternative to urgent care and emergency room visits. It provides you and your enrolled dependents (no age limitations) access 24/7/365 to U.S. board-certified doctors to receive the treatment you need in an easy and timely manner. In addition, you have the ability to send your visit results to RockCare or your primary care physician. With the City of Round Rock UnitedHealthcare plans, your cost is just \$25.

## BENEFITS OF USING VIRTUAL VISITS:

- **Convenient:** speak with a provider with or without an appointment. Save time by connecting to care via computer, tablet or mobile device. Available in all 50 states. Call 800-835-2362.
- **Affordable:** on average, the cost of an urgent care visit may be two times more expensive, and an ER visit may be eight times more, depending on insurance. Virtual visits are in-network with medical plans and have a \$25 copay.
- **High Quality Care:** non-emergency medical health conditions evaluated by video by an experienced provider. Prescriptions can be sent directly to your pharmacy.

## GENERAL MEDICAL CONSULT

### What can I use it for?

Virtual providers are available without an appointment. Members can receive treatment within minutes for non-emergency, acute general medical needs including but not limited to the following.

### Virtual doctors have treated:

- |                               |                      |                       |
|-------------------------------|----------------------|-----------------------|
| • Flu                         | • Nasal congestion   | • Backache            |
| • Cough                       | • Sore throat        | • Rash/poison ivy     |
| • Sinus problems              | • Stomach aches      | • Bug bites           |
| • Pink eye                    | • Seasonal allergies | • Food poisoning      |
| • Bronchitis                  | • Cold               | • Sunburn             |
| • Upper respiratory infection | • Arthritis          | • Headaches/migraines |

 on demand

 amwell

 TELADOC™

## VISIT WITH A DOCTOR, 24/7 - WHENEVER, WHEREVER

With 24/7 Virtual Visits, you can connect to a doctor by phone or video through [myuhc.com](https://myuhc.com)® or the UnitedHealthcare® app.

## A CONVENIENT, AND FASTER WAY TO GET CARE

Doctors can treat a wide range of health conditions-including many of the same conditions as an emergency room (ER) or urgent care-and may even prescribe medications, if needed. With a UnitedHealthcare plan, your cost for a 24/7 Virtual Visit is \$25.

### Consider 24/7 Virtual Visits for these common conditions:

- Allergies
- Bronchitis
- Eye infections
- Flu

### **\$25 COPAY**

An estimated 25% of ER visits could be treated with a 24/7 Virtual Visit

### Get Started

Sign in at [myuhc.com/virtualvisits](https://myuhc.com/virtualvisits) | Call 855-615-8335 | Download the UnitedHealthcare app. When accessing virtual visits either through myuhc.com or the UHC app, you will be brought directly to the 24/7 Optum Virtual Care page. If you would like to access Teladoc, Doctor on Demand or AmWell, please scroll down on that page to the FAQ section at the bottom. From there, open the question 'Are other virtual visit provider groups supported?' You will then see the links to the three other virtual visit provider options.



# OPTUM(RX)

## FAQS

### **IS OPTUM(RX) HOME DELIVERY PHARMACY IN MY PLAN'S NETWORK?**

Yes, it's a part of your plan's pharmacy network.

### **ONCE I'VE ENROLLED IN HOME DELIVERY, HOW LONG WILL IT TAKE TO GET MY MEDICATION(S)?**

Medications should arrive 2-5 days after the pharmacy receives completed new and refill orders.

### **AM I ABLE TO TRACK MY HOME DELIVERY ORDERS?**

Yes. You can track your home delivery orders from your online account or with the app.

### **WHAT IS A LONG-TERM MEDICATION?**

Long-term medications are those you take on a regular basis. They may also be called "maintenance medications." These may be taken for high blood pressure, cholesterol and depression.

### **CAN I USE HOME DELIVERY FOR ANY MEDICATION?**

No. Not all prescriptions may be filled through home delivery. For example, OptumRx home delivery cannot fill prescriptions for certain pain medications like opioids. You can find out which of your prescriptions can be filled through home delivery by going online or using the app. Or, you can call customer service using the number on your member ID card.

### **WHAT IS EPRESCRIBE?**

It's a way for your provider to send electronic prescriptions to OptumRx. It is much faster than paper and faxing prescriptions. Be sure to ask your doctor to ePrescribe when possible. Prescriptions for controlled substances, such as opioids, can only be ordered by ePrescribe. Some exceptions apply.

### **CAN I SET UP MEDICATION REMINDERS?**

Yes. Use your online account to set up email, phone or text alerts for when it's time to refill or take your medication.

### **HOW DOES THE AUTOMATIC REFILL PROGRAM WORK?**

Go online or use the app to enroll eligible medications. Then, OptumRx home delivery will send your refills when it's time. They will notify you before they ship and they'll use your approved payment method on file. It's that easy.

### **OptumRx Mail Order Benefit Contact Information:**

800-356-3477

[www.OptumRx.com](http://www.OptumRx.com)



# FOCUS ON YOUR WELLBEING

## WELLNESS CENTER

The Wellness Center is located next to RockCare at 901 Round Rock Ave.  
**Open daily from 5 a.m. to 10 p.m.**

The Wellness Center is available to employees and one guest (immediate family member age 16+ and requires a City-issued ID badge to access. Guest is required to complete a waiver (available on EmployeeNet).

Whether it's learning about wellness or engaging in physical activity, the Wellness Center is your go-to spot featuring a variety of gym equipment, including treadmills, elliptical, stair climber, stationary bikes, rowing machines, universal strength machine, free weights, medicine balls, tension bands, foam rollers and more. The facility features a full locker room with three individual shower stalls, 12 lockers and restrooms available. Contact Human Resources for questions.

| Where to Go and What to Go For      |                                                                                                                            |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>Convenience Care Clinic</b>      | Sprains, strains, bites, rashes, burns, cuts, healthy lifestyle screening, strep throat, pink eye, flu shot                |
| <b>Primary Care Doctor's Office</b> | Wellness exam, sprains, strains, bites, rashes, burns, cuts, healthy lifestyle screening, strep throat, pink eye, flu shot |
| <b>Urgent Care Center</b>           | Broken bones, sprains, strains, bites, rashes, burns, cuts                                                                 |
| <b>Emergency Room</b>               | Concussions, seizures, chest pain, broken bones                                                                            |

**Tip:** Make sure any urgent care center you visit is in-network to save you the most money.

## UNITEDHEALTHCARE GYM PASS

With One Pass Select, we're on a mission to make fitness engaging for everyone. Find a routine that's right for you whether you work out at home or at the gym. Choose a membership tier that fits your lifestyle and provides everything you need for whole body health in one easy, affordable plan. Members may register through [myuhc.com](https://myuhc.com) or [OnePassSelect.com](https://OnePassSelect.com) or call 877-515-9364.

- \$29/month, Classic Plan
- \$64/month, Standard Plan
- \$99/month, Premium Plan
- \$144/month, Elite Plan

## AUSTIN REGIONAL CLINIC ROUND ROCK

940 Hesters Crossing  
Round Rock, TX 78681

Phone: 512-244-9024 Fax: 512-406-7342

### Clinic Hours

Monday - Friday: 7 a.m. - 5 p.m.

After-Hours Clinic: Monday - Friday: 5 - 9 p.m.

Saturday and Sunday: 8 a.m. - 5 p.m.

## CONVENIENCE CARE CLINICS - \$0 COPAY

A Convenience Care Clinic is a walk-in facility, or part of a facility or retail store, that provides care for minor conditions that need attention right away but are not emergency medical conditions, such as a cold, strep throat, or a minor allergic reaction. These facilities may also provide basic preventive care services such as health screenings or vaccinations. Visit [myuhc.com](https://myuhc.com) and the UnitedHealthcare App to locate your local convenience care clinics.

## EMPLOYEE ASSISTANCE PROGRAM

Everyone may need a little help from time to time. That's why we offer you and your eligible family members access to licensed counselors through our Employee Assistance Program (EAP). The EAP is available to you whether or not you elect other benefits coverage through the City.

### You can contact the EAP for help with the following:

- Stress
- Anxiety and depression
- Substance abuse (alcohol and/or drugs)
- Financial issues
- Aging parents
- Marital or family problems
- Pet care
- Maintenance and repair providers
- Community volunteer opportunities
- Child care issues (identifying schools, day care, tutors and more)

Through the EAP, you and your family can receive immediate support and guidance, as well as assessments and referrals for further services.

It's important to note that all EAP conversations are voluntary and strictly confidential. In addition, there's never a cost to you when you contact an EAP counselor; the City pays the full cost. You have a benefit of 6 covered sessions per issue per year. However, if you and your counselor determine that additional assistance is needed, you'll be referred to the most appropriate and affordable resource available. Although you're responsible for the cost of referrals, these costs are often covered under your medical plan.

## ALLONE HEALTH APP

Taking care of your mental health should be simple, supportive, and always within reach. That's why we created the AllOne Health App—to make it easier than ever for you to access the care you need, when you need it. Whether you're navigating life's challenges, looking for resources, or just need someone to talk to, we're here to help.

### WHAT YOU'LL FIND INSIDE THE APP

#### Virtual Counseling Made Easy

Self-schedule virtual counseling sessions directly through the app.

#### Izzy, Your AI Mental Health Navigator

Receive guidance and personalized support in real time.

#### On-Demand Self-Help Resources

Explore self-guided therapy (iCBT), articles, videos, assessments, and tools.

#### Real Human Support

24/7 live assistance is always just a tap away when you want to speak to someone.

#### Contact AllOne Health

888-993-7650

[www.allonehealth.com/deeroaks](http://www.allonehealth.com/deeroaks)

Code: roundrocktexas



### HOW IT WORKS

**Download the AllOne Health App** from the [Apple App Store](#) or [Google Play Store](#).

**Sign Up** using your existing member portal access code. You'll still have access to the member portal. However, the new AllOne Health App makes accessing care and requesting support easier and more convenient.

**Start Exploring** – Book sessions, chat with Izzy, and discover resources that support your whole health.

#### Download the App and Take the First Step

No matter where you are in your journey, support is here—because your mental health deserves care that's easy to access, always available, and built around you.

# ADDITIONAL BENEFITS

## TEXAS LEGAL

Texas Legal, a nonprofit founded by the State Bar of Texas, provides inexpensive, convenient access to high quality attorneys, then keeps you and your family safe with insurance for the vast majority of life's personal legal needs. Included in your Texas Legal membership is access to Experian, an identity theft prevention benefit. Full benefits summaries are on EmployeeNet.

| Plan      | Employee Monthly | Family Monthly |
|-----------|------------------|----------------|
| Select    | \$13.00          | \$13.00        |
| Preferred | \$18.00          | \$18.00        |

## LEGAL SHIELD AND IDSHIELD

**Summary:** Enrollment with LegalShield gains you access to an entire law firm for assistance with a wide variety of legal matters. Enrollment with IDShield gains you access to comprehensive monitoring of your most personal data, consultation and full restoration if your identity is stolen or compromised. Full benefits summaries are on EmployeeNet.

| Plan        | Employee Monthly | Family Monthly |
|-------------|------------------|----------------|
| LegalShield | \$18.95          | \$18.95        |
| IDShield    | \$8.95           | \$18.95        |
| Combined    | \$27.90          | \$33.90        |

## TUITION ASSISTANCE

Tuition assistance is available to employees who are seeking education for career and/or job related development and who are taking for-credit courses through an academic institution. Regular full-time employees with six or more months of service may be eligible for tuition assistance. The City provides tuition assistance up to \$5,000 for full time employees and up to \$2,500 for part time employees per fiscal year for tuition and required fees only (books, equipment and supplies are ineligible). These funds are allocated on a first-come, first-served basis. Classes must be offered by an accredited school or university and employees must submit their application to Human Resources prior to the start of their class(es).

## CLAY MADSEN RECREATION CENTER

All employees receive either a free individual membership to the Clay Madsen Recreation Center OR a discounted family membership (immediate family members only).

## CITY POOL PASSES

All employees are eligible for free passes for admittance to all City-owned pools (excluding RockNRiver). This benefit is available to employees and their immediate family members.

## ROUND ROCK PUBLIC LIBRARY CARD

All employees, regardless of residence, may apply for a free Round Rock Public Library card.

To get a library card, apply in person at the library. The following documentation is required when applying for a Round Rock Public Library card:

- A valid Texas issued ID with current address, OR
- A valid government issued ID and printed official document with current Texas address. Examples of official documents to prove Texas residency are: lease, recent bill, insurance card, check from bank, etc.

## FLEXIBLE SPENDING ACCOUNT (FSAs)

Flexible Spending Accounts (FSAs) with Navia Benefit Solutions allow you to pay for eligible health care and dependent care expenses using tax-free dollars. There are two types of FSAs — the **Health Care FSA** and the **Dependent Care FSA**.

### Comparing the two types of FSAs

| Health Care FSA                                                                                                                                                                            | Dependent Care FSA                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Contribute up to <b>\$3,400</b> per year, pre-tax, to pay for services not covered by your medical, dental or vision plan such as copays, coinsurance, deductibles,                        | Contribute up to <b>\$7,500</b> per year, pre-tax, or <b>\$3,750</b> if married and filing separate tax returns to pay for day care expenses associated with caring for elder or                                                      |
| Receive a debit card to pay for eligible medical expenses (funds must be available in your account).                                                                                       | Receive a debit card to pay for eligible expenses (funds must be available in your account).                                                                                                                                          |
| Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses and over-the-counter medications (must be prescribed by your doctor).                                       | Can only be used to pay for eligible dependent care expenses including day care, after-school programs and elder care programs.                                                                                                       |
| Submit claims up to <b>February 28</b> of the following year for expenses from January 1 to December 31. Per IRS regulations, \$680 and less may be rolled over to the next calendar year. | Submit claims up to <b>February 28</b> of the following year for expenses from January 1 to December 31. If you do not spend all the money in this FSA by <b>December 31</b> , per IRS regulations, unused dollars will be forfeited. |

If you are contributing to a Health Savings Account (HSA), you are not eligible for the Health Care FSA.

# FLEXIBLE SPENDING ACCOUNTS



## CONTACT NAVIA

[www.naviabenefits.com](http://www.naviabenefits.com)

[customerservice@naviabenefits.com](mailto:customerservice@naviabenefits.com)

800-669-3539 | 425-452-3500

## ACCESSING YOUR FSA BENEFITS

Rather than filing a claim and waiting for reimbursement, you can use the debit card to pay your provider directly for qualified health care expenses. Funds come directly out of your Health Care FSA and are paid to the provider. Some swipes require Navia to verify the expense, so hang on to your receipts! If Navia needs to verify, they will send you an email or notification via the smartphone app.

You can also submit Health Care FSA and Dependent Care FSA claims online, through the smartphone app for Android and iPhone, email, fax or mail. Claims are processed within a few days and reimbursements are issued according to the City's reimbursement schedule. Be sure to include documentation that clearly shows the date, type and cost of the service.

### Additional Tools

- Online Account Access: You can order additional debit cards, update bank and address information and see up-to-date details of your benefits.
- Online Claims Submission: Upload your documentation, complete the online wizard, and a reimbursement will be on its way within a few days.
- Mobile App: MyNavia allows you to simply snap a photo and submit for reimbursement direct from your mobile device.
- Flexconnect: Sync your various medical, dental and vision benefits with your FSA plan for a quick and easy reimbursement. No need to submit documentation, we'll get it from the insurance carrier. For additional information, please visit [www.naviabenefits.com/participants/resources/flex-connect/](http://www.naviabenefits.com/participants/resources/flex-connect/).

### Election and Claiming Filing Period

Open Enrollment is a great time to look at your benefits and estimate your out-of-pocket expenses. Be sure to only select an amount that you know you will use during your plan year. At the end of the plan year, you will have a claim filing period to turn in any leftover claims for your benefits.

### Carryover

Unused Health Care FSA balances up to \$680 can be carried over to the subsequent plan year. Health Care FSA funds in excess of \$670 are subject to the "use it or lose it" rule. The carryover feature does not apply to unused day care FSA funds. Carryover amounts will be credited after your claim filing period.

# DENTAL PLAN



## UNITED CONCORDIA DENTAL

Taking care of your oral health is not a luxury, it is a necessity for long-term optimal health. When you visit a dentist in the network, you will maximize your savings. These dentists have agreed to reduced fees, which means you won't get charged more than your expected share of the bill.

| DPPO Plan                                                                                                              |                                                                                       |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| In-Network                                                                                                             |                                                                                       |
| <b>Calendar Year Deductible</b>                                                                                        |                                                                                       |
| Individual                                                                                                             | \$50                                                                                  |
| Family                                                                                                                 | \$150                                                                                 |
| <b>Calendar Year Out-of-Pocket Maximum</b>                                                                             |                                                                                       |
| Per Individual                                                                                                         | \$2,000                                                                               |
| <b>You Pay</b>                                                                                                         |                                                                                       |
| <b>Preventive Care</b>                                                                                                 |                                                                                       |
| Exams, Cleanings, X-rays, Fluoride Treatments                                                                          | \$0                                                                                   |
| <b>Basic Services</b>                                                                                                  |                                                                                       |
| Fillings, Space Maintainers, Sealants, Extractions, Oral Surgery, Endodontics, Periodontics, Emergency Exams           | 20%                                                                                   |
| <b>Major Procedures</b>                                                                                                |                                                                                       |
| Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs                                                                | 50%                                                                                   |
| <b>Orthodontia</b>                                                                                                     |                                                                                       |
| 24-Month Treatment Fee — Additional fees will apply for pre-ortho visits and treatment, records and retention, banding |                                                                                       |
| Adults & Children                                                                                                      | 50% after \$50 deductible, up to a lifetime maximum benefit of \$1,500 per individual |

| United Concordia Dental Plan |               |                     |                         |                            |
|------------------------------|---------------|---------------------|-------------------------|----------------------------|
|                              | Monthly Rates | City Pays Per Month | Employee Pays Per Month | Employee Pays Semi-Monthly |
| Employee Only                | \$52.00       | \$20.00             | \$32.00                 | \$16.00                    |
| Employee + Spouse            | \$72.00       | \$20.00             | \$52.00                 | \$26.00                    |
| Employee + Child(ren)        | \$69.00       | \$20.00             | \$49.00                 | \$24.50                    |
| Employee + Family            | \$105.00      | \$20.00             | \$85.00                 | \$42.50                    |

# VISION PLAN



## COMMUNITY EYE CARE

You may elect vision care coverage, which provides affordable, quality vision care nationwide. Vision care services and supplies are covered in-network and out-of-network, your benefits are greater when you use in-network providers.

|                                                          | Benefits Summary                                                  |                     |                                              |                            |
|----------------------------------------------------------|-------------------------------------------------------------------|---------------------|----------------------------------------------|----------------------------|
|                                                          | In-Network                                                        | Visionworks         | Out-Of-Network                               |                            |
| Cost                                                     |                                                                   |                     |                                              |                            |
| Exam                                                     | \$10 copay                                                        | \$0                 | Up to \$50                                   |                            |
| Eyewear Allowance<br>(up to \$225 allowance for eyewear) | \$10 copay                                                        | \$0                 | Up to \$191.25<br>(85% of eyewear allowance) |                            |
| Contact Lens Fitting,<br>Re-fit or Evaluation            | \$10 copay                                                        | \$0                 | Up to \$48                                   |                            |
| Benefit Frequency                                        |                                                                   |                     |                                              |                            |
| Comprehensive Exam                                       | Once every calendar year<br>(limited to annual eyewear allowance) |                     |                                              |                            |
| Lenses<br>(including contact lenses)                     |                                                                   |                     |                                              |                            |
| Frames                                                   |                                                                   |                     |                                              |                            |
| Second Pair Discount                                     |                                                                   |                     |                                              |                            |
| Community Eye Care Vision Rates                          |                                                                   |                     |                                              |                            |
|                                                          | Monthly Rates                                                     | City Pays Per Month | Employee Pays Per Month                      | Employee Pays Semi Monthly |
| Employee Only                                            | \$5.86                                                            | \$5.00              | \$0.86                                       | \$0.43                     |
| Employee + Spouse                                        | \$9.96                                                            | \$5.00              | \$4.96                                       | \$2.48                     |
| Employee + Child(ren)                                    | \$10.54                                                           | \$5.00              | \$5.54                                       | \$2.77                     |
| Employee + Family                                        | \$15.62                                                           | \$5.00              | \$10.62                                      | \$5.31                     |

# LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE



It's important to give some serious thought to what expenses and income needs your dependents would have if something happened to you. To make sure you have financial protection, the City offers several different types of Life and AD&D insurance with Minnesota Life Insurance Company.

## BASIC LIFE AND AD&D COVERAGE

### Basic Life Insurance

This coverage is provided at no cost to all benefits-eligible employees. If you purchase additional life insurance for yourself, you may also purchase coverage for your spouse and dependent children.

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

This coverage is provided as part of your basic life coverage and provides you specified benefits for a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that death occurs from an accident, 100% of the AD&D benefit would be payable to your beneficiary(ies).

| Coverage Level      | Coverage Amount                                       |
|---------------------|-------------------------------------------------------|
| Basic Life and AD&D | 1x of your annual earnings to a maximum of \$100,000. |

### Imputed Income

Under current tax laws, imputed income is the value of your Basic Life insurance that exceeds \$50,000 and is subject to federal income, Social Security and state income taxes, if applicable. This imputed income amount will be included in your paycheck and shown on your W-2 statement.

## SUPPLEMENTAL DEATH BENEFIT

The City provides a Supplemental Death Benefit through the City's retirement program. If you die while employed by the City, the Texas Municipal Retirement System (TMRS) will pay your beneficiary or estate a benefit approximately equal to your current annual salary. If you die during retirement, the benefit is \$7,500. You are automatically enrolled, with no cost to you, in the Supplemental Death Benefit with your TMRS membership.

## VOLUNTARY LIFE AND AD&D COVERAGE OPTIONS

Voluntary life insurance for you, your spouse and children with Minnesota Life Insurance Company, can help protect your family during difficult times. Eligible employees may purchase Voluntary Life and AD&D for themselves and their family. Voluntary Life and AD&D insurance will be deducted from your paycheck on a post-tax basis. Your spouse is not eligible for spouse Voluntary Life insurance if they are eligible for employee Voluntary Life Insurance with the City.

| Voluntary Life and AD&D Insurance - For You and Your Dependents |                                                                                 |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------|
| Coverage Level                                                  | Coverage Amount                                                                 |
| Employee                                                        | Increments of \$10,000 up to 5x your salary, not to exceed \$500,000.           |
| Spouse                                                          | Increments of \$5,000 up to \$500,000, not to exceed 100% of Employee coverage. |
| Child(ren)                                                      | \$15,000 limited to 100% of the amount for which employee is enrolled.          |

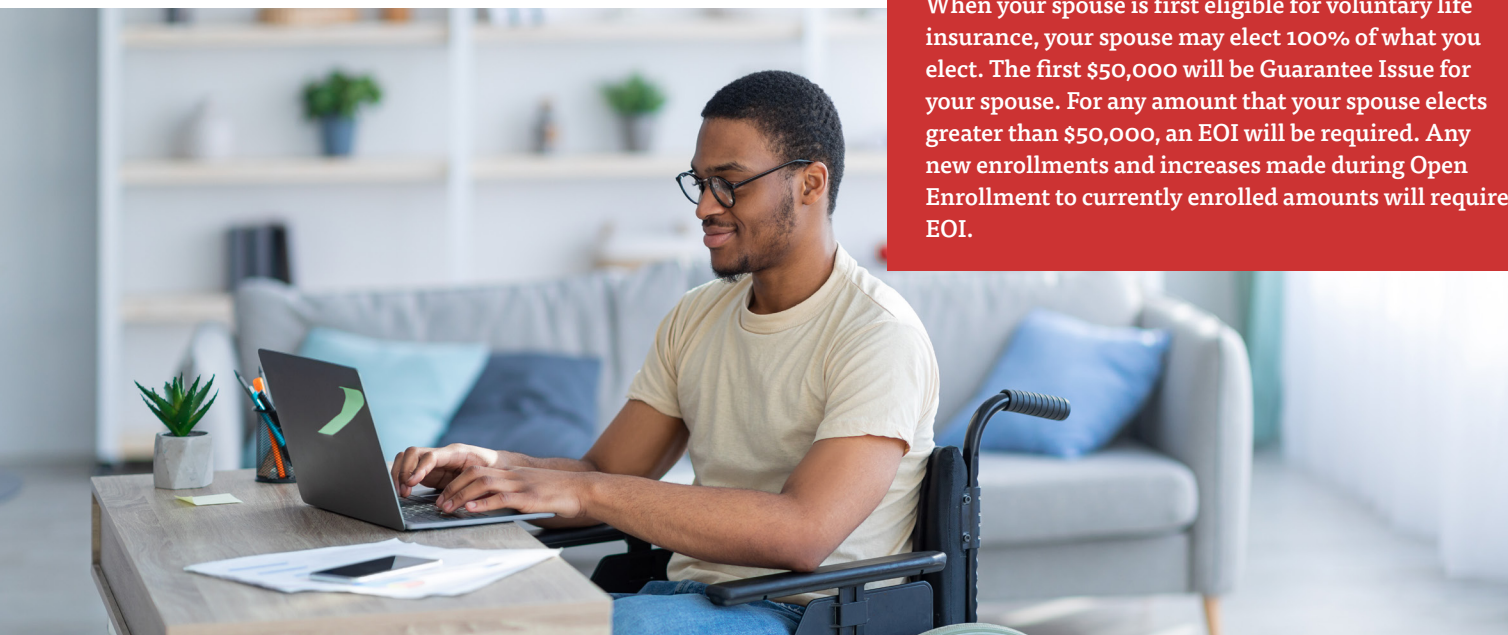
## VOLUNTARY LIFE AND AD&D RATES

| Age      | Employee/Spouse Monthly Life Rate per \$1,000 |
|----------|-----------------------------------------------|
| Under 25 | \$0.060                                       |
| 25-29    | \$0.070                                       |
| 30-34    | \$0.090                                       |
| 35-39    | \$0.100                                       |
| 40-44    | \$0.120                                       |
| 45-49    | \$0.220                                       |
| 50-54    | \$0.420                                       |
| 55-59    | \$0.660                                       |
| 60-64    | \$0.720                                       |
| 65-69    | \$1.330                                       |
| 70-74    | \$2.070                                       |
| 75-79    | \$2.380                                       |

|                                      |                     |
|--------------------------------------|---------------------|
| Child Monthly Life Rate              | \$1.80 for \$15,000 |
| Employee Monthly Voluntary AD&D Rate | \$0.025/\$1,000     |
| Family Monthly Voluntary AD&D Rate   | \$0.035/\$1,000     |

When you are first eligible for Voluntary Life insurance, you may purchase up to 5x your annual salary, not to exceed \$500,000. The first \$250,000 will be Guarantee Issue. For any amount that you elect greater than \$250,000, you will be required to complete an Evidence of Insurability (EOI).

When your spouse is first eligible for voluntary life insurance, your spouse may elect 100% of what you elect. The first \$50,000 will be Guarantee Issue for your spouse. For any amount that your spouse elects greater than \$50,000, an EOI will be required. Any new enrollments and increases made during Open Enrollment to currently enrolled amounts will require EOI.



# DISABILITY INSURANCE



If you have a serious injury or illness that keeps you from working, how would you pay your bills? Disability insurance replaces a portion of your income when you are unable to work due to a qualified illness or non-work-related injury.

## SHORT-TERM DISABILITY (STD)

Pregnancy, a scheduled surgery or an unplanned illness or injury could keep you off the job and without income for an extended period of time. STD can protect part of your paycheck should you become disabled. Certain exclusions and pre-existing condition limitations may apply. STD is a voluntary benefit. If you do not enroll within 30 days of first becoming eligible, an Evidence of Insurability (EOI) is required.

A qualifying disability is a sickness or injury that causes you to be unable to perform any work for which you are or could be qualified by education, training or experience.

| Coverage              | Benefit                                                                                                                                          |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Short-Term Disability | 60% of your weekly earnings not to exceed \$1,200 weekly for 11 weeks.<br><br>Benefit begins after 14 days of disability, not to exceed 11 weeks |
| Rate                  | Monthly cost is \$0.255 per \$10 of covered benefit                                                                                              |

## LONG-TERM DISABILITY (LTD)

LTD makes sure you have a portion of your income replaced if you can't work for an extended period of time due to a non-work-related illness or injury. This coverage is coordinated with other benefits you may receive while disabled, such as Social Security and Worker's Compensation. LTD payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever comes first. Certain exclusions and pre-existing condition limitations may apply. LTD is provided at no cost to all eligible employees. Enrollment is automatic.

| Coverage             | Benefit                                                                                                                                                                                                                                                    |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Long-Term Disability | 60% of your monthly earnings up to a \$5,000 monthly maximum.<br><br>Benefit begins after 90 days of disability and payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner. |

## WHEN ARE YOU DISABLED?

To be considered disabled and eligible for LTD benefits, you must be approved by Madison National Life and seeing a doctor regularly for treatment. In addition:

- Your doctor must certify that you are not able to do your job at the City, and;
- You must have lost 20% or more of your pre-disability income due to your illness or injury.

## HOW STD AND LTD CAN WORK TOGETHER

Let's say you get hurt while skiing and must be away from work due to injuries.

### Here's how your disability benefits would work:

- For the first 14 calendar days you miss work, you may use your accrued paid leave and receive your regular pay.
- For the next 24 weeks, you would receive STD benefits equal to 60% of your pay, not to exceed \$1,200 per week.
- If you're out longer than 12 weeks and can't perform your job, LTD replaces 60% of your monthly pay, up to a maximum of \$5,000 per month. These benefits would continue until you no longer meet the definition of disabled as defined by Madison National Life.



# VOLUNTARY BENEFITS

## ACCIDENT INSURANCE

Helps cover costs related to accidental injuries such as car accidents, falls, or sports injuries. This benefit pays cash directly to you — regardless of other coverage — to use however you need (e.g., deductibles, childcare, groceries, etc.).

### Commonly Covered Expenses:

- Emergency room visits
- Hospital stays
- Medical exams (including major diagnostics)
- Physical therapy
- Fractures and dislocations
- Transportation and lodging if the accident occurs away from home

### How the plan works:

John was in a car accident and was transported by ground ambulance to the emergency room and admitted to the hospital. He had a dislocated hip and spent five days in the hospital. He had several physical therapy sessions before returning to work. John submitted his accident claim and received \$5,800 from his accident insurance coverage, and used it toward his deductible, copay and supplemental income for his missed work days.

| UnitedHealthcare Accident Insurance Rates |                       |                            |
|-------------------------------------------|-----------------------|----------------------------|
|                                           | Employee Pays Monthly | Employee Pays Semi-Monthly |
| Employee                                  | \$7.94                | \$3.97                     |
| Employee + Spouse                         | \$12.54               | \$6.27                     |
| Employee + Child(ren)                     | \$15.42               | \$7.71                     |
| Employee + Family                         | \$23.72               | \$11.86                    |

## SAMPLE REIMBURSEMENTS

| Service                   | Benefit Amount |
|---------------------------|----------------|
| Ground Ambulance          | \$300          |
| Emergency Room            | \$150          |
| Hospital Admission        | \$1,200        |
| Hospital ICU Admission    | \$2,400        |
| Appliances                | \$225          |
| Dislocated Hip            | \$3,000        |
| Rehabilitation Therapy    | \$30           |
| Concussion                | \$200          |
| <b>Total Benefit Paid</b> | <b>\$7,505</b> |



## CRITICAL ILLNESS INSURANCE

Critical Illness insurance with UnitedHealthcare can have a huge impact on your life. A critical illness can keep you from working and can make it difficult to do simple, everyday things. Critical Illness insurance can help reduce your stress – financially and mentally – while you recover from your illness. These illnesses can include, but are not limited to, the following:

- Heart attack
- Multiple Sclerosis
- Stroke
- Major organ failure
- Alzheimer's disease
- Parkinson's disease

### How the plan works:

Critical Illness insurance pays a fixed one-time benefit amount if you are diagnosed with a covered disease or illness after your coverage effective date. You can use this money for any purpose you like. It can help pay for expenses not covered by your health care plan (such as your deductible or copays), lost income, child care, travel to and from treatment, home health care costs or any of your regular household expenses. Pre-existing conditions are excluded.

Tom suffered a small stroke, was hospitalized for five days, then entered rehab. He received a **\$20,000** lump-sum benefit to support his recovery and related expenses.

## SAMPLE BENEFIT AMOUNT

| Critical Illness Benefit Options |                |                         |
|----------------------------------|----------------|-------------------------|
| Coverage Level                   | Benefit Amount | Guaranteed Issue Amount |
| Employee                         | \$20,000       | All Guaranteed Issue    |
| Spouse                           | \$10,000       | All Guaranteed Issue    |
| Children                         | \$5,000        | All Guaranteed Issue    |

Please refer to the benefits summary posted on EmployeeNet for more information, including rates.

# HOSPITAL INDEMNITY

# GAP INSURANCE

Hospital Indemnity insurance with UnitedHealthcare is a plan designed to pay for the costs of a hospital admission that may not be covered by other insurance.

The plan covers employees who are admitted to a hospital or ICU for a covered sickness or injury. Even if your Medical insurance covers most of your hospitalization, you can still receive payments from your Hospital Indemnity insurance plan to cover extra expenses while you recover.

**Examples of Covered Expenses**

- Hospital Admission
- Hospital Confinement
- Hospital Intensive Care

**How does Hospital Indemnity work?**

You pay monthly premiums for your Hospital Indemnity insurance plan. If you are admitted to the hospital for an injury or illness, your Hospital Indemnity plan makes cash payments to you.

And with the payments going directly to you, you can use these emergency funds to pay for costs not covered by your medical insurance, Medical insurance deductibles, copays and coinsurance, child care expenses while you are in the hospital or cost-of-living expenses as you recover.

| UnitedHealthcare Hospital Gap Rates |                       |                            |
|-------------------------------------|-----------------------|----------------------------|
|                                     | Employee Pays Monthly | Employee Pays Semi-Monthly |
| Employee                            | \$5.12                | \$2.56                     |
| Employee + Spouse                   | \$11.94               | \$5.97                     |
| Employee + Child(ren)               | \$10.68               | \$5.34                     |
| Employee + Family                   | \$18.68               | \$9.34                     |

# PLANNING FOR RETIREMENT

What does retirement look like for you? Maybe you plan to travel the world. Or maybe you'd like to take up some hobbies closer to home. Whatever your goal, it's important to take responsibility for your own finances so you have the income you'll need in the future.

One of the best ways to ensure a secure retirement is to start saving as early as possible. Our retirement plans allow you to save for retirement on a pre-tax basis. You can begin contributing to the plan at any time once you become eligible and can start making contributions to your account through convenient payroll deductions.

## TEXAS MUNICIPAL RETIREMENT SYSTEM (TMRS)

- Benefits eligible employees automatically contribute 7% of their salary to TMRS.
- Your account earns a guaranteed 5% interest rate per year at the end of the calendar year, after 12 months of continuous contributions.
- The City of Round Rock contributes 2:1 of an employee's fund when the employee retires. Retirement may occur after 20 years of services or at age 60 or above (with at least 5 years of service).

## 457(B) DEFERRED COMPENSATION PLANS

Employees may save more toward retirement than the mandatory 7% with TMRS. Under Section 457 of the Internal Revenue Code, employees may defer pre-tax, post-tax or both, up to the maximum allowed depending upon their age. Participation is handled through payroll deduction each pay period. An employee may join the 457 plan with Nationwide Retirement Solutions anytime during the year. Contribution changes must be submitted to Nationwide Retirement Solutions and are effective the first paycheck of the following month.

- Standard Deferral: \$23,500
- Age 50+ Catch-up: Additional \$7,500
- Special 457 Catch-up to \$47,000
- Minimum contribution per pay period is \$10.00.
- Maximum contribution per year includes both plans. Example: If you are under age 50 and you contribute \$4,000 per year to the Roth plan, the maximum that you can contribute per year to the pre-tax plan is \$19,500.



|                                             | Pre-Tax  | Post-Tax (Roth) |
|---------------------------------------------|----------|-----------------|
| Max contribution per year                   | \$23,500 | \$23,500        |
| Max contribution per year (age 50 and over) | \$31,000 | \$31,000        |

## CONTACTS

| Coverage                                                 | Contact                                                           | Website/Email                                                                                                                                                | Phone                                           |
|----------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Medical</b>                                           | UnitedHealthcare                                                  | <a href="http://www.myuhc.com">www.myuhc.com</a>                                                                                                             | Choice: 888-787-4112<br>EPO: 888-331-3408       |
| <b>Dental</b>                                            | United Concordia                                                  | <a href="http://www.unitedconcordia.com">www.unitedconcordia.com</a>                                                                                         | 877-816-3596                                    |
| <b>Vision</b>                                            | Community Eye Care                                                | <a href="http://www.cevision.com">www.cevision.com</a>                                                                                                       | 888-254-4290                                    |
| <b>Flexible Spending Accounts (FSAs)</b>                 | Navia Benefit Solutions                                           | <a href="http://www.naviabenefits.com">www.naviabenefits.com</a><br><a href="mailto:customerservice@naviabenefits.com">customerservice@naviabenefits.com</a> | 800-669-3539<br>425-452-3500                    |
| <b>Employee Medical Clinic</b>                           | RockCare                                                          | RockCare webpage on EmployeeNet                                                                                                                              | 512-843-0697                                    |
| <b>Life and AD&amp;D Insurance</b>                       | Minnesota Life                                                    | <a href="mailto:ochs@ochsinc.com">ochs@ochsinc.com</a>                                                                                                       | 888-658-0193                                    |
| <b>Disability</b>                                        | Madison National Life                                             | <a href="mailto:ochs@ochsinc.com">ochs@ochsinc.com</a>                                                                                                       | 800-356-9601<br>ext. 2410                       |
| <b>Retirement</b>                                        | Texas Municipal Retirement System (TMRS)                          | <a href="http://www.TMRS.com">www.TMRS.com</a>                                                                                                               | 800-924-8677                                    |
| <b>Pharmacy</b>                                          | UnitedHealthcare                                                  | <a href="http://www.myuhc.com">www.myuhc.com</a>                                                                                                             | 888-290-5416                                    |
| <b>Employee Assistance Program (EAP)</b>                 | All One Health                                                    | <a href="http://www.allonehealth.com/deeroaks">www.allonehealth.com/deeroaks</a>                                                                             | 888-993-7650                                    |
| <b>Legal Assistance</b>                                  | LegalShield<br>Mark Seguin,<br>Account Manager<br><br>Texas Legal | <a href="http://www.legalshield.com">www.legalshield.com</a><br><a href="http://www.texaslegal.com">www.texaslegal.com</a>                                   | 903-539-6821                                    |
| <b>Accident, Critical Illness and Hospital Indemnity</b> | UnitedHealthcare                                                  | <a href="http://www.myuhc.com">www.myuhc.com</a>                                                                                                             | Claims: 866-556-8298<br>Questions: 888-299-2070 |
| <b>Teladoc</b>                                           | Teladoc                                                           | <a href="http://teladoc.com">teladoc.com</a>                                                                                                                 | 855-835-2362                                    |
| <b>Deferred Compensation (Voluntary Retirement)</b>      | Nationwide Insurance<br>Wilson Heacock, Retirement Specialist     | <a href="http://www.nrsforu.com">www.nrsforu.com</a><br><a href="mailto:Wilson.Heacock@nationwide.com">Wilson.Heacock@nationwide.com</a>                     | 361-887-1978                                    |
| <b>Human Resources</b>                                   | Tyler Jarl, Human Resources Manager                               | <a href="mailto:tjarl@roundrocktexas.gov">tjarl@roundrocktexas.gov</a>                                                                                       | 512-341-3143                                    |
| <b>Human Resources</b>                                   | Sang Dhar, HR Benefits and Wellness Specialist                    | <a href="mailto:sdhar@roundrocktexas.gov">sdhar@roundrocktexas.gov</a>                                                                                       | 512-671-2731                                    |

## CHIP NOTICE

### Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from Williamson County, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility.**

To see if any other states have added a premium assistance program since July 31, 2025 or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee  
Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, ext. 61565

| State                        | Website/Email                                                                                                                                                                                                                                                                                                                                         | Phone                                                                 |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Alabama (Medicaid)           | Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a>                                                                                                                                                                                                                                                                                      | 1-855-692-5447                                                        |
| Alaska (Medicaid)            | The AK Health Insurance Premium Payment Program<br>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a><br>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br>Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a> | 1-866-251-4861                                                        |
| Arkansas (Medicaid)          | Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a>                                                                                                                                                                                                                                                                                      | 1-855-692-7447                                                        |
| California (Medicaid)        | Health Insurance Premium Payment (HIPP) Program<br>Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a><br>Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>                                                                                                                                                            | 916-445-8322<br>916-440-5676 (fax)                                    |
| Colorado (Medicaid and CHIP) | Medicaid: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br>CHIP: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a><br>HIBI: <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a>                                                 | 1-800-221-3943<br>1-800-359-1991<br>1-855-692-6442<br>State relay 711 |

| State                                    | Website/Email                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Phone                                                                         |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Florida (Medicaid)</b>                | <a href="https://www.flmedicaidprecovery.com/flmedica">https://www.flmedicaidprecovery.com/flmedica</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1-877-357-3268                                                                |
| <b>Georgia (Medicaid)</b>                | HIPP: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a><br>CHIPRA: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>                                                                                                       | 678-564-1162, press 1<br>678-564-1162, press 2                                |
| <b>Indiana (Medicaid)</b>                | Healthy Indiana Plan for low-income adults 19-64: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a><br>All other Medicaid: <a href="https://www.in.gov/medicaid">https://www.in.gov/medicaid</a>                                                                                                                                                                                                                                                                                                                                                   | 1-877-438-4479<br>1-800-457-4584                                              |
| <b>Iowa (Medicaid and CHIP)</b>          | Medicaid: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a><br>CHIP: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a><br>HIPP: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>                                                                                                                                                                                                                                                                | 1-800-338-8366<br>1-800-257-8563<br>1-888-346-9562                            |
| <b>Kansas (Medicaid)</b>                 | <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1-800-967-4660<br>HIPP: 1-800-967-4660                                        |
| <b>Kentucky (Medicaid and CHIP)</b>      | Medicaid: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a><br>KI-HIPP: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br>KI-HIPP E-mail: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a><br>KCHIP: <a href="https://kynect.ly.gov">https://kynect.ly.gov</a>                                                                                                                                                                          | 1-855-459-6328<br>1-877-524-4718                                              |
| <b>Louisiana (Medicaid)</b>              | <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a><br><a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1-888-342-6207<br>1-855-618-5488                                              |
| <b>Maine (Medicaid)</b>                  | <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>                                                                                                                                                                                                                                                                                                              | Enroll: 1-800-442-6003<br>Private HIP: 1-800-977-6740<br>TTY: Maine relay 711 |
| <b>Massachusetts (Medicaid and CHIP)</b> | <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a><br>Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>                                                                                                                                                                                                                                                                                                                                                                                   | 1-800-862-4840<br>TTY: 711                                                    |
| <b>Minnesota (Medicaid)</b>              | CHIP: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a><br>Medicaid: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> | 1-800-657-3739                                                                |
| <b>Missouri (Medicaid)</b>               | <a href="https://www.dss.mo.gov/mhd/participants/pages/hipp.htm">https://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>                                                                                                                                                                                                                                                                                                                                                                                                                                            | 573-751-2005                                                                  |
| <b>Montana (Medicaid)</b>                | <a href="https://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">https://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br><a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>                                                                                                                                                                                                                                                                                                                                                                                | 1-800-694-3084                                                                |
| <b>Nebraska (Medicaid)</b>               | <a href="https://www.ACCESSNebraska.ne.gov">https://www.ACCESSNebraska.ne.gov</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178                |
| <b>Nevada (Medicaid)</b>                 | <a href="https://dhcfp.nv.gov/">https://dhcfp.nv.gov/</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1-800-992-0900                                                                |
| <b>New Hampshire (Medicaid)</b>          | <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>                                                                                                                                                                                                                                                                                                                                                                                  | 603-271-5218 or<br>1-800-852-3345, ext. 5218                                  |
| <b>New Jersey (Medicaid and CHIP)</b>    | Medicaid: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br>CHIP: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>                                                                                                                                                                                                                                                                                                                 | Medicaid: 609-631-2392<br>CHIP: 1-800-701-0710                                |

| State                                   | Website/Email                                                                                                                                                                                                                                                                                                                                                                                  | Phone                                                   |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>New York (Medicaid)</b>              | <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>                                                                                                                                                                                                                                                                                  | 1-800-541-2831                                          |
| <b>North Carolina (Medicaid)</b>        | <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>                                                                                                                                                                                                                                                                                                                        | 919-855-4100                                            |
| <b>North Dakota (Medicaid)</b>          | <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>                                                                                                                                                                                                                                                                                                              | 1-844-854-4825                                          |
| <b>Oklahoma (Medicaid and CHIP)</b>     | <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>                                                                                                                                                                                                                                                                                                                      | 1-888-365-3742                                          |
| <b>Oregon (Medicaid)</b>                | <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>                                                                                                                                                                                                                                                                                      | 1-800-699-9075                                          |
| <b>Pennsylvania (Medicaid and CHIP)</b> | Medicaid: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a><br>CHIP: <a href="https://www.dhs.pa.gov/chip/pages/chip.aspx">https://www.dhs.pa.gov/chip/pages/chip.aspx</a>                                                                                                                   | Medicaid: 1-800-692-7462<br>CHIP: 1-800-986-KIDS (5437) |
| <b>Rhode Island (Medicaid and CHIP)</b> | <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>                                                                                                                                                                                                                                                                                                                                | 1-855-697-4347 or<br>401-462-0311 (Direct Rlte)         |
| <b>South Carolina (Medicaid)</b>        | <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>                                                                                                                                                                                                                                                                                                                                    | 1-888-549-0820                                          |
| <b>South Dakota (Medicaid)</b>          | <a href="http://dss.sd.gov">http://dss.sd.gov</a>                                                                                                                                                                                                                                                                                                                                              | 1-888-828-0059                                          |
| <b>Texas (Medicaid)</b>                 | <a href="https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program">https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program</a>                                                                                                                                                                                            | 1-800-440-0493                                          |
| <b>Utah (Medicaid and CHIP)</b>         | Medicaid: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a><br>CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>                                                                                                                                                                                                                                   | 1-877-543-7669                                          |
| <b>Vermont (Medicaid)</b>               | <a href="https://dvha.vermont.gov/members/medicaid/hipp-program">https://dvha.vermont.gov/members/medicaid/hipp-program</a>                                                                                                                                                                                                                                                                    | 1-800-250-8427                                          |
| <b>Virginia (Medicaid and CHIP)</b>     | <a href="https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select">https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select</a><br><a href="https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs</a> | 1-800-432-5924                                          |
| <b>Washington (Medicaid)</b>            | <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>                                                                                                                                                                                                                                                                                                                                  | 1-800-562-3022                                          |
| <b>West Virginia (Medicaid)</b>         | <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a><br><a href="http://mywvhipp.com/">http://mywvhipp.com/</a>                                                                                                                                                                                                                                                                     | Medicaid: 304-558-1700<br>CHIP: 1-855-699-8447          |

Paperwork Reduction Act Statement: According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebbsa.opr@dol.gov](mailto:ebbsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB CONTROL NUMBER 1210-0137 (EXPIRES 1/31/2026)

## REQUIRED NOTICES

**IMPORTANT: If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, the Medicare Prescription Drug programs give you more choices about your prescription drug coverage.**

### Health Insurance Marketplace Coverage Options and Your Health Coverage

#### Part A: General Information

Since key parts of the health care law took effect in 2014, there is another way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

##### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace’s annual Open Enrollment period or if you experience a qualifying life event.

##### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

##### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than (9.02% for plans that start in 2025) of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution — as well as your employee contribution to employer-offered coverage — is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

#### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact **Tyler Jarl** at [tjarl@roundrocktexas.gov](mailto:tjarl@roundrocktexas.gov).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

#### Part B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

|                                                                                  |                                                                            |          |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------|
| 3. City of Round Rock                                                            | 4. EIN: 74-6017485                                                         |          |
| 5. 231 E Main Street, Ste 100                                                    | 6. 512-218-5490                                                            |          |
| 7. Round Rock                                                                    | 8. Texas                                                                   | 9. 78664 |
| 10. Who can we contact about employee health coverage at this job?<br>Tyler Jarl |                                                                            |          |
| 11. Phone number (if different from above)<br>512-341-3143                       | 12. <a href="mailto:tjarl@roundrocktexas.gov">tjarl@roundrocktexas.gov</a> |          |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to all full-time employees

Eligible dependents are:

- Employee that are full-time and work regularly scheduled 30+ hour per week
- With respect to dependents, we do offer coverage.

Eligible Dependents are:

- o Spouses
- o Children up to the age of 26
- o Grandchildren (which legal guardianship and/or financial support is provided)

✓ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\*Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [www.healthcare.gov](http://www.healthcare.gov) will guide you through the process.

## City of Round Rock Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

### Our Company's Pledge To You

This notice is intended to inform you of the privacy practices followed by the City of Round Rock (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on January 1, 2026.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. City of Round Rock requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

### Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

### How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information. Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

### Health Care Operations

We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

### Treatment

Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

### As permitted or Required by Law

We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

### Pursuant to Your Authorization

When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

### **To Business Associates**

We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

### **To the Plan Sponsor**

We may disclose protected health information to certain employees of **Williamson County** for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

### **Your Rights**

#### **Your Right to Inspect and Copy**

In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request.

Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

#### **Right to Amend**

If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed

below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

### **Right to an Accounting of Disclosures**

You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

### **Right to Request Restrictions**

You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions..

### **Right to Request Confidential Communications**

You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

### **Right to be Notified of a Breach**

You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

### **Right to Receive a Paper Copy of this Notice**

If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

## Our Legal Responsibilities

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

**City of Round Rock, Tyler Jarl**

**231 E Main Street**

**Ste 100**

**Round Rock, TX 78664**

**512-341-3143 – [tjarl@roundrocktexas.gov](mailto:tjarl@roundrocktexas.gov)**

### Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit [www.hhs.gov/ocr](http://www.hhs.gov/ocr) for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

## Important notice from the City of Round Rock about your prescription drug coverage and Medicare:

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Williamson County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

**There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:**

### 1. Medicare prescription drug coverage became available in

2006 to everyone with Medicare.

**You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

**2. The City of Round Rock has determined that the prescription drug coverage offered by City of Round Rock plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of Round Rock and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Round Rock coverage will be affected. If you do decide to join a Medicare drug plan and drop your current City of Round Rock coverage, be aware that you and your dependents may not be

able to get this coverage back.

### **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through Williamson County changes. You also may request a copy of this notice at any time.

### **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

**October 1, 2025**

**City of Round Rock**

**Tyler Jarl**

**231 E Main Street, Ste. 100**

**Round Rock, TX 78664**

**512-341-3143 — [tjarl@roundrocktexas.gov](mailto:tjarl@roundrocktexas.gov)**

## **COBRA RIGHTS NOTICE**

This notice has important information about your right to COBRA continuation coverage, which is a temporary extension

of coverage under the Plan. **This notice explains Public Sector COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

## **What is COBRA Continuation Coverage?**

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of one of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of one of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;

- Your spouse becomes entitled to Medicare benefits (under Part A, Part B or both); or
- You become divorced or legally separated from your spouse.

You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

### **When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Williamson County.**

### **How is COBRA Continuation Coverage Provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work.

Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

#### **Disability extension of 18-month period of COBRA continuation coverage**

*If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.*

#### **Second qualifying event extension of 18-month period of continuation coverage**

*If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.*

### **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, **Children's Health Insurance Program (CHIP)**, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

### **Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?**

In general, if you don't enroll in Medicare Part A or B when

you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

**If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later.** If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

### **If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. More information about your Public Sector COBRA rights through the Centers for Consumer Information and Oversight (CCIIO), available at [www.cms.gov/ccio/](http://www.cms.gov/ccio/)

### **Keep your Plan informed of address changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator. For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

### **Plan contact information:**

**October 1, 2024**

**City of Round Rock**

**Tyler Jarl**

**231 E Main Street, Ste. 100**

**Round Rock, TX 78664**

**512-341-3143 – [tjarl@roundrocktexas.gov](mailto:tjarl@roundrocktexas.gov)**

## **OTHER NOTICES**

### **Expanded coverage for women's preventive care**

Under the Affordable Care Act, City of Round Rock provides female plan participants with expanded access to recommended in-network preventive services, including contraceptives, without cost sharing.

Additional women's preventive services that will be covered without cost sharing requirements include:

- Well-woman visits
- Gestational diabetes screening
- HPV DNA testing
- STI counseling, and HIV screening and counseling
- Contraception and contraceptive counseling
- Breastfeeding support, supplies, and counseling
- Domestic violence screening

For a description of what these items include, visit <https://www.healthcare.gov/preventive-care-women/>.

### **60-Day Special Enrollment Period**

In addition to the qualifying events listed in the enrollment guide, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

### **Notice of Special Enrollment Rights**

If you decline enrollment in medical coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in City of Round Rock medical coverage if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

However, you must request enrollment no more than 31 days after your or your dependent's other coverage ends (or after the employer stops contributing to the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in City of Round Rock medical

coverage as long as you request enrollment by contacting the benefits manager no more than 31 days after the marriage, birth, adoption or placement for adoption. For more information, contact City of Round Rock's Human Resources Department..

### **Newborn & Mothers Health Protection Notice**

For maternity hospital stays, in accordance with federal law, the Plan does not restrict benefits, for any hospital length of stay in connection with childbirth for the mother or newborn child, to less than 48 hours following a vaginal delivery or less than 96 hours following a Cesarean delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

### **Women's Health and Cancer Rights Act of 1998**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultations with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact Human Resources or your medical plan administrator.

## NOTES

[illegible]

## NOTES

This image shows a full page of handwriting practice paper. It features approximately 20 horizontal dashed lines spaced evenly across the page, providing a guide for letter height and placement. The background is plain white, and there are no margins or additional markings.

