



2022-2023

BENEFIT GUIDE

WELCOME

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family, and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

What's NEW

Medical Coverage with BCBSTX

The City of Burnet has partnered with BlueCross BlueShield of Texas to offer you medical coverage effective 10/1/2022. If you enroll in any one of our three medical plans, you will receive new medical ID cards.

Dental Coverage with Mutual of Omaha

The City of Burnet has partnered with Mutual of Omaha to offer you dental coverage effective 10/1/2022.

Vision Coverage with Mutual of Omaha Powered by EyeMed

The City of Burnet has partnered with Mutual of Omaha to offer you vision coverage, powered by the EyeMed network of participating providers.

Eligibility

You are eligible for benefits if you are a full time employee. You may also enroll your eligible family members under certain plans you choose for yourself.

Eligible family members include:

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

When Coverage Begins

New Hires: You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 60 days after your hire date.

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).

Open Enrollment

Changes made during Open Enrollment are effective

October 1, 2022 - September 30, 2023.

Choose Carefully!

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

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

Making Changes

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

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

Medical Plans BCBSTX

The City of Burnet is proud to offer you a choice among three different medical plans that provide comprehensive medical and prescription drug coverage. This year the City of Burnet will partner with BlueCross BlueShield of Texas (BCBSTX) to offer you access to one of the largest network of providers nationwide. You will receive new Medical Plan ID cards.

The City of Burnet plans offer many resources and tools to help you maintain a health lifestyle. **All plans pay the full cost of qualified in-network preventive health care services.** While some plans give you the freedom to seek care from the provider of your choice, you will always maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the BCBSTX network. Following is a brief description of each plan.

HDHP (HSA) BCP 014H

All services under the Plan are deductible applicable services. The deductible equals the Out of Pocket limit. Once you reach the **Out of Pocket** limit, the Plan will be responsible for 100% of medical service expenses.

To help you meet out of pocket expenses, the City of Burnet offers you (and contributes on your behalf to) a Health Savings Account (HSA). An HSA allows you to save pre-tax dollars¹ to pay for qualified health care expenses as defined by the IRS. Find more information about Health Savings Accounts within this guide.

HMO BEE 023

This Plan offers you a fixed **Copay** for physician and specialist office visits, urgent care (at in-network urgent care centers), and pharmacy drugs. You will never pay more than the assigned copay. You must select a Primary Care Physician (PCP) from the participating network of providers who will coordinate your health care needs, refer you to specialists (if needed) and approve further medical treatment. Services received outside of the HMO's network are not covered, except in the case of emergency medical care.

PPO BCP 023

This Plan offers you a fixed **Copay** for physician and specialist office visits, urgent care (at in-network urgent care centers), and pharmacy drugs. Diagnostic labwork (ie. bloodwork) is included in an office visit copay, if applicable. Services like hospital visits, hospital admission, MRIs or CT scans, and outpatient surgery are deductible applicable services. After the deductible is met, you are responsible for 20% of the balance up to your out of pocket limit (**Coinsurance**).



Copayment DEFINITION

Also called a “copay,” this field is the fixed dollar amount (not a percentage) you will pay for a certain kind of medical service under some plans.

Deductible DEFINITION

The amount of money you must pay each Plan year before the Plan starts to share in some of your health care expenses.

Coinsurance DEFINITION

The percentage of costs of covered health care service you pay (ie. 20%) after you've met your deductible.

Out of Pocket Maximum DEFINITION

After you have paid this amount in medical expenses, In-Network claims will be covered at 100% for the rest of the plan year—without cost sharing or additional out of pocket expenses.

Medical Plan Comparison Chart BCBSTX

Following is a high-level overview of the coverage available. Please refer to the Summary of Benefits and Coverage (SBC) and the Medical Plan Booklet for complete coverage details.

BCBSTX Medical Plans	HDHP (HSA) BCP 014H		HMO BEE 023		PPO BCP 023	
	In-Network	Out-of-Network	In-Network ONLY	Out-of-Network	In-Network	Out-of-Network
Deductible						
Individual / Family	\$5,000 / \$10,000	\$10,000 / \$20,000	\$2,500 / \$7,500	NA	\$2,500 / \$7,500	\$5,000 / \$15,000
Out-of-Pocket Maximum						
Individual / Family	\$5,000 / \$10,000	Unlimited	\$5,500 / \$14,700	NA	\$5,500 / \$14,700	Unlimited
Company Contribution to Your Health Savings Account (HSA) (per calendar year; prorated for new hires/newly eligible)						
Individual / Family	\$1,000 / \$2,500		NA		NA	
Covered Services						
Office Visits (physician/specialist)	\$0*	30%*	\$30/\$60 Copay	NA	\$30 / \$60 Copay	40%*
Preventive Care	No Charge	30%*	No Charge	NA	No Charge	40%*
Outpatient Diagnostic (lab/X-ray)	\$0*	30%*	20%*	NA	No Charge	40%*
Complex Imaging	\$0*	30%*	20%*	NA	20%*	40%*
Ambulance	\$0*		20%*		20%*	
Emergency Room	0%*		\$500 Copay + 20%*		\$500 Copay + 20%*	
Urgent Care Facility	\$0*	30%*	\$75 Copay	NA	\$75 Copay	40%*
Inpatient Hospital Stay	\$0*	30%*	20%*	NA	20%*	40%*
Outpatient Surgery	\$0*	30%*	20%*	NA	20%*	40%*
Prescription Drugs (Preferred Generic / Preferred Brand / Preferred Specialty within a Preferred Pharmacy Network)¹						
Retail Pharmacy (30-day supply)	\$0* ²	50%*	\$0 / \$50 / \$150	NA	\$0 / \$50 / \$150	\$10 + 50%
Mail Order (90-day supply)	\$0*	50%*	\$0 / \$150 / NA	NA	\$0 / \$150 / NA	NA

*Coinsurance applicable services are subjective to a Plan Deductible. The Plan Deductible must be met before receiving benefits.

¹Preferred Pharmacy Network include Walgreens, Walmart, Sam's Club, Albertsons, Tom Thumb, Market Street, HEB, Brookshires, Access Health

²The HDHP (HSA) BCP 014H Plan covers Preventative Maintenance Drugs without cost sharing (100% paid for by the Plan). See the 2022 Preventive Drug Program List for full details.

Health Savings Account (HSA) Ameriflex

When you enroll in the HDHP HSA Plan and meet eligibility requirements, the IRS allows you to open and contribute to a Health Savings Account. Only individuals enrolled in the HDHP HSA Plan can open a Health Savings Account.

Money saved in a Health Savings Account can be used to pay for out-of-pocket expenses, like deductibles, prescribed pharmacy drugs (whether or not the pharmacy drug is covered by the Plan), certain medical supplies (ie. blood pressure cuff), dental expenses (ie. braces) and vision expenses (ie. lasik vision correction surgery). You must use the money in your Health Savings Account for only eligible health care expenses, as defined by the IRS, to avoid tax penalties.



The money saved in a Health Savings Account is yours for life. The money is yours to spend or save, regardless of whether you retire or separate from employment.

A “Use it Or Lose It Rule” does not apply to Health Savings Accounts. Your account balance grows tax free over time and you may continue to roll over unused dollars from year to year.

The City of Burnet will contribute \$1,000 annually to your HSA if you enroll in employee only coverage, and \$2,500 if you enroll yourself and your spouse and/or child(ren). Contributions from the City of Burnet plus your own contributions may not exceed the annual IRS limits. See the chart below for more information.

	2022 IRS Maximum	City of Burnet Contribution	Employee Maximum Annual Contribution ¹
Employee Only	\$3,650 ¹	\$1,000	\$2,650
Family (employee + 1 or more)	\$7,300 ¹	\$2,500	\$4,800

Remember:

1. You must enroll in the HDHP HSA Plan to contribute towards a Health Savings Account
2. You cannot be covered under another health plan that is not a high deductible health plan and is ineligible for a HSA
3. You cannot be enrolled in Medicare or Tricare
4. You cannot be claimed as a dependent on someone else’s tax return
5. Your contributions must not exceed the annual maximum as set yearly by the IRS

How do I access my HSA funds? You will receive a MasterCard debit card from Ameriflex through Avida Bank. Use this card at the doctor’s office and pharmacies. You swipe your HSA debit card like you would your regular checking account debit card. If you currently have an HSA credit card, you will continue to use the card until it expires. If you are new to the HDHP plan and want to enroll in a HSA, the City of Burnet will open your HSA for you. Ameriflex will mail new enrollers a Welcome Kit to your home address.

¹If you are age 55 and over by December 31st, the IRS permits you to contribute an additional \$1,000 per year towards a HSA.

Dental Mutual of Omaha

You have the freedom and flexibility to use the dentist of your choice; however, you will maximize your benefits and reduce your out-of-pocket costs if you choose an In-Network dentist. Out-of-Network dentists are paid up to a Maximum Reimbursable Charge (MRC) for dental services provided. The MRC is calculated at the 90th percentile of all provider submitted amounts in the geographic area. Out-of-Network providers may choose to balance bill the patient for an amount not paid by the Plan.

Mutual of Omaha Dental	In-Network	Out of Network
Deductible		
Individual / Family	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year; preventive, basic, and major services combined)		
Per Individual	\$1,500	\$1,500
Covered Services		
Preventive Services	No Charge	No Charge
Basic Services	20%	20%
Major Services	50%	50%
Orthodontia (Adult/Child Up to Age 19)	50%	50%
Orthodontia Lifetime Maximum	\$1,000	\$1,000

Vision Plan Mutual of Omaha Powered by EyeMed



Mutual of Omaha/EyeMed Vision	In-Network	Out-of-Network Reimbursement
Exam (Once Every 12 Months)	\$10	Up to \$37
Materials Copay	\$0	Up to \$66
Lenses (Once Every 12 Months)		
Single Vision	\$10 Copay	Up to \$32
Bifocal		Up to \$48
Trifocal		Up to \$76
Frames (Once Every 12 Months)	\$150 Allowance + 20%	Up to \$66
Contact Lenses (1 Yr Supply In Lieu of Frames)	\$150 Allowance + 15%	Up to \$120

Flexible Spending Accounts (FSA) Ameriflex

The City of Burnet provides you with an opportunity to participate in up to two different Flexible Spending Accounts (FSA). Flexible Spending Accounts allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

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

Some qualified expenses include:

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

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Dependent Care FSA

For **2022**, you may contribute up to **\$5,000** (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- Care for a dependent child under the age of 13 (ie. nursery schools, pre-school and daycare centers).
- Care for a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent.

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

Life and AD&D Insurance Mutual of Omaha

Basic Life Insurance and Accidental Death & Dismemberment (AD&D) is provided at **NO COST** to you and is **100%** company paid.

The City of Burnet pays for your named beneficiaries to receive **\$50,000** in the event of your death. AD&D insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable. Review the Plan's Certificate of Coverage for a complete detail of benefits, limitations, and exclusions.

Voluntary Life/AD&D is 100% employee paid.

If you determine you need more than the Basic coverage, you may purchase additional coverage for yourself and your eligible family members. To calculate your premium for Voluntary Life, reference the Cost of Benefits matrix within this guide.

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

	Benefit	Guaranteed Issue
Employee	5x Base Up To \$500,000	\$130,000
Spouse	\$250,000	\$30,000
Child(ren)	\$10,000	\$10,000

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

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

Use It Or Lose It: Unused balances cannot be carried over. You have a 2.5 month Grace Period at the end of the Plan Year (9/30/2023) to incur expenses and be reimbursed, and 90 days to file receipts for reimbursement. Plan Cautiously.

Unused funds will **NOT** be returned to you or carried over to the following year.

Active employees (not retirees) that decline the City's medical coverage and show proof of other medical coverage, will receive a city contribution of \$500 to an FSA.

Maximum contribution amount is established by the IRS and your employer each year.

Disability Mutual of Omaha

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness. **The benefit is 100% paid for by the City of Burnet.** Review the Plan's Certificate of Coverage for a complete detail of benefits, limitations, and exclusions.

Long-Term Disability

Provided at **NO COST** to you through Mutual of Omaha.

Monthly Benefit Percentage	50%
Monthly Benefit Maximum	\$6,000
When Benefits Begin	After 120 Days Disabled
Maximum Benefit Duration	SSNRA

Employee Assistance Program Mutual of Omaha

Life is full of challenges, and sometimes balancing it is difficult. The City of Burnet provides a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The Employee Assistance Program (EAP) is provided at **NO COST** to you.

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

- Mental health
- Family and relationships
- Child and eldercare
- Substance abuse and addiction
- Grief and loss
- Legal or financial services

The program includes up to six(6) in-person sessions with a counselor per issue, per year, per individual. Unlimited toll-free phone access and online resources.

For more info go to www.mutualofomaha.com/eap or call 800-316-2796.

Voluntary Benefits Mutual of Omaha

Life is full of challenges and sometimes balancing it is difficult. Our benefit plans are here to help you and your family live well—and stay well. You can strengthen your coverage even further. The City of Burnet's voluntary products through Mutual of Omaha are designed to complement your health care coverage and add customized benefits you and your family may need. Benefits from these plans are paid directly to you. Coverage is available for you, your spouse and your child(ren). Coverage is completely voluntary, which means you are responsible for paying for coverage at an affordable group rate.

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover unexpected out of pocket costs related to treating injuries.

Critical Illness

Major illness can cost you more than \$15,000. With Critical Illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use the money however you would like, including to pay for medical expenses, required travel, increased living expenses and more.

Critical Illness Cost Matrix Monthly Cost per \$1,000

Age	Employee or Spouse
<30	\$0.37
30-39	\$0.65
40-49	\$1.43
50-59	\$3.08
60-69	\$6.53
70-79	\$12.19
80-99	\$16.68

How to Calculate Critical Illness Semi-Monthly Premium

Ex: 35 year-old elects \$10,000 in Critical Illness Coverage

Amount of Coverage / \$1,000 X Rate = Monthly Premium

$\$10,000 / \$1,000 \times \$0.65 = \6.50

$\$6.50 \times 12 \text{ Mths} / 24 \text{ Pay Periods} = \$3.25 \text{ Semi Monthly Deduction}$

Costs of Benefits

Medical	Employee Contribution (Monthly)		
	HDHP HSA BCP 014H	HMO BEE 023	PPO BCP 023
Employee Only	\$0.00	\$0.00	\$94.25
Employee + Spouse	\$364.69	\$450.45	\$735.57
Employee + Child(ren)	\$196.81	\$243.10	\$648.02
Family	\$561.50	\$693.53	\$1,289.35

Dental	Employee Contribution (Monthly)	
	Employee Only	\$0.00
Employee + Spouse	\$22.89	
Employee + Child(ren)	\$36.07	
Family	67.66	

Vision	Employee Contribution (Monthly)	
	Employee Only	\$7.61
Employee + Spouse	\$14.87	
Employee + Child(ren)	\$15.60	
Family	\$21.41	

Accident	Employee Contribution (Monthly)	
	Employee Only	\$12.44
Employee + Spouse	\$20.14	
Employee + Child(ren)	\$28.62	
Family	\$34.34	

Voluntary Life and AD&D Cost Matrix Monthly Cost per \$1,000	
Age	Employee or Spouse ¹
<29	\$0.079
30-34	\$0.089
35-39	\$0.109
40-44	\$0.159
45-49	\$0.269
50-54	\$0.529
55-59	\$0.859
60-64	\$1.049
65-69 ²	\$1.819

How to Calculate Voluntary Life and AD&D Semi-Monthly Premium

Ex: 35 year-old elects \$100,000 in Critical Illness Coverage

Amount of Coverage / \$1,000 X Rate = Monthly Premium

\$100,000 / \$1,000 X \$0.109 = \$10.90

\$10.90 x 12 Mths / 24 Pay Periods = \$5.45 Semi Monthly Deduction

¹The monthly premium for dependent children is \$0.200 for each \$1,000 of life insurance.

²Coverage is available past the age of 69. For a full list of rates by age, reference the Plan Documents.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	BlueCross BlueShield of Texas	800-521-2227	www.bcbstx.com
Health Savings Account (HSA) Healthcare FSA Dependent Care FSA	Ameriflex	888-868-3539	www.myameriflex.com
Dental Vision Basic Life and AD&D Voluntary Life and AD&D Long Term Disability Accident Critical Illness Employee Assistance Program	Mutual of Omaha	800-877-5176	www.mutualofomaha.com



Access Your Benefits Anytime, Anywhere

To help you access your benefits and HR information—even when you’re away from work and need it most—we’ve launched Benefit Spot!

DOWNLOADING THE APP IS EASY! SIMPLY :



Search “Benefit Spot” in the Apple App Store or Google Play or scan the QR Code.



Download the app to your smartphone or other mobile device.



Whenever you launch the app, **enter the company code: BURNET** to access our plan information. Note: The company code is case sensitive.

That’s it—you’re ready to go!

With Benefit Spot, you can

- Access your Benefits Guide and basic plan information
- Watch educational videos
- Look up carrier contact information
- View a glossary of benefit terms
- Learn who is eligible and how to enroll
- Visit our telehealth provider’s website
- And more!





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

