

Town of Highland Park Employee Benefits 2025-2026



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Working together is what makes Town of Highland Park a success, and this teamwork extends to your benefits. We provide options to support your family's overall wellbeing. This guide offers details on your 2025-2026 benefits. Contact the Town of Highland Park Human Resources department with any questions.

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See page 33 for
important information
concerning Medicare
Part D coverage.

In this Guide, we use the term company to refer to Town of Highland Park. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

Welcome

Dear Town of Highland Park employee,

The Town of Highland Park cares about you as an employee and is pleased to offer a comprehensive benefits package.

You and your family have access to enroll in medical, dental, vision, life/AD&D, and disability. We also offer additional benefits to help support you — like a wellness plan, a medical concierge service and an employee assistance program.

We appreciate you and all you do for the Town of Highland Park!

This guide includes:

- » An overview of your 2025-2026 benefits options
- » Explanations of each offering to help you make the best decisions for you and your family
- » Contact information for all benefits vendors
- » Costs associated with your benefits



Any Questions?

We're here to help. Contact Town of Highland Park Human Resources at 214-559-9332.



Eligibility and Enrollment



Town of Highland Park's benefits are designed to support your unique needs.

Eligibility

If you are a full-time employee of Town of Highland Park who is regularly scheduled to work at least 30 hours a week, you are eligible to participate in medical, dental, vision, life and disability plans, and additional benefits.

Part-time employees are able to participate in the benefit plans as well; part-time employees will pay for 50% of the Town's portion of medical and dental premiums in addition to the employee's portion.

Coverage Dates

Your elections are effective on the first of the month following your date of hire. Benefits cannot be changed until the next open enrollment period unless you experience a Qualifying Life Event.

Dependents

Dependents eligible for coverage include:

- » Your legal spouse (or common-law spouse where recognized).
- » Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom you or your spouse have legal guardianship).
- » Dependent children 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

Verification of dependent eligibility may be required upon enrollment.



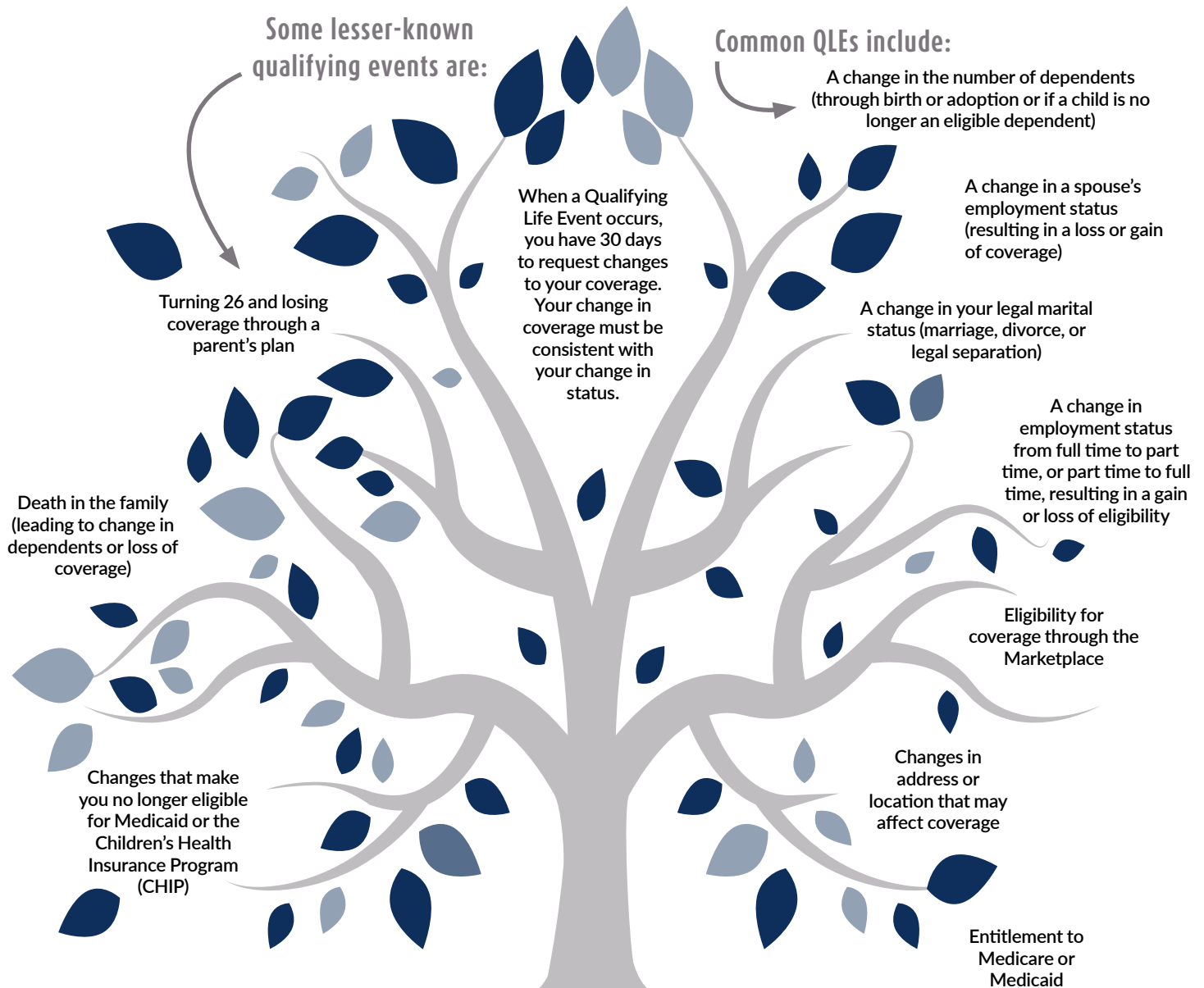
Note

Open Enrollment is your annual chance to choose your benefits, unless you have a Qualifying Life Event, such as marriage or the birth/adoption of a child.

Now's the Time to Enroll!

What are Qualifying Life Events?

You can update your benefits when you start a new job or during Open Enrollment. But changes in your life called Qualifying Life Events (QLEs) determined by the IRS can allow you to enroll in health insurance or make changes outside of these times.



Reach out to Town of Highland Park's Town of Highland Park Human Resources with questions regarding specific life events and your ability to request changes. Don't miss out on a chance to update your benefits!



Ready for Open Enrollment?

Town of Highland Park covers a significant amount of your benefit costs. Employee contributions vary depending on the level of coverage you select — typically, the more coverage you have, the higher your portion.

You can choose any combination of medical, dental, and/or vision coverage. You could select medical coverage for yourself and your entire family, but dental and vision coverage only for yourself. The only requirement is that as an eligible employee of Town of Highland Park, you must elect coverage for yourself in order to elect coverage for dependents.

Open Enrollment Action Items



Update your personal information.

If you've experienced any life changes since the last Open Enrollment period — such as the birth of a child or a move — you may need to change your elections or update your pertinent details.



Double-check covered medications.

If you make any changes to your plan, consider how it affects your prescriptions.



Review available plans' deductibles.

Foresee a lot of medical needs this year? You might want a lower deductible. If not, you could switch to a higher deductible plan and enjoy lower premiums.



Consider your HSA or FSA.

An HSA or FSA can help cover healthcare costs, including dental and vision services and prescriptions. Adding one of these accounts to your benefits can help with your long-term financial goals.



Check your networks.

Going in-network often saves you money. Check for any plan changes to make sure your go-to providers and pharmacy are still your best bet.

Medical Benefits



Medical benefits are provided through Cigna. Consider the physician networks, premiums, and out-of-pocket costs for each plan when choosing for you and your family. Keep in mind your choice is effective for the entire 2025-2026 plan year unless you have a Qualifying Life Event.

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your bi-weekly contributions.

	HSA OAP PLAN	HSA LOW PLAN	HSA HIGH PLAN
BI-WEEKLY CONTRIBUTIONS			
ELECTIVE ABORTION RATES			
EMPLOYEE ONLY	\$1.92	\$22.31	\$25.47
EMPLOYEE + SPOUSE	\$171.57	\$214.64	\$220.27
EMPLOYEE + CHILD(REN)	\$140.36	\$174.35	\$185.98
EMPLOYEE + FAMILY	\$326.32	\$379.40	\$397.13
LIMITED ABORTION RATES			
EMPLOYEE ONLY	\$0.00	\$20.27	\$23.41
EMPLOYEE + SPOUSE	\$167.55	\$210.36	\$215.95
EMPLOYEE + CHILD(REN)	\$136.73	\$170.51	\$182.07
EMPLOYEE + FAMILY	\$320.37	\$373.14	\$390.76

How to Find a Provider

Visit www.mycigna.com or call Customer Care at 800-997-1654 for a list of Cigna network providers.

Note

Preventive care offered by an in-network physician, like well-woman exams or annual physicals, is often covered at 100%.



Medical Plan Summary

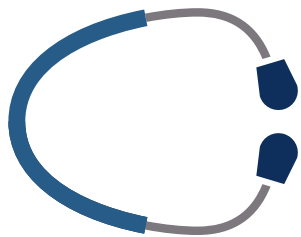
This chart summarizes the 2025-2026 medical coverage provided by Cigna. All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

	HSA OAP PLAN		HSA LOW PLAN		HSA HIGH PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE						
INDIVIDUAL	\$3,300	N/A	\$3,300	\$10,000	\$3,300	\$4,500
FAMILY	\$6,000	N/A	\$6,000	\$20,000	\$6,000	\$9,000
COINSURANCE (PLAN PAYS)	100%*	N/A	90%*	50%*	100%*	80%*
ANNUAL OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)						
INDIVIDUAL	\$3,300	N/A	\$3,300	\$15,000	\$3,300	\$5,500
FAMILY	\$6,000	N/A	\$6,400	\$30,000	\$6,000	\$11,000
COPAYS/COINSURANCE						
PRIMARY CARE	100%*	N/A	90%*	50%*	100%*	80%*
SPECIALIST SERVICES	100%*	N/A	90%*	50%*	100%*	80%*
IN-PATIENT SURGERY	100%*	N/A	90%*	50%*	100%*	80%*
OUT-PATIENT SURGERY	100%*	N/A	90%*	50%*	100%*	80%*
URGENT CARE	100%*	N/A	90%*	50%*	100%*	80%*
EMERGENCY ROOM	100%*	N/A	90%*	50%*	100%*	80%*

*After deductible

The individual deductible amount must be met by each member enrolled under your medical coverage. If you have several covered dependents, all charges used to apply toward a “per individual” deductible amount will also be applied toward the “per family” deductible amount. When the family deductible amount is reached, no further individual deductibles will have to be met for the remainder of that plan year. No member may contribute more than the individual deductible amount to the “per family” deductible amount. The same typically applies for the out-of-pocket maximum.

Preventive Care



Routine checkups and screenings are considered preventive, so they're often paid at 100% by your insurance.

Keep up to date with your primary care physician to stay on top of your overall health. Under the U.S. Patient Protection and Affordable Care Act (PPACA), some common covered services include:



Wellness visits, physicals, and standard immunizations



Screenings for blood pressure, cancer, cholesterol, depression, obesity, and diabetes



Pediatric screenings for hearing, vision, obesity, and developmental disorders



Anemia screenings, breastfeeding support, and pumps for pregnant and nursing women



Iron supplements (for children ages 6 to 12 months at risk for anemia)

Don't miss out on these covered services. But remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.



What about the COVID-19 vaccine? The COVID-19 vaccine itself is considered preventive. For the vast majority of individuals who have insurance through an employer, the vaccine will be at no cost.

Where to Go for Care

You're feeling sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new prescription, but the pharmacy is closed. Instead of rushing to the emergency room or relying on questionable information from the internet, consider all of your site-of-care options.



Telemedicine

When to Use

You need care for minor illnesses and ailments but would prefer not to leave home. These services are available by phone and online (via webcam).

Types of Care*

- » Cold & flu symptoms
- » Allergies
- » Bronchitis
- » Urinary tract infection
- » Sinus problems

Costs and Time Considerations**

- » Usually a first-time consultation fee and a flat fee or copay for any visit thereafter
- » Usually immediate access to care
- » Prescriptions through telemedicine or virtual visits not allowed in all states



Primary Care Center

When to Use

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

Types of Care*

- » Routine checkups
- » Immunizations
- » Preventive services
- » Manage your general health

Costs and Time Considerations**

- » Often requires a copay and/or coinsurance
- » Normally requires an appointment
- » Usually little wait time with scheduled appointment



Urgent Care Center

When to Use

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

Types of Care*

- » Strains, sprains
- » Minor infections
- » Minor broken bones (e.g., finger)
- » Minor burns
- » X-rays

Costs and Time Considerations**

- » Often requires a copay and/or coinsurance usually higher than an office visit
- » Walk-in patients welcome, but waiting periods may be longer (urgency decides order)



Emergency Room/Free Standing ER

When to Use

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

Types of Care*

- » Heavy bleeding
- » Spinal injuries
- » Chest pain
- » Severe head injury
- » Major burns
- » Broken bones

Costs and Time Considerations**

- » Often requires a much higher copay and/or coinsurance
- » Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first
- » Ambulance charges, if applicable, will be separate and may not be in-network

Do Your Homework

What may seem like an urgent care center could actually be a free standing ER. These facilities come with a higher price tag, so ask for clarification if the word "emergency" appears in the company name.

*This is a sample list of services and may not be all inclusive.

**Costs and time information represent averages only and are not tied to a specific condition or treatment.

Virtual Medicine



When you're under the weather, there's no place like home. And when you're constantly on the go, scheduling a doctor's appointment can easily move down your priority list. Virtual medicine is a convenient and easy way to connect with a doctor on your time.

We provide a virtual medicine benefit through MDLive for you and your dependents. MDLive offers on-demand access to board-certified doctors through online video, telephone, or secure email. General health issues can be addressed at home for a copay of \$55 per consultation. Virtual medicine is useful for after-hours non-emergency care, when your primary care doctor is unavailable, if you need prescriptions or refills or if you're traveling. Virtual visits aren't good for conditions requiring exams or tests, complex or chronic problems, or emergencies like sprains or broken bones.

MDLive doctors can share information with your primary care physician with your consent. Please note that some states do not allow physicians to prescribe medications via telemedicine. For more information, visit www.mdliveforcigna.com.

MDLive doctors can treat many medical conditions, including:

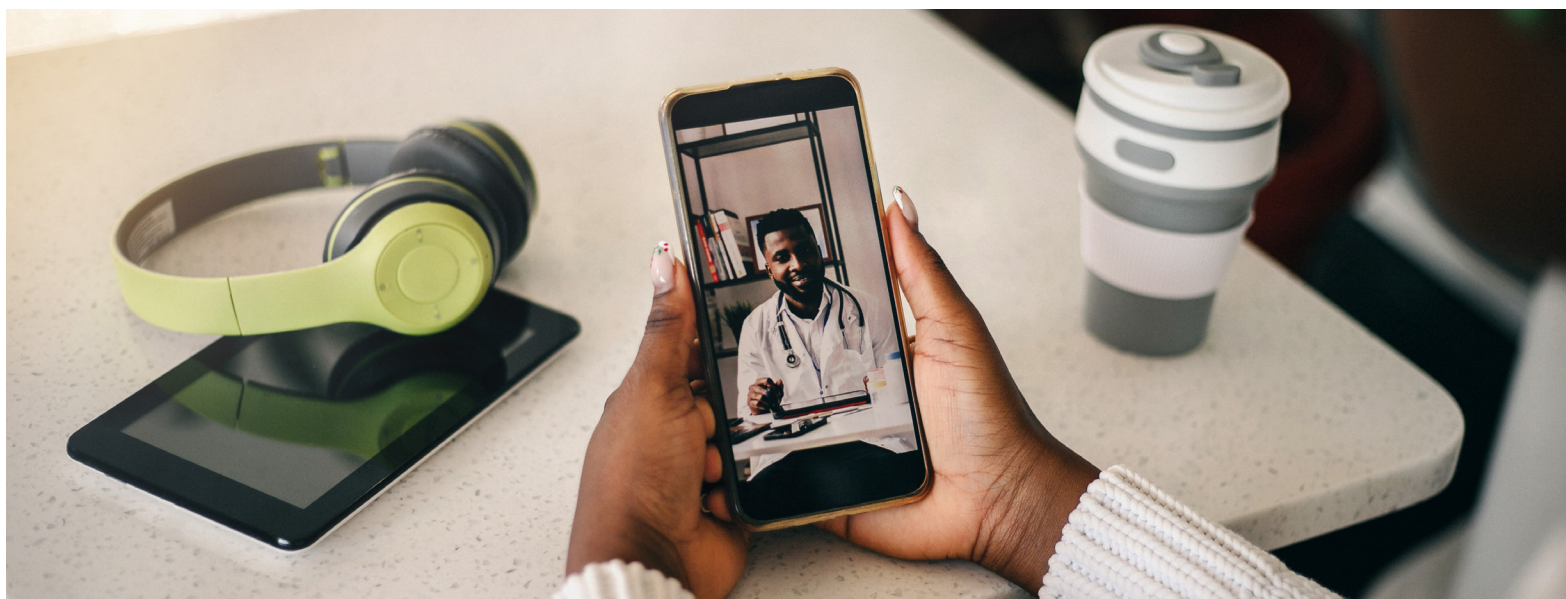
- » Cold & flu
- » Allergies
- » Bronchitis
- » Bladder infection/
urinary tract infection
- » Respiratory infection
- » Pink eye
- » Sore throat
- » Stomachache
- » Sinus problems

Access Virtual Visits

Visit www.mdliveforcigna.com to request a virtual visit. After you register and request an appointment, you'll pay your portion of the service costs and enter a virtual waiting room. During your visit, you can talk to a doctor about your health concerns, symptoms, and treatment options.

Note

A virtual visit or Facetime directly with your primary care physician (vs. MDLive) might also be an option – and typically costs the same as an office visit.



Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through Cigna. That means you will only have one ID card for both medical care and prescriptions. Information on your benefits coverage and a list of network pharmacies is available online at www.mycigna.com or by calling the Customer Care number on your ID card. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, Non-Preferred, or Specialty Drugs.

	HSA OAP PLAN		HSA LOW PLAN		HSA HIGH PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
RETAIL RX (30 OR 90 DAY SUPPLY)						
GENERIC	100%*	N/A	90%*	50%*	100%*	80%*
PREFERRED	100%*	N/A	90%*	50%*	100%*	80%*
NON-PREFERRED	100%*	N/A	90%*	50%*	100%*	80%*
SPECIALTY DRUGS	100%**	N/A	90%**	50%**	100%**	80%**
MAIL ORDER RX (90-DAY SUPPLY)						
GENERIC	100%*	N/A	90%*	N/A	100%*	N/A
PREFERRED	100%*	N/A	90%*	N/A	100%*	N/A
NON-PREFERRED	100%*	N/A	90%*	N/A	100%*	N/A
SPECIALTY DRUGS	100%**	N/A	90%**	50%**	100%**	80%**

*After deductible
**30-day supply only

Generic Drugs

Want to save money on meds? Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety, and strength. Because they are the same medicine, generic drugs are just as effective as the brand names, and they undergo the same rigid FDA standards. **But generic versions cost 80% to 85% less on average than the brand-name equivalent.** To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.

Note: Apps like GoodRx and RxSaver let you compare prices of prescription drugs and find possible discounts. Make sure to check the price against the cost through your insurance to get the best deal. Note that these discounts can't be combined with your benefit plan's coverage. So if you choose to use a discount card from an app such as GoodRx or RxSaver, the amount you pay will not count toward your deductible or out-of-pocket maximum under the benefit plan.

Note

Take advantage of mail-order options for your prescriptions. You can get your meds delivered conveniently and often at a lower price.

Dental Benefits



Like brushing and flossing, visiting your dentist is an essential part of your oral health. Town of Highland Park offers affordable plan options from Cigna for routine care and beyond.

Stay in Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Cigna at www.mycigna.com.

Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your bi-weekly premium.

Dental Plan Summary

This chart summarizes the dental coverage provided by Cigna for 2025-2026.

	DPPO LOW	DPPO HIGH	DHMO
BI-WEEKLY CONTRIBUTIONS			
EMPLOYEE ONLY	\$9.96	\$13.47	\$0.00
EMPLOYEE + ONE	\$27.34	\$33.90	\$5.66
EMPLOYEE + FAMILY	\$56.97	\$69.68	\$11.60
ANNUAL DEDUCTIBLE			
INDIVIDUAL	\$50	\$50	N/A
FAMILY	\$150	\$150	N/A
ANNUAL MAXIMUM			
PER PERSON	\$1,000	\$1,500	N/A
COVERED SERVICES			
PREVENTIVE SERVICES	100%	100%	See DHMO Schedule
BASIC SERVICES	80%*	80%*	See DHMO Schedule
MAJOR SERVICES	50%*	50%*	See DHMO Schedule
ORTHODONTICS	50%	50%	See DHMO Schedule
ORTHODONTIC LIFETIME MAXIMUM	\$1,000	\$1,500	N/A

*After deductible

Note

Oral health is linked to your overall health — keeping your mouth healthy can protect you from cardiovascular disease, pregnancy complications, and pneumonia.

Vision Benefits



Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through Cigna.

Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your bi-weekly premium.

Vision Plan Summary

This chart summarizes the vision coverage provided by Cigna, which is serviced through EyeMed, for 2025-2026.

VISION

BI-WEEKLY CONTRIBUTIONS			
EMPLOYEE ONLY	\$2.68		
EMPLOYEE + SPOUSE	\$4.83		
EMPLOYEE + CHILD(REN)	\$5.10		
EMPLOYEE + FAMILY	\$8.05		
	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
EXAMS			
COPAY	\$10 copay	Up to \$45	Once every 12 months
LENSES			
SINGLE VISION	\$25 copay	Up to \$32	Once every 12 months
BIFOCAL	\$25 copay	Up to \$55	
TRIFOCAL	\$25 copay	Up to \$65	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
ELECTIVE	\$130 allowance	Up to \$105	Once every 12 months
FRAMES			
ALLOWANCE	\$130 allowance	Up to \$71	Once every 12 months

Note Early detection of vision conditions like diabetic retinopathy leads to more effective treatment and cost savings.

Health Savings Account

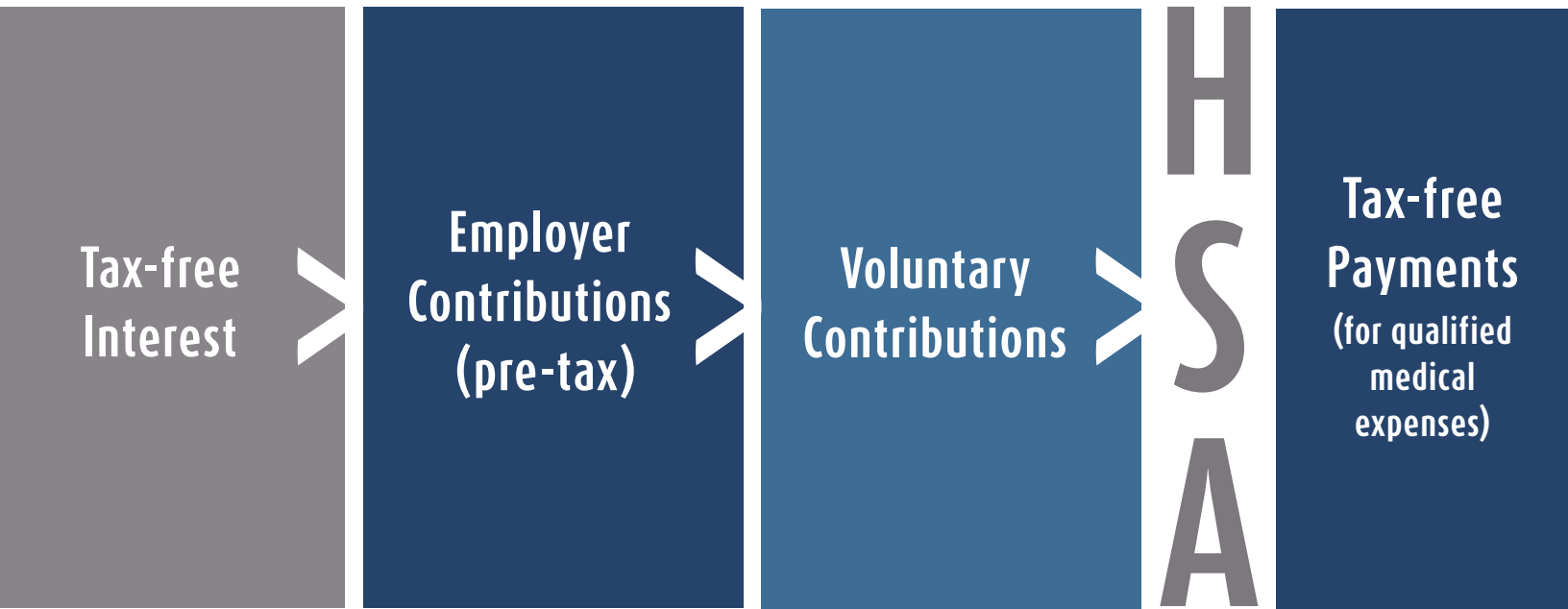


Want funds handy to help cover out-of-pocket healthcare expenses? A Health Savings Account (HSA) is a personal healthcare bank account used to pay for qualified medical expenses. HSA contributions and withdrawals for qualified healthcare expenses are tax-free. You must be enrolled in one of the Town of Highland Park HSA plans to participate.

Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in a HSA plan but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

Optum Health Bank will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses – no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on www.irs.gov for a complete list.



Note

Not sure how much to contribute? Think about how much you may need in order to cover any anticipated or emergency medical services this year. Consider contributing the amount of your plan's in-network deductible so you know you're covered.

Eligibility

You are eligible to contribute to an HSA if:

- » You are enrolled in an HSA-eligible Consumer-Driven Health Plan.
- » You are not covered by your spouse’s non-CDHP.
- » Your spouse does not have a Healthcare Flexible Spending Account or Health Reimbursement Account.
- » You are not eligible to be claimed as a dependent on someone else’s tax return.
- » You are not enrolled in Medicare or TRICARE.
- » You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

You Own Your HSA

Your HSA is a personal bank account that you own and administer. You decide how much you contribute, when to use the money for medical services and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don’t spend them all in the calendar year. You can even let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements or forfeiture provisions.

How to Enroll

To enroll in Town of Highland Park’s HSA, you must elect the CDHP with Town of Highland Park. Submit all HSA enrollment materials and choose the amount to contribute on a pre-tax basis. Town of Highland Park will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified.

HSAs and Taxes

HSA contributions are made through payroll deduction on a pre-tax basis when you open an account with Optum Health Bank. The money in your HSA (including interest and investment earnings) grows tax-free. When the funds are used for qualified medical expenses, they are spent tax-free.

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2025-2026, contributions (which include any employer contribution) are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	\$4,400
FAMILY	\$8,750
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000

Town of Highland Park provides an HSA employer contribution that will be deposited on a quarterly basis.

EMPLOYER HSA CONTRIBUTION	
EMPLOYEE	\$2,800

The Town will provide an HSA employer contribution of \$2,800 annually. During the first year, \$2,800 is made in one lump sum payment. After the first year, it is paid in 24 payments of \$116.66.

HSA contributions over the IRS annual contribution limits (\$4,400 for individual coverage and \$8,750 for family coverage for 2025-2026) are not tax deductible and are generally subject to a 6% excise tax.

If you’ve contributed too much to your HSA this year, you have two options:

- » Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You’ll pay income taxes on the excess removed.
- » Leave the excess contributions in your HSA and pay 6% excise tax on them. Next year consider contributing less than the annual limit to your HSA.

The Town of Highland Park HSA is established with Optum Health Bank. You may be able to roll over funds from another HSA. For more enrollment information, contact Town of Highland Park Human Resources or visit www.optumhealthbank.com.

Flexible Spending Accounts



Take control of your spending! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account

You can contribute up to \$3,300 annually for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them — no waiting for reimbursement.

Limited Use Flexible Spending Account

A Limited Use FSA works along side a Health Savings Account (HSA) and allows for reimbursement of eligible dental and vision expenses. If you have an HSA, you cannot have a Health Care FSA, but you are allowed to have a Limited Use FSA.

Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — even if you don't elect any other benefits. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently deposited in your account.

- » With the Dependent Care FSA, you can set aside up to \$5,000 to pay for child or elder care expenses on a pre-tax basis.
- » Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the employee for more than half the year.
- » Expenses are reimbursable if the provider is not your dependent.
- » You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent daycare expenses that are necessary for you and your spouse to work or attend school full time. Eligible expenses include:

- » In-home babysitting services (not provided by a dependent)
- » Care of a preschool child by a licensed nursery or daycare provider
- » Before- and after-school care
- » Day camp
- » In-house dependent daycare

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

Using the Account

Use your FSA debit card at doctor and dentist offices, pharmacies, and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you use the card at an ineligible location.

Submit a claim form along with the required documentation. Contact Flores with reimbursement questions. If you need to submit a receipt, Flores will notify you. Always save receipts for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.

General Rules

The IRS has the following rules for Healthcare and Dependent Care FSAs:

- » Expenses must occur during the 2025-2026 plan year.
- » Funds cannot be transferred between FSAs.
- » You cannot participate in a Dependent Care FSA and claim a dependent care tax deduction at the same time.
- » You must “use it or lose it” — any unused funds will be forfeited.
- » You cannot change your FSA election in the middle of the plan year without a Qualifying Life Event.
- » Terminated employees have ninety (90) days following termination to submit FSA claims for reimbursement.
- » Those considered highly compensated employees (family gross earnings were \$155,000 or more last year) may have different FSA contribution limits. Visit www.irs.gov for more info.
- » In accordance with IRS regulations, Dependent Care FSA elections will be evaluated to ensure that the benefit does not disproportionately favor highly compensated employees. The Town is empowered to limit or modify the elections of highly compensated employees to a level that enables compliance.



Note

You can use your FSA funds to pay for deductibles, copays, coinsurance, menstrual products, over-the-counter medications, and more.

FSA vs HSA

Flexible Spending Accounts

Health Savings Account

Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right.



OWNERSHIP

You own your HSA. It is a savings account in your name, and you always have access to the funds, even if you change jobs.

You can elect a Healthcare FSA even if you waive other coverage. You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and an HSA.



ELIGIBILITY & ENROLLMENT

You must be enrolled in one of the Town's HSA Plans to contribute money to your HSA. You cannot be covered by a spouse's non-High Deductible plan or a spouse's FSA or enrolled in Medicare or TRICARE. You can change your contribution at any time during the Plan Year.

FSA contributions are tax-free via payroll deduction. Funds are spent tax-free when used for qualified expenses.



TAXATION

HSA contributions are tax-free; the account grows tax-free; and funds are spent tax-free on qualified expenses.

You can contribute up to \$3,300 in the 2025-2026 plan year to an FSA.



CONTRIBUTIONS

Both you and your employer can contribute up to \$4,400 combined in the 2025-2026 plan year. (up to \$8,750 for families). Ages 55+ can make an annual \$1,000 "catch-up" HSA contribution.

Your FSA includes an FSA debit card to pay for eligible expenses. You can also pay up front and submit receipts for reimbursement.



PAYMENT

Your HSA includes a debit card to pay for qualified expenses directly. Alternatively, you can save funds for future expenses or retirement.

Any unclaimed funds at the end of the year are forfeited. We offer a 2.5-month grace period. So employees have until December 15th to submit their claims.



ROLLOVER OR GRACE PERIOD

HSA funds roll over from year to year. The account is portable and may be used for future qualified expenses — even in retirement years.

Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, and vision care. A full list is available at www.irs.gov.



QUALIFIED EXPENSES

Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, vision care, Medicare Part D plans, COBRA premiums, and long-term care premiums. A full list is available at www.irs.gov.

Dependent Care FSA (pre-tax dollars can be used for elder or child dependent care) and Limited Use FSA (used to pay for eligible dental and vision expenses).



OTHER TYPES

There is only one type of HSA.

Help Navigating Your Benefits — Alight



Take advantage of your benefits!

Let us handle the healthcare stuff.

As your personal Health Pro, I'll simplify your healthcare experience, so you can spend time on better things. I can help you:



Understand your benefits

Clear up any confusion about your health plan.



Find great doctors

Locate highly rated doctors, dental providers and eye care professionals.



Pay less for prescriptions

Get recommendations for lowering the cost of your medications.



Save money on healthcare

Compare prices and choose more cost-effective options.



Resolve billing errors

Don't overpay! Your Health Pro can help you avoid paying more than you owe.



Schedule appointments

Have your appointments scheduled at times most convenient for you.

Contact your Health Pro to get started!

800-513-1667

MyHealthPro@alight.com

member.alight.com

Employee Assistance Program



Town of Highland Park wants you to succeed in all aspects of life, so we offer a variety of additional benefits to make your day-to-day easier.

Employee Assistance Program

We're here for you when you need help. Our Employee Assistance Program (EAP) helps manage your and your family's total health, including mental, emotional, and physical. And there's no cost to you — whether or not you're enrolled in a company-sponsored medical plan.

Through the EAP, you have access to mental health assistance and legal and financial help from professionals.

You also have 24-hour access to helpful resources by phone or online, and the EAP benefit includes six face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with Town of Highland Park.

You may access information, benefits, educational materials, and more by calling 888-993-7650 or going online to www.allonehealth.com/DeerOaks.

The Program provides referrals to help with:

- » Emotional health and wellbeing
- » Alcohol or drug dependency
- » Marriage or family problems
- » Job pressures
- » Stress, anxiety, depression
- » Grief and loss
- » Financial or legal advice





Are You Experiencing Burnout? Your EAP Can Help

If you're constantly stressed, feeling helpless, disillusioned, and exhausted, you may be experiencing burnout.

Burnout is a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress. It occurs when you feel overwhelmed, emotionally drained, and unable to meet constant demands.

Burnout can manifest itself in a variety of ways, including the following:

Frustration or indifference toward work
Persistent irritability
Anger, sarcasm, or being argumentative
Exhaustion
Absenteeism

If you or someone you know is experiencing burnout, your EAP can help. We offer a variety of resources that can help you to regain your sense of hope, positivity, and balance in your work and personal life.

Your EAP offers around-the-clock support through a number of services and programs including:

- 24/7 in-the-moment telephonic support
- Short-term counseling (in-person, telephonic, video)
- Telephonic Life Coaching sessions
- AWARE Stress Reduction Program sessions
- Computerized Cognitive Behavioral Therapy (cCBT)
- Local community resource referrals
- Legal/financial consultation & resources
- Child care/elder care/daily living consultation
- Online resources via our website

CONTACT YOUR EAP 24/7

HELPLINE: (866) 327-2400
EMAIL: eap@deeroaks.com
WEBSITE: www.deeroakseap.com

Wellness – Circle Wellness

Circle Wellness

PROGRAM REQUIREMENTS

- Must complete the Tobacco Affidavit and Blood Screening in the first quarter
- Must meet the following requirements each quarter:
 - Q1: 50 points minimum + Tobacco Affidavit + Blood Screening
 - Q2: 100 cumulative points minimum
 - Q3: 150 cumulative points minimum
 - Q4: 200 cumulative points minimum with 50 points from preventative health

SUBMITTING POINTS

- Log into hpstrong.circlewell.com and click *Submit Forms*
- Fax to 1-800-887-9579 (HIPAA secure)
- Send a secure message through your portal login



UP TO
\$2,100/YEAR

PROGRAM QUARTERS

<u>Quarter Run Dates</u>	<u>Paid the last business day:</u>
Q1: Sep. 16th - Dec. 15th	Q1: December
Q2: Dec. 16th - Mar. 15th	Q2: March
Q3: Mar. 16th - Jun. 15th	Q3: June
Q4: Jun. 16th - Sep. 15th	Q4: September

Allison Keene - akeene@hptx.org or 214-559-9332
Circle Wellness - support@chpinc.com or 1-866-682-3020 x204

Aflac Supplemental Health Benefits



The Town offers several ways for you to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and is offered at discounted group rates.

Accident Coverage

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact. Accident Coverage, available through Aflac, provides benefits for you and your covered family members if you have expenses related to an accidental injury. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help you pay deductibles, copays, and even typical day-to-day expenses, such as a mortgage or car payments. Benefits under this plan are payable to you to use as you wish.

The Accident Insurance Plan pays cash benefits to help with costs associated with out-of-pocket expenses and bills in the event of a covered accident.

Critical Illness Coverage

Critical Illness coverage through Aflac pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like, for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home healthcare costs, or any of your regular household expenses.

Hospital Indemnity Coverage

Hospital Indemnity Coverage through Aflac pays cash benefits directly to you if you have a covered stay in a hospital or critical care unit. The benefit amount is determined based on the type of facility and the number of days you stay. You can use the benefits from this policy to help pay for your medical expenses, such as deductibles and copays, travel costs, food and lodging, or everyday expenses, such as groceries and utilities.

Short-Term Disability

Maintaining your quality of life counts on your income. Short-Term Disability (STD) through Aflac offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury. STD coverage replaces a portion of your income, based on the amount elected.



Life Insurance



It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection in the event of an unexpected event.

Basic Life and Accidental Death & Dismemberment Insurance

Town of Highland Park provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through BCBSTX, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death.

Your Basic Life and AD&D insurance benefit is 1 times annual salary, up to \$250,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you waive other coverage.

Basic Life coverage for your spouse is also provided as part of your Basic Life coverage in the amount of \$10,000. Basic Life for your child(ren) is provided in the amount of \$5,000.

Basic Life for your dependents is voluntary and paid by you, the employee.

Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under the BCBSTX insurance.

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact Town of Highland Park Human Resources or your own legal counsel with any questions.



Life and AD&D Insurance

You may wish for extra coverage for more peace of mind. Eligible employees may purchase additional Voluntary Life and AD&D insurance. Premiums are paid through payroll deductions.

BASIC LIFE/AD&D	
COVERAGE AMOUNT	1 times annual salary
WHO PAYS	Town of Highland Park
MAXIMUM BENEFIT	Up to \$250,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No
BASIC DEPENDENT LIFE	
COVERAGE AMOUNT	Spouse: \$10,000 Child(ren): \$5,000
WHO PAYS	Employee
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No
VOLUNTARY EMPLOYEE LIFE/AD&D	
COVERAGE AMOUNT	\$10,000 increments up to \$500,000
WHO PAYS	Employee
MAXIMUM BENEFIT	\$500,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Amounts over \$150,000 for newly eligible employees; if you are not a newly eligible employee EOI is required for any amount
VOLUNTARY SPOUSE LIFE/AD&D	
COVERAGE AMOUNT	\$5,000 increments up to \$150,000
WHO PAYS	Employee
MAXIMUM BENEFIT	\$150,000, not to exceed 50% of the employee amount
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Amounts over \$20,000
VOLUNTARY CHILD LIFE/AD&D	
COVERAGE AMOUNT	\$10,000
WHO PAYS	Employee

Voluntary Life & AD&D Rates

VOLUNTARY LIFE INSURANCE	
RATES/\$1,000 (MONTHLY)	
AGE (AS OF OCTOBER 1, 2023)	EMPLOYEE/SPOUSE
Under 30	\$0.092
30-34	\$0.113
35-39	\$0.154
40-44	\$0.239
45-49	\$0.389
50-54	\$0.627
55-59	\$1.084
60-64	\$1.563
65-69	\$2.314
70+	\$4.494

BASIC DEPENDENT LIFE INSURANCE	
PREMIUM RATES - SPOUSE \$10,000/CHILD(REN) \$5,000 (MONTHLY)	
Spouse/Child(ren)	\$1.60

VOLUNTARY AD&D INSURANCE	
PREMIUM RATES – \$1,000 (MONTHLY)	
Employee/Spouse	\$0.027

VOLUNTARY CHILD LIFE INSURANCE	
PREMIUM RATES – \$10,000 (MONTHLY)	
Child(ren)	\$1.80

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:

\$

÷ 1,000 =

\$

x Age Based Rate =

\$

Benefit Elected

Monthly Premium



Income Protection – Long-Term Disability



You and your loved ones depend on your regular income. That’s why Town of Highland Park offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury. A portion of your income is protected until you can return to work or you reach retirement age.

Basic Long-Term Disability (LTD) Insurance

LTD benefits are available at no cost. This insurance replaces 66.66% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Town of Highland Park Human Resources for details.

MONTHLY MAXIMUM BENEFIT	\$10,000
ELIMINATION PERIOD	180 days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.

Note

Around 30% of Americans ages 35-65 will suffer a disability lasting at least 90 days during their careers. (Source: Million Dollar Round Table)



Retirement

Texas Municipal Retirement System (TMRS)

What Is TMRS?

The TMRS® is the retirement program the Town has chosen for its employees. TMRS administers a retirement plan for municipal employees that is funded by the contributions of its members, its member cities, and earnings from investment of those deposits. As a member of TMRS, if you meet the eligibility requirements and retire with the system, you will receive a retirement annuity based on the payout option you choose.

Who Is Eligible?

Participation is required for all regular employees, who are scheduled to work a minimum of 1,000 hours annually.

Contributions & Town Matching

Eligible employees are set up with a required contribution of 7% through payroll deduction on their first day of employment. The Town matches each employee's contribution at a 2 to 1 ratio. Employee contributions are Federal tax deferred.

Service Credit

Generally, you earn a month of service credit toward retirement for each month you make a deposit while employed in an eligible position.

Vesting/Retirement Eligibility

Employees are vested in the system after 5 years of service credit with TMRS. As a vested member, if you leave TMRS covered employment, you may leave your deposits with TMRS. Your deposits will continue to earn interest (after becoming vested) until you withdraw them or retire. You are eligible to retire when you meet the below qualifications:

- » You are age 60 with 5 years of service credit.
- » Any age with 20 years of service credit.

How Do I Keep Up With My Account?

A TMRS Annual Statement is mailed to your home address TMRS has on file every spring so keeping your personal information up to date with TMRS is extremely important. The TMRS website provides secure online access to your account. You can also contact TMRS by phone 800-924-8677 or email help@TMRS.com.

MissionSquare (ICMA-RC) 457 Plan

Who Is Eligible?

You are eligible to participate in the MissionSquare (ICMA-RC) 457 Plan if you are a full-time employee or part-time employee. This is a voluntary plan that you contribute to without a match from the Town.

Contributions

You decide the amount you wish to contribute each pay period.

- » You can change your contribution amount at any time.
- » The maximum contribution for 2025 is \$23,500 (\$31,000 if you are age 50 or over). 2026 maximums have not been finalized by the IRS.
- » Contributions are made on a Federal Withholding pre-tax or post-tax (Roth) basis through payroll deduction.

Investments

Your contributions will be invested in the funds that you select, and the value of your account will fluctuate based on the performance of the funds selected. You can make changes to your investments at any time.

Withdrawals

No longer employed by the Town — you may withdraw your money at any time without penalty, however you are responsible for the taxes of what you withdraw. If you did a qualified rollover into your 457 plan, a 10% tax penalty may apply. You will not be required to take any withdrawals until after age 70½.

While employed by the Town — your withdrawal options are limited to the following circumstances:

- » After you attain age 70½.
- » If your balance is under \$5,000 and no contributions have been made for a period of 2 years.
- » Emergency withdrawals, under certain emergency situations, as defined by the IRS.

Access to My Account

You can review your account information online by logging into your account at www.missionsq.org or use the MissionSquare (ICMA-RC) self-service phone line at 800-669-7400.

MissionSquare (ICMA-RC)

MissionSquare (ICMA-RC)

The Town offers employees the opportunity to contribute to a Roth IRA through MissionSquare (ICMA-RC). With a Roth IRA your contributions are made after taxes and your withdrawals (including earnings) are tax-free, if you hold the account for at least 5 years and are at least 59½ years of age. There are other qualifying events if you are not 59½.

Eligibility is determined by your modified adjusted gross income and your tax filing status. There are limits on how much you can contribute to a Roth IRA. The 2025 limits are \$7,000 for under age 50 and \$8,000 for age 50 and older.

You can make contributions to your 2025 IRA until the 2026 tax filing deadline.

You may be eligible for a tax credit of as much as \$2,000, if you qualify based on your income.

Contact Erica Rodriguez at 202-941-9242 or visit <https://missionsq.org/products-and-services/iras.html> to open an IRA.

Your spouse may also make IRA contributions, based on your income, regardless of whether they earn income.



Glossary

Balance Billing – When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Consumer-Driven Health Plan (CDHP) – A plan option that provides choice, flexibility, and control over healthcare spending. Most preventive care is covered at 100% with in-network providers, and all qualified employee-paid medical expenses count toward your deductible and out-of-pocket maximum.

Copay – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

Deductible – The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you've paid \$1,000 for covered services. This deductible may not apply to all services, including preventive care.

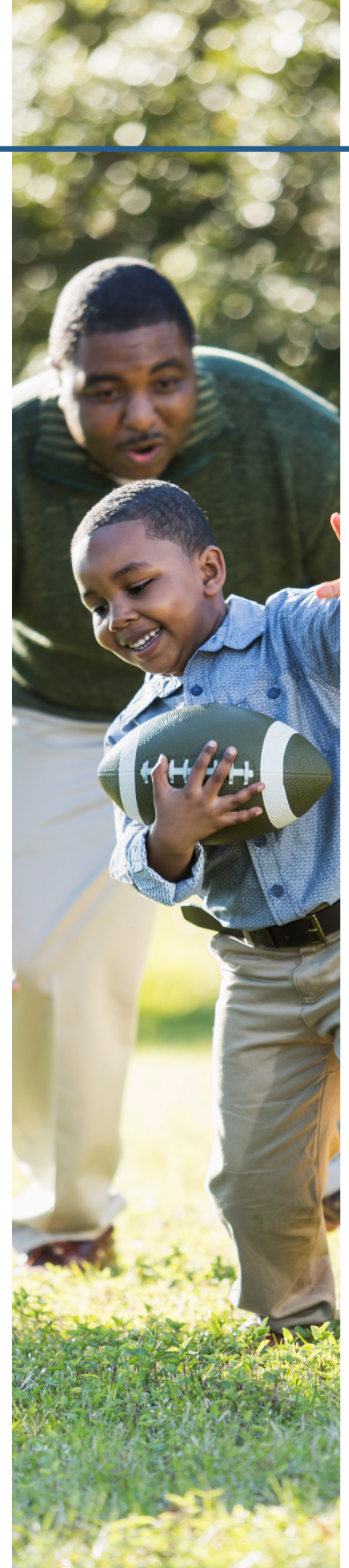
Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.

Flexible Spending Accounts (FSAs) – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You'll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are "use it or lose it," so funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or rollover into the next plan year.

- » **Healthcare FSA** – A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- » **Dependent Care FSA** – A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

Health Reimbursement Account (HRA) – A personal healthcare account funded by your employer that you can use to pay for qualified medical expenses.



Health Savings Account (HSA) – A personal healthcare bank account funded by your or your employer’s tax-free dollars to pay for qualified medical expenses. You must be enrolled in a CDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable if you change jobs.

Network – A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan’s members at discounted costs.

- » **In-Network** – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- » **Out-of-Network** – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- » **Non-Participating** – Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage.

Out-of-Pocket Maximum – The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn’t cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.

- » **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- » **Preferred Drugs** – Brand-name drugs on your provider’s approved list (available online).
- » **Non-Preferred Drugs** – Brand-name drugs not on your provider’s list of approved drugs. These drugs are typically newer and have higher copayments.
- » **Specialty Drugs** – Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered.
- » **Prior Authorization** – A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- » **Step Therapy** – The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before “stepping up” to a non-preferred brand.

Reasonable and Customary Allowance (R&C) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.

Required Notices

Important Notice From Town of Highland Park About Your Prescription Drug Coverage and Medicare Under the Cigna Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Town of Highland Park 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. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two 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. Town of Highland Park has determined that the prescription drug coverage offered by the Cigna plan(s) 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.

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 Town of Highland Park coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

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 Town of Highland Park 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.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed at the end of these notices 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 Town of Highland Park 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
- » 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, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D 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).

Date:	October 1, 2025
Name of Entity/Sender:	Town of Highland Park
Contact—Position/Office:	Human Resources
Address:	Highland Park Town Hall - 4700 Drexel Drive Highland Park, TX 75205
Phone Number:	214-559-9332

Women's Health and Cancer Rights Act

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 consultation with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 214-559-9332.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 214-559-9332.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 214-559-9332.

Important Contacts

Medical & Pharmacy

Cigna
800-997-1654
www.mycigna.com

Supplemental Health (Accident, Critical Illness, Hospital Indemnity, STD)

AFLAC
214-592-9902
wilma_johnson@us.aflac.com

Telemedicine

MDLive
888-726-3171
www.mdliveforcigna.com

Dental

Cigna
800-997-1654
www.mycigna.com

Vision

Cigna
800-997-1654
www.mycigna.com

Health Savings Account

Optum Health Bank
866-234-8913
www.optumhealthbank.com

Flexible Spending Accounts

Flores
704-335-8211
www.flores247.com

Life and AD&D

BCBSTX
800-348-4512
www.bcbstx.com

Alight

800-513-1667
www.member.alight.com

Long-Term Disability

BCBSTX
800-348-4512
www.bcbstx.com

Retirement

TMRS
800-924-8677
www.mytmrs.org

MissionSquare (ICMA-RC)
800-669-7400
<https://www.missionsq.org>

Employee Assistance Program

Deer Oaks
888-993-7650
www.allonehealth.com/DeerOaks

Town of Highland Park Human Resources

4700 Drexel Drive
Dallas, TX 75205
214-559-9332



