



PRE-65 RETIREE BENEFITS GUIDE

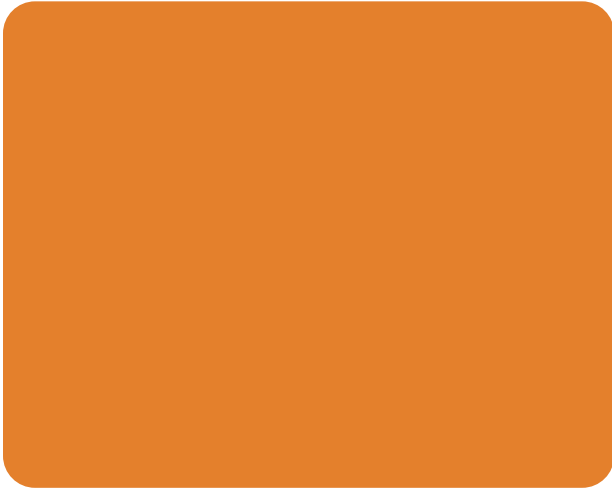


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Welcome to Your Benefits!

Welcome to the City of Plano!

Dear Retirees,

The City of Plano is committed to supporting the well-being of our employees and retirees. Our goal is to offer benefits that provide robust coverage at an affordable cost while maintaining a sustainable program for years to come.

As you are aware, healthcare costs have steadily increased year over year. Based on years of health plan data and rising healthcare costs, the City is now offering two plan network options. This year, you'll need to select the network that best fits you and your family's needs, giving you greater choice and flexibility.

These plans were designed with your needs in mind and include many of the doctors and hospitals you already trust. While managing costs is part of the reason for the update, the bigger goal is to give you options so you can choose a plan that works best for your family, your health, and your budget.

We hope this information helps you make the best decision for your healthcare needs. If your spouse or domestic partner has insurance available through their employer, we encourage you to compare options to determine which plan offers the best care and value for your family.

Thank you for your continued dedication to serving the City of Plano!

Warm regards,



Mark D. Israelson
City Manager



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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference are available upon request or by visiting plano.gov/benefits.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current retiree benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney.

Money-Saving Tools

Be a good steward when utilizing your health plan

Did you know that the City's medical and prescription drug plans are self-insured? Self-insured means that the City pays medical and pharmacy claims directly out of its operating budget. In 2024, Plano paid out claims and expenses of approximately \$40 million for 5,435 plan members. Premiums are evaluated each year to ensure we can cover our expenses, and every one of us plays an important role in keeping costs low. Taking steps to lower healthcare costs will benefit us as individuals as well as the City. Here are some ways to reduce healthcare costs:

Take advantage of these money-saving tools:

1. Choose in-network providers
2. Choose generics
3. Get regular check-ups
4. Save the Emergency Room for emergencies
5. Use mail order for maintenance medications
6. Ask your doctor questions
7. Discounted copays
 - Green Imaging (one-stop imaging services at no cost to you)
 - Carrum Health (bundled pricing at no cost to you)
 - Healthcare Highways (network offering lower deductibles and out-of-pocket costs)
 - Catalyst Health Group / Village Health Partners (\$5 copay)
 - Teladoc – Skip the waiting room with virtual visits (\$5 copay)
 - Airrosti (\$15 copay)
 - RxCompass Pharmacy Savings Program (helps lower the cost of eligible brand and specialty medications)
8. Use the WebTPA portal cost estimator and compare costs

Tip:

Become a smart healthcare consumer! Being an informed consumer is the best way to get the healthcare you need and the most value from your City benefits.

Be sure you are using in-network providers for all of your medical needs. Many doctors will send you to out-of-network labs and imaging centers which cost more and you may have to pay the full cost out of pocket.

Eligibility

Retiree Eligibility and Enrollment

Retirees must qualify for early, normal, late, or disability retirement as defined by the Texas Municipal Retirement System (TMRS) AND have at least five years of continuous full-time City of Plano service to be eligible for the City of Plano's medical, dental, vision, and Hospital GAP benefits until the age of 65.

For enrollment, a retiring pre-65 retiree has 30 days from their effective retirement date to make a decision regarding continuation of coverage, complete and submit applicable form(s), and make premium payments. Continuation of coverage includes all coverage (medical, dental, vision, and Hospital GAP) a pre-65 retiree is enrolled in at time of retirement.

Retiree and retiree spouses who turn 65 are no longer eligible for the City's medical, dental and vision plans. You will need to apply for Medicare Part A and Part B before turning 65.

For questions or to apply for a Medicare Supplemental Plan and utilize your service credits, contact Tracy Stack at tstack@plano.gov.

Dependent Eligibility

Eligible dependent(s)* not on the health plan at the time the pre-65 retiree retires can only be added during annual open enrollment or if there is a qualifying event (see below chart) as defined by the Internal Revenue Service. Dependent children are eligible until the end of the month in which they turn age 26 unless they are physically or mentally disabled and incapable of self-support. Please refer to Family Status Changes and Dependent Eligibility Requirements found at plano.gov/benefits on the Retirement Center page. Your dependent's required documentation must be received within 30 days of qualifying event. If we do not receive the documentation, their enrollment will be removed from the Plan.

Making Changes to Your Benefit Elections

Once you make your benefit elections, these choices will remain in effect until January 1st of the next plan year unless you have a qualified status change. Please refer to the chart below for deadlines to submit enrollment changes. If you do not meet the deadline listed, you will have to wait until the next Open Enrollment to make any benefit election changes. The Benefits Change Form can be found at plano.gov/benefits on the Retirement Center page.

*Eligible dependents include spouse, Common Law spouse, domestic partner, natural child, stepchild, domestic partner's child, legally adopted child or child under your legal guardianship or custodianship (i.e. grandchildren or foster children).

Qualifying Event	Deadline to Make Benefits Change	Effective Date of Change	Required Documentation
Marriage / Divorce	30 days from event date	Date of event	Marriage License, Divorce Decree, Registration of Informal Marriage (Common Law), Social Security Number
Birth / Adoption	30 days from event date	Date of event	Birth Certificate, Adoption Agreement, Social Security Number
Spouse Gain or Loss of Coverage (includes Spouse's Open Enrollment)	30 days from gain/loss of coverage	Date coverage was gained / lost	Proof of gain - offer letter indicating hire date and when benefits begin, copy of completed enrollment form Proof of loss - letter from spouse's HR office, termination notice, copy of completed enrollment form, Marriage License, Social Security Number
Death	30 days from event date	Date of event	Death Certificate

2026 Monthly Costs

Monthly Contributions

The premium cost listed below is the monthly amount. Retirees have the option to pay their monthly health insurance premium to the City via check or automatic bank draft. Drafts occur on the first banking day of the month.

Connect4Health (C4H) Medical Premium Incentive Program

C4H is your wellness incentive program designed to help you save on your monthly benefit costs. If you and/or your spouse/ domestic partner are on the health plan as of January 1, 2026, you both must complete the program requirements separately to earn the incentive. If either the retiree or spouse/domestic partner does not meet the Connect4Health (C4H) requirements, an additional \$50 per month per person will be charged.

Healthcare Highways Plan

Medical Plan Contributions with Connect4Health Incentive Included.

Monthly Costs	Retiree	COBRA
Medical Plan		
Retiree Only	\$739.00	\$753.78
Retiree + Spouse / Domestic Partner	\$1,908.00	\$1,946.16
Retiree + Children	\$1,361.00	\$1,388.22
Family	\$2,758.00	\$2,813.16
Spouse Only	\$1,169.00	\$1,192.38



Medical Plan Contributions without Connect4Health Incentive Included.

Monthly Costs	Retiree	COBRA
Medical Plan		
Retiree Only	\$789.00	\$753.78
Retiree + Spouse / Domestic Partner	\$2,008.00	\$1,946.16
Retiree + Children	\$1,411.00	\$1,388.22
Family	\$2,858.00	\$2,813.16
Spouse Only	\$1,219.00	\$1,192.38

Aetna Plan

Medical Plan Contributions with Connect4Health Incentive Included.

Monthly Costs	Retiree	COBRA
Medical Plan		
Retiree Only	\$777.00	\$792.54
Retiree + Spouse / Domestic Partner	\$2,005.00	\$2,045.10
Retiree + Children	\$1,429.00	\$1,457.58
Family	\$2,896.00	\$2,953.92
Spouse Only	\$1,228.00	\$1,252.56



Medical Plan Contributions without Connect4Health Incentive Included.

Monthly Costs	Retiree	COBRA
Medical Plan		
Retiree Only	\$827.00	\$792.54
Retiree + Spouse / Domestic Partner	\$2,105.00	\$2,045.10
Retiree + Children	\$1,479.00	\$1,457.58
Family	\$2,996.00	\$2,953.92
Spouse Only	\$1,278.00	\$1,252.56

MetLife

Monthly Costs	Retiree	COBRA
Dental Plan		
Retiree Only	\$50.00	\$51.00
Retiree + Spouse / Domestic Partner	\$98.00	\$99.96
Retiree + Children	\$121.00	\$123.42
Family	\$183.00	\$186.66
Spouse Only	\$50.00	\$51.00
Vision Plan		
Retiree Only	\$11.17	\$11.39
Retiree + Spouse / Domestic Partner	\$17.88	\$18.24
Retiree + Children	\$18.29	\$18.66
Family	\$29.43	\$30.02
Spouse Only	\$11.17	\$11.39



Medical Plan



The City of Plano's medical plan is administered by WebTPA. This plan is an EPO Plan, which means it provides in-network only benefits. It is very important to make sure you are seeing in-network providers, so check your provider's status at webtpa.com.

The City of Plano prides itself in providing excellent benefit plans to its employees. Maintaining good health and receiving quality care in time of illness is of utmost importance. Below is a summary of the health benefits available to you.



Description	WebTPA/Healthcare Highways Network (HCH)	WebTPA/Aetna Network
Annual Deductible	\$1,000 Individual \$2,000 Family	\$2,500 Individual \$5,000 Family
Coinsurance Level	Plan pays 80% / You pay 20%	Plan pays 70% / You pay 30%
Out-of-Pocket Maximum (includes medical deductible, medical coinsurance, medical copays, Rx deductible, and Rx copays)	\$8,000 Individual \$16,000 Family	\$10,150 Individual \$20,300 Family
Lifetime Maximum	Unlimited	Unlimited
Preventive Care	Plan pays 100%	Plan pays 100%
Physician Services	Primary Care - \$25 copay Specialist - \$40 copay Catalyst Health Network/Village Health Partners - \$5 copay	Primary Care - \$25 copay Specialist - \$40 copay Catalyst Health Network/Village Health Partners - \$5 copay
Telehealth - Teladoc	\$5 copay	\$5 copay
CVS MinuteClinic	N/A	\$5 copay
Urgent Care Services	\$40 copay	\$50 copay
Emergency Room	Deductible + \$200 copay per event (copay waived if admitted)	Deductible + \$200 copay per event (copay waived if admitted)
Chiropractic Care (24 visits per calendar year)	\$25 copay	\$25 copay
Physical, Occupational, Speech Therapy (20 visits per calendar year)	\$25 copay	\$25 copay
Airrosti (Injuries / pain)	\$15 copay	\$15 copay
Inpatient Hospital Services	Deductible + 20%	Deductible + 30%
Outpatient Services	Deductible + 20%	Deductible + 30%
Mental Health / Substance Abuse	Outpatient individual therapy: \$25 copay Outpatient group therapy: \$20 copay Inpatient hospitalization: Deductible + 20%	Outpatient individual therapy: \$25 copay Outpatient group therapy: \$20 copay Inpatient hospitalization: Deductible + 30%
Home Health Care (60 days per calendar year)	Deductible + 20%	Deductible + 30%
Skilled Nursing (60 days per calendar year)	Deductible + 20%	Deductible + 30%
Hospice (Limited to 360 days per lifetime)	Deductible + 20%	Deductible + 30%

Medical Plan Network Options

New Medical Plan Network Options

The City of Plano's medical plan is administered by WebTPA. This is an EPO Plan, which means it provides in-network only benefits. Based on years of retiree data and rising healthcare costs, the City is now offering two network plan options. This year you must elect which network you and your family will use for your 2026 benefits giving you more choice and flexibility. These plans were designed with your needs in mind and include many of the doctors and hospitals you already use. While managing costs is part of the reason for the update, the bigger goal is to give you options so you can choose a plan that works best for your family, your health, and your budget.

Important Note: If a medical plan is not elected during 2026 open enrollment, the default plan is Healthcare Highways, and you will be enrolled in this plan. Once the election is finalized, these choices remain in effect until January 1st of the next plan year.

Choosing the Right Plan

To find the best plan for you and your family, first check which network your current doctors and hospitals belong to. Search both Healthcare Highways and Aetna networks to see where your providers are.

- **Aetna:** aetna.com/asa
- **Healthcare Highways:** providersearch.healthcarehighways.com choose HCH Sync-TX network
- **PHCS (out-of-state plan participants):** visit providersearch.multiplan.com and select PHCS Out of Area

You can look up doctors, specialists, urgent care, and hospitals. If most of your care is with Healthcare Highways, that plan may save you money with lower premiums and out-of-pocket costs. If your providers are mainly in Aetna, that plan may be a better fit, but it has higher premiums and cost-sharing.

What are the differences between the Healthcare Highways and Aetna plans?



Healthcare Highways Plan:

- **Lower** annual deductible
- **Lower** out-of-pocket maximum
- **Lower** coinsurance
- **Lower** paycheck deductions due to stronger network discounts
- Smaller network of doctors and hospitals with better pricing, allowing for lower-cost benefits for the member



Aetna Plan:

- **Higher** annual deductible
- **Higher** out-of-pocket maximum
- **Higher** coinsurance
- **Higher** premiums due to broader provider access
- Offers access to a larger network of doctors and hospitals

Choosing the Right Plan

Is Healthcare Highways the Right Choice for You?

Is your doctor currently at....?

Providers in network with Healthcare Highways:



YES

YES!

Healthcare Highways is a great choice for you!

To check if your provider is in-network visit online at providersearch.healthcarehighways.com choose HCH Sync-TX network

NO

Is your doctor currently at....?

Providers in network with Aetna:



YES

Are you open to switching providers to have lower healthcare premiums?

YES

NO

Maybe Not!

Healthcare Highways might not be a good fit.

*If a medical plan is not elected during 2026 open enrollment, the default plan is Healthcare Highways, and you will be enrolled in this plan. Once the election is finalized, these choices remain in effect until January 1st of the next plan year.

Direct Your Provider to the Right Place

Please advise your provider to contact WebTPA at 844-380-4552 to validate member eligibility, benefit coverage and to ensure they are in the network, Healthcare Highways or Aetna Signature Administrators, you elected for your 2026 benefits. Providers should not call Healthcare Highways or Aetna for this information as Healthcare Highways or Aetna is not your insurance company. Providers can access the Interactive Voice Response (IVR) system 24/7 for eligibility and benefit information. They may also visit webtpa.com to create a free provider portal account – a faster way to verify eligibility.

How to Contact WebTPA

Members can call WebTPA Customer Service at 844-380-4552 or email at service.team@webtpa.com, or visit your member portal at webtpa.com.

DO NOT CALL HEALTHCARE HIGHWAYS OR AETNA.

Log in to WebTPA Member Portal

Members can access information about their plan benefits and claim information at webtpa.com. This secure site keeps member information safe and ensures strict HIPAA-compliant confidentiality. The member portal provides self-service tools designed to save time by giving you the ability to view eligibility information, print a temporary ID card, order a new ID card, view claim status and history, download important forms and documents, and communicate with customer service.

Logging on to webtpa.com

1. Go to webtpa.com.
2. Click Login then “Member Log In.”
3. Click “Create account” then read the License Agreement and click Accept.
4. Enter your Social Security number (SSN) or member ID (found on your WebTPA ID card), zip code, and date of birth.
5. Create a username and password of your choice (password must be at least 8 alphanumeric characters) and enter three security questions and answers.
6. Confirm your information and start enjoying the benefits of your new secure online account immediately!

My WebTPA Mobile App

Available to iPhone and Android users, the WebTPA Mobile App is FREE and provides on-the-go functionality enabling members to view coverage, claims information, ID cards, and balances, as well as contact Customer Service. Downloading the app is quick and easy - visit the Apple® App Store or Google Play for Android™.

***Please note - members must create an online account at webtpa.com before logging in to the mobile app.**

How to File a Claim

Please send claims and related correspondence to:

WebTPA

PO Box 99906
Grapevine, TX 76099-9706
Payor ID # 75261

Questions about Claims or Billing

Since your providers file your claims with WebTPA, you should contact WebTPA Customer Service at 844-380-4552 or email at service.team@webtpa.com.

How to Find an In-Network Provider



Healthcare Highways Provider

1. Log into your member portal account at webtpa.com and click on the **Find a Provider** tab
2. If you do not have a WebTPA login, visit healthcarehighways.com/provider-search.
3. From the drop-down menu, select HCH Sync - TX network.
4. Click **Submit**.
5. Enter an address, city, or zip code to start your search.
6. On the main dashboard, you can:
 - Search for doctors by name or specialty.
 - Search for places by name or type.
 - Use shortcuts for finding a primary care physician, a specialty like Behavioral Health, or an Urgent Care facility.
7. For out-of-state plan participants, visit PHCS at providersearch.multiplan.com and select PHCS Out of Area



Aetna Provider

1. Log into your member portal account at webtpa.com and click on the **Find a Provider** tab
2. If you do not have a WebTPA login, you can go to aetna.com/asa to search for an in-network provider.
3. Under **Start Search Here** enter your desired location (zip, city, county or state) to access in-network providers.
4. Filter results to desired location or demographics.
5. Click on a provider to learn more!

Questions?

Visit webtpa.com, call 844-380-4552, or email service.team@webtpa.com.

Find a Cost Estimate

1. Log into your member portal account at webtpa.com and select "Find a Provider" to find a medical service (e.g. "Office visit" or "Physical therapy") or select a category to "Find Pricing for Medical Services."
2. Filter results to desired location or demographics.
3. Click on a provider to learn more!

Frequently Asked Questions (FAQ)

What is "Total Cost"?

Total cost is the expected total cost for the service or procedure. This is an estimate, please verify the cost with your provider.

What is "Your Cost"?

Your cost is the expected out-of-pocket cost to you based on your benefit plan and healthcare spending since the start of the plan year. This is an estimate, please verify the cost with your provider.

Prescription Drug Coverage



If you enroll in the City's medical plan, you will automatically receive prescription drug coverage through Liviniti, the City's pharmacy benefit manager (PBM). You will need to create an account on [Liviniti.com](https://www.liviniti.com) to gain access to a variety of PBM services including drug formulary options. You may also refer to plano.gov/benefits for more information.

Retail Pharmacy

The retail prescription program uses a network of participating pharmacies. To receive the highest level of benefits, you must use a participating pharmacy. When thinking about filling your maintenance medications, look for a **First Choice™** Pharmacy where you can get a 3-month supply for the cost of a 2-month supply.

Note: Walgreens can only dispense 1-month medication supplies.



RX Bin: 015433

RX PCN: SSN

RX Group: 2021COP

Customer Service: (answers as Pharmacy Benefits)

800-710-9341 | fax: 318-214-4190

Monday-Friday: 6:30 a.m. to 8:00 p.m. CST

Saturday: 8:00 a.m. to 5:00 p.m. CST

Sunday: 8:00 a.m. to 4:00 p.m. CST

24/7/365 on-call emergency service available

[Liviniti.com](https://www.liviniti.com)

Mail-Order Pharmacy

The mail-order pharmacy offers a convenient and cost-effective way to fill your maintenance medications. **You can get a 3-month supply for the cost of a 2-month supply delivered directly to your home.** To order prescriptions through the mail-order program, you must fill out and return a mail-order form with a prescription from your doctor for a 3-month supply and your payment.



Postal Prescription Services (Mail-Order Pharmacy)

Customer Service: 800-552-6694




Monday-Friday: 8:00 a.m. - 8:00 p.m. CST

Saturday: 11:00 a.m. - 4:00 p.m. CST

Sunday: Closed

[ppsrx.com](https://www.ppsrx.com)

To locate an in-network pharmacy, go to [Liviniti.com](https://www.liviniti.com) and look for the icons below to find the pharmacy that is right for you.

- A **FirstChoice™** pharmacy can dispense a 90-day supply 
- Pharmacies that administer vaccines are identified with a syringe 
- Specialty Pharmacies are identified with a pill 

Prescription Drug Coverage



Annual Deductible: \$100 per Individual / Family

The deductible must be satisfied every calendar year before the Coinsurance and Copays below apply.

Prescription Drug Tier	Retail Pharmacy (1-Month Supply)	Retail - First Choice Pharmacy (3-Month Supply)	Mail-Order (3-Month Supply)
Tier 1	15% Coinsurance Maximum copay: \$15	15% Coinsurance Maximum copay: \$30	15% Coinsurance Maximum Copay: \$30
Tier 2	25% Coinsurance Maximum copay: \$45	25% Coinsurance Maximum copay: \$90	25% Coinsurance Maximum Copay: \$90
Tier 3	40% Coinsurance Maximum copay: \$60	40% Coinsurance Maximum copay: \$120	40% Coinsurance Maximum Copay: \$120
Specialty	\$100 copay	N/A	N/A

Money Saving Programs:

Pill Pack

Are you taking several different medications at various times of the day? Make it simple by using **PillPack** by Amazon Pharmacy. PillPack will transfer your existing prescriptions, conveniently package your medications by the time of day you need to take them, and ship them to your door (free delivery). Sign up online at pillpack.com.

GoodRx

This online resource gathers prescription drug prices from more than 70,000 pharmacies across the U.S. to provide consumers with cost comparisons. This money-saving tool is available to anyone via website at goodrx.com or mobile app. Once you enter your medication and dosage, you will see prices at various local pharmacies and what discounts and coupons are available.

Save Money with RxCompass

What is RxCompass?

RxCompass is a prescription savings program offered through Liviniti that helps lower the cost of eligible brand and specialty medications. In some cases, prescriptions may even be available at no cost to you.

Program Benefits:

- Medications come from trusted, highly regulated sources
- Brand-name drugs are provided in original packaging
- Member copayments are waived when savings pathways apply
- Free shipping and handling
- Up to a 90-day supply may be available with a valid prescription

How to Get Started

Enrolled members can securely communicate with RxCompass by text, phone, or email. To learn more or start the process:

- Visit myrxcompass.com
- Call 833-652-8379
- Email carenavigator@myrxcompass.com

Care Navigators are available Monday through Friday from 8 a.m. to 7 p.m. CST and Saturday from 10 a.m. to 6 p.m. CST.

How It Works

When you fill a qualifying prescription, there may be a short delay at the pharmacy while it is reviewed for RxCompass eligibility. If savings are available, an RxCompass Care Navigator will contact you to discuss your options and guide you through the next steps.

Savings Pathways:

Depending on your medication, RxCompass will match you with the most cost-effective pathway. Options include:

- **Patient Assistance Programs:** Care Navigators help you apply for manufacturer-supported savings.
- **Variable Copay (VCP) Support:** You may be referred to a network pharmacy that offers a reduced copay.
- **TeleSaverRx:** A telehealth visit may be used to obtain your prescription and coordinate delivery.
- **International Mail:** Prescriptions may be filled through safe, regulated pharmacies in Tier 1 countries like Canada, the UK, Australia, and New Zealand.

Where Should I Go For Care

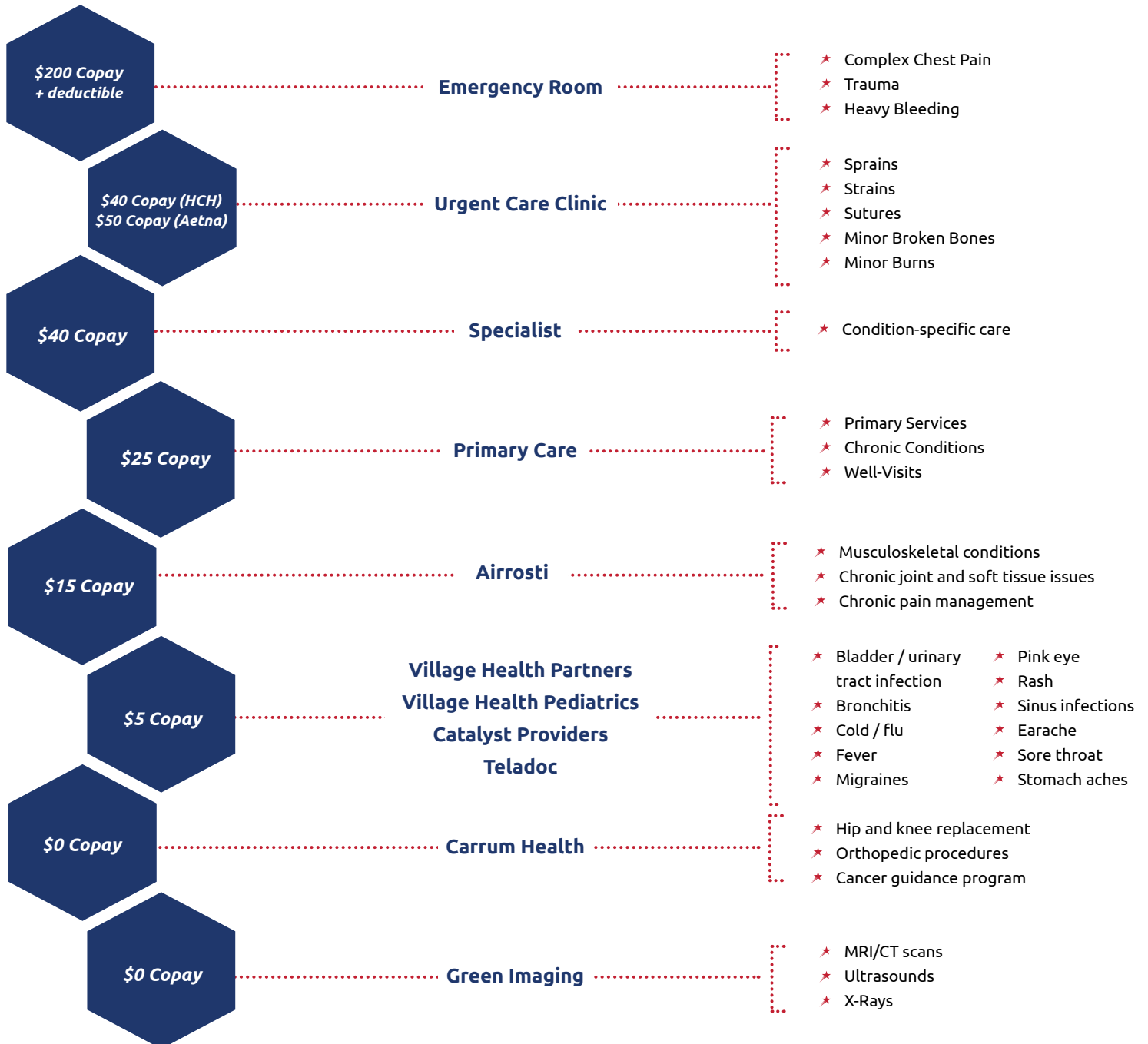


Avoid Shocking ER Bills

It can be overwhelming deciding where to go for medical care. It is best to establish a relationship with a primary care physician for routine care and general oversight of your care plan. Since unexpected accidents and illnesses can happen anytime, it is important for you to know what your options are in advance so you can save time and money.

Did You Know?

An emergency room visit can cost your deductible plus copay, totaling up to approximately \$2,700 or more. Urgent care centers can treat most non-life threatening healthcare issues at a fraction of the cost. When searching for urgent care facilities in your area, be careful not to choose a free-standing emergency room, as these also are billed at emergency room rates.



Primary Care Physicians



City of Plano partners with the **Catalyst Health Group**, an independent group of primary care providers with locations in the North and Central Texas regions. Providers in this network strive to improve health outcomes by supplying patients with a local team of care coordinators, nurses, pharmacists and referral coordinators all to support the individual through their healthcare journey.

Village Health Partners (VHP) is a part of the Catalyst Health Group that focuses on quality, access and convenience of care for patients. The VHP practices are dedicated to providing unsurpassed value in health care delivery for women’s health, men’s health, pediatrics, diabetes, disease prevention and disease management.

**Catalyst Health Group
(including Village Health Partners)
\$5 copay**

Catalyst Health Group Locations



VHP Locations

- ★ **West Plano Medical Village / Village Pediatrics at WPMV**
5655 W. Spring Creek Pkwy, Suite 200
Plano, TX 75024
972-599-9600
214-473-2200 Pediatrics
- ★ **Independence Medical Village**
8080 Independence Pkwy, Suite 200
Plano, TX 75025
972-596-9511
- ★ **McKinney Medical Village**
7300 Eldorado Pkwy, Suite 200
McKinney, TX 75070
214-964-0304
- ★ **Frisco Medical Village / Village Pediatrics at FMV**
9990 Dallas Parkway, Suite 200
Frisco, TX 75033
214-387-8288
469-872-9966 Pediatrics

Find Your Physician Today

<https://catalysthealthgroup.net/patients/locations/>

For more information

villagehealthpartners.com

Nurse Care Manager



Working Together to Improve Outcomes

When you or a family member experiences a major injury or illness, many care and payment issues can arise. City of Plano partners with Communitas to provide a dedicated Nurse Care Manager to assist you and your family in navigating the confusing healthcare environment that surrounds major illness and hospitalizations. It's a free benefit for pre-65 retirees and their dependents enrolled in our health plan.

Unlike traditional care management services, our Nurse Care Manager comes to you (or insured family member) to act as your eyes and ears during a hospital stay.

What Can Communitas Do For You?

- ★ Provide an onsite Nurse Care Manager who focuses on your "before and after" hospital care – a "boots on the ground" approach
- ★ Help navigate the healthcare system waters (managing costs and billing) and manage your healthcare dollars
- ★ Lessen the risk of complications with your overall treatment with the best possible recovery in mind

Communitas provides face-to-face interactions with you as they work to bring clarity to the chaos. When you have a need, reach out to our dedicated Nurse Care Manager:

Joy Little

855-205-0348, Option 1, Ext. 0846
joy.little@webtpa.com

Member Testimonials

"I just wanted to take a second to share what an absolute asset Diane Dodson is to the City of Plano. Our doctor ordered an ultrasound on Wednesday. This was going to cost us \$600 out of pocket, so I sent Diane an email asking if she had any ideas. Literally within minutes of getting my email she was already getting us set up for the ultrasound through Green Imaging. By mid-morning, Green Imaging had already contacted me asking for good dates and times so they could schedule. We have an appointment tomorrow morning, very close to our house, and it will cost us nothing out of pocket. Diane did nearly all the legwork and made the situation stress-free for us. Every time we have contacted Diane, she has been nothing but insanely helpful and kind."

- Angela

"We are forever thankful for Diane's dedication, expertise, and perseverance. She was our greatest advocate throughout the entire ordeal, consistently going above and beyond for us. The Case Management Program truly made a difference, and we could not be more appreciative of the support it provided during such a difficult time."

- Jaime

About Carrum Health

Retirees that are over the age of 18 and are enrolled in the medical plan have access to Carrum Health which provides enhanced coverage for certain planned procedures at participating Centers of Excellence. Through Carrum Health, participants have access to specialized providers and facilities selected for their expertise in certain high-risk or high-cost procedures.

How it works

Plan participants can contact Carrum Health at 888-855-7806, Monday-Friday 8 a.m. - 7 p.m. CST, online at carrum.me/CityofPlano or by downloading the 'Carrum Health' app on iPhone and Android devices to search for and compare participating hospitals and physicians.

After contacting Carrum Health, each participant is assigned a Care Specialist to determine if the participant is eligible for Carrum Health and provide non-medical coordination throughout the entire episode of care. Care Specialist services can include assistance with hospital and physician selection, medical records collection, appointment scheduling, travel reservations, and logistics management.

Participants must agree to provide their medical records and any other relevant information to their selected hospital and physicians in order to facilitate a consultative evaluation to determine if the procedure is appropriate and medically necessary. Medical records and images are collected on behalf of participants by their assigned Care Specialists. Receiving this evaluation does not commit a participant to proceed with the procedure or to use Carrum Health.

Participants may use Carrum Health for the following procedures:

Procedure	Carrum Health	City of Plano Plan
Surgical Care Musculoskeletal Spine Heart Hysterectomies Gastrointestinal - colonoscopy and endoscopy services	No out-of-pocket costs (i.e., 100% covered; no deductible)	Regular health plan benefit level
Cancer Care, Including: Virtual guidance and ongoing support for all cancer diagnoses Comprehensive treatment for breast and thyroid cancers CAR (chimeric antigen receptor) - T-cell therapy*		
Substance Use Treatment		

*Restrictions may apply

Download the app!

The 'Carrum Health' app is available to download on both iPhone and Android devices.

Questions?

Call 888-855-7806
 or visit carrum.me/CityofPlano

Diagnostic Medical Imaging

Introducing Green Imaging! Your health is important to us and we have contracted with Green Imaging to provide medical imaging services at NO COST to you. The process couldn't be easier - you'll be connected to a Green Imaging Medical Concierge who will personally walk you through the entire process when you need imaging services.

- ★ \$0 out-of-pocket cost
- ★ Easy scheduling
- ★ Convenient locations
- ★ High-quality imaging facilities
- ★ Exams read by highly-qualified radiologists

Services Include:

- ★ MRI (open and closed)
- ★ CT
- ★ PET
- ★ Ultrasound
- ★ Mammogram
- ★ X-Ray
- ★ Bone Density (DXA)
- ★ Nuclear medicine
- ★ Arthrogram
- ★ Echocardiogram

Here's how it works:

Step 1:

Your doctor has given you an order for a diagnostic imaging exam. Have this order ready.

If you don't have an order, ask your doctor to fax Green Imaging the order at 866-653-0882, or text your order to 713-524-9190 and include:

- ★ Your name and zip code
- ★ A picture of your physician order
- ★ If applicable, your Employer Group (2021COP)

Prefer not to text?

- ★ Chat: greenimaging.net
- ★ Call: 844-968-4647 (7:00 a.m. - 6:00 p.m. CST)

Step 2:

At your appointment, show your Green Imaging voucher

- ★ You will not have a copay
- ★ You do not need to show your insurance card
- ★ You will not be responsible for any bills you may receive in the mail

Step 3:

If your referring physician has not received your exam report, call Green Imaging at 713-524-9190.

\$0 copay

for Diagnostic Medical Imaging

Start scheduling your medical imaging today:

Text: 713-524-9190 | Call 844-968-4647

Visit greenimaging.net/appointments

Email info@greenimaging.net

Teladoc gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. It's an affordable option for quality medical care.

Speak to a doctor 24/7 for just a
\$5 copay

Teladoc

Set up your account today!

Teladoc.com / 800-TELADOC (835-2362)

★ **Get Started**

Call, download the app or visit the website above

★ **Set Up**

Enter your information and complete your medical history

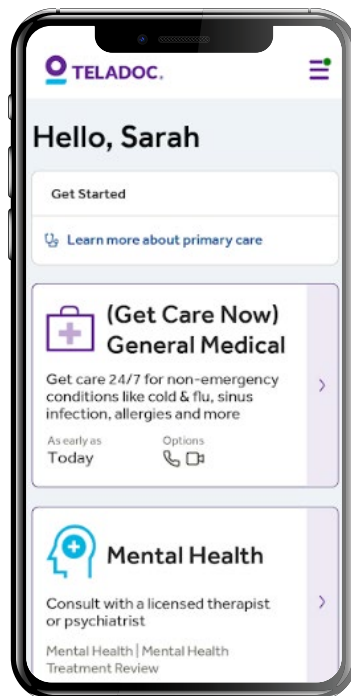
★ **Request a Visit**

A Teladoc doctor is now just a call or click away

Get The Care You Need

Teladoc doctors can treat many medical conditions, including:

- ★ Cold & flu symptoms
- ★ Allergies
- ★ Pink eye
- ★ Respiratory infection
- ★ Sinus problems
- ★ Skin problems
- ★ And more!



Teladoc Therapy

Talk to a therapist or psychiatrist seven days a week from wherever you are

Teladoc therapy can treat:

- ★ Anxiety
- ★ Depression
- ★ Not feeling like yourself
- ★ Marital issues
- ★ Stress
- ★ And more!

How to Access

To get started, download the app or visit teladoc.com/therapy. Create an account, fill out a mental health questionnaire, then start therapy.

AIRROSTI VISITS ARE ONLY \$15 !

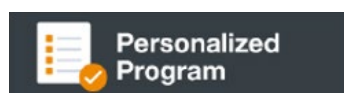
City of Plano partners with Airrosti, a group of skilled health care providers that are trained to deliver high quality, outcome-based soft tissue and joint (musculoskeletal) care. They have a proven track record of diagnosing and resolving musculoskeletal conditions on average within 3.2 visits — with no needles, surgery, or invasive procedures. Airrosti helps save patients time and money, while also helping eliminate or dramatically reducing the need for costly and potentially dangerous prescription pain killers and opioids.

AIRROSTI'S UNPARALLELED EXPERTISE, DELIVERED VIRTUALLY, IN-OFFICE OR THROUGH A HYBRID VISIT



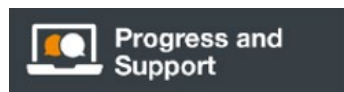
During the initial video or in-person consultation, a licensed Airrosti clinician will provide:

- Step-by-Step Orthopedic Evaluation
- Accurate Diagnosis
- Injury-Specific Education
- Individualized Recovery Plan
- Referral Coordination As Needed



Your Airrosti Care Team will prescribe a customized recovery plan delivered through the user-friendly app, which includes:

- Mobility and Stability Exercise
- Self-Myofascial Release
- Remote Recovery Kit
- Unlimited Provider Interaction



Recovery is tracked in real time, and treatment is modified as needed to ensure continued improvement.

In-app messaging gives you unlimited access to your Care Team - anywhere anytime.

Conditions treated include:

- Acute injuries/musculoskeletal conditions
- Chronic joint and soft tissue injuries
- Patients seeking an alternative to surgery
- Patients not receiving lasting relief from steroid injections and other pain management interventions
- Post-surgical patients with persistent symptoms

Common injuries treated include:



Back/Neck



Knee



Shoulder



Foot



Hip



Plus More

*Airrosti offers Hybrid visits: merging a 30 minute in-person manual therapy with the convenience of completing your active care through our app on **YOUR schedule!***

To schedule your on-site visit, call 800-404-6050 or visit airrosti.com

To make an appointment for a virtual Airrosti visit, call 855-913-0845 or visit airrosti.com/remoterecovery

AIRROSTI TEXT CONNECT (free pain and injury text chat): text your name to 726-204-5447. Providers are available to assist you Monday through Friday, from 8 a.m. to 5 p.m. CST

Schedule a NO COST video chat with a provider: airrosti.com/vip-chat/.

Dental Plan



The City's dental plan is administered by MetLife and allows you the freedom to visit any dentist, without referrals, for all of your dental care needs. If you receive care from a MetLife PDP Plus network provider, you'll pay less for treatment.

If you choose an out-of-network dentist, your share of costs will generally be higher, and you may need to file your own claims.

To find an in-network dental provider:
Go to metlife.com, select "Find a Dentist" then select "PDP Plus"

Plan Feature	In and Out-of-Network
Annual Deductible	\$50 per person \$150 per family
Annual Benefit Maximum	\$3,000 per person per year
Preventive Services Periodic oral exams (2 per calendar year) Bitewing x-rays (2 series per calendar year) Full mouth x-rays (1 every 36 months) Cleaning (2 per calendar year) Tooth sealants (children up to age 14) Space maintainers (children up to age 14)	100% - no deductible
Basic Services Emergency oral exams Restorative fillings Oral surgery Endodontics and Periodontics Repairing or recementing of crowns, bridges, etc. (1 every 36 months)	80% after satisfying the deductible
Major Services Inlays, onlays, fillings, dentures, implants First installation of partial or full removable dentures	50% after satisfying the deductible
Orthodontia Only covered for children up to age 19	50% up to \$2,500 maximum per person, per lifetime

Register for MyBenefits

The MyBenefits website is a quick and easy way for you to get the information you need about Dental and Vision — all in one place. Find in-network providers, access plan documents, view/print your ID cards, and track your claims at metlife.com/mybenefits.

No dental coverage is available through the City of Plano for Medicare-age retirees.

Vision Plan



The City's vision plan is administered by MetLife and promotes preventive care through annual eye exams and provides allowance for corrective materials such as glasses and contact lenses. The MetLife Vision PPO network includes a variety of retail providers as well as a wide selection of independent optometrists, ophthalmologists, and opticians. **To find an in-network provider, go to metlife.com, select "Find a Vision Provider" then select "MetLife Vision VSP Choice."**

Benefits	In-Network Provider	Out-of-Network Provider
Comprehensive Vision Exam (once every calendar year)	\$10 copay	Up to \$45 allowance
Materials	\$10 copay	See reimbursement amounts below
Standard Eyeglass Lenses (once every calendar year) single, bifocal or trifocal	\$10 copay	Up to \$30-\$100 allowance
Lens Options Polycarbonate - Child (up to age 18): Polycarbonate - Adult: Progressive:	Covered in full Single Vision - up to \$31 copay / Multifocal - up to \$35 copay Standard - up to \$55 copay / Premium - up to \$105 copay / Custom - up to \$175 copay	N/A N/A Up to \$50 allowance
Frames (once every calendar year)	Retail allowance: \$180 + 20% discount on remaining balance Wholesale Allowance: \$100 (Costco, Walmart, Sam's Club)	Up to \$70 allowance
Contact Lenses (once every calendar year)	Elective: \$180 allowance Medically Necessary: Covered in full after \$10 copay	Up to \$105 allowance Up to \$210 allowance
Contact Lens Fitting & Evaluation	Covered in full with a maximum copay of \$60	N/A
Second Pair Glasses or Contacts (once every calendar year)	This benefit gives you additional eyewear coverage including: <ul style="list-style-type: none"> • Two pairs of prescription glasses, or • One pair of prescription eyeglasses and an allowance toward contact lenses, or • Double your contact lens allowance 	Same as out-of-network allowance above
Laser Corrections	Discounts available	Not covered

All "up to" copays are subject to change without notice. At this time, all lens options and "up to" copays are not available at Costco, Walmart and Sam's Club. Please check with your provider for details and copays applicable to your lens choice.

Eyeconic Online Shopping

Find the perfect frames online by uploading a picture of yourself and testing the different styles on using the virtual try-on tool. Explore a variety of frames and even share your pictures with friends to get their style tips. Check out eyeconic.com!

No vision coverage is available through the City of Plano for Medicare-age retirees.

ID Cards

ID cards will be mailed directly to your home, and you will receive three ID cards. If you need additional cards, you may order them through the carrier's member portal - instructions are provided below. The medical and prescription plans are on the same card with a list of dependents. The dental and vision cards only list the subscriber.



WebTPA Online Member Portal

- Go to webtpa.com
- Click Login then "Member Log In"
- Click "Create Account" then read the License Agreement and click "Accept"
- Enter your SSN or member ID (found on your WebTPA ID card), zip code, and date of birth
- Create your user name and password and confirm your information
- Click on "Print or Request an ID Card"

You can also access your ID card through the WebTPA mobile app, available for Android and iPhone users.

***Please note - members must create an online account at webtpa.com before logging in to the mobile app.**



MetLife (Dental & Vision) MyBenefits Online Member Portal

- Go to metlife.com/mybenefits, enter "City of Plano, Texas" then click "Next"
- New users will click "Register" and complete the registration process
- After entering your personal information, you will receive a code via text message or voice message that you will need to enter in order to continue the registration process
- Create a unique user name and password and answer three verification questions, then agree to Terms of Use and you're done!

You can also access your ID card through the MetLife MyBenefits mobile app, available for Android and iPhone users.

Make sure Human Resources has your correct address, phone number and email address. Contact HRBenefits@plano.gov if you need to update your information.

Hospital GAP Insurance



The City of Plano offers a supplemental limited benefit medical expense insurance policy – or GAP plan offered through American Fidelity up to age 65. **You must be enrolled in the City's medical plan to be eligible for this coverage.**

Hospital GAP Plan	\$500	\$1,000	\$1,500
Under Age 55	Monthly Rates		
Retiree Only	\$14	\$17	\$20
Retiree & Spouse / Domestic Partner	\$26	\$31	\$37
Retiree & Children	\$25	\$28	\$32
Family	\$37	\$42	\$49
Age 55 to 59			
Retiree Only	\$20	\$24	\$30
Retiree & Spouse / Domestic Partner	\$37	\$43	\$54
Retiree & Children	\$31	\$35	\$42
Family	\$48	\$54	\$66
Age 60 and Over			
Retiree Only	\$31	\$36	\$46
Retiree & Spouse / Domestic Partner	\$56	\$65	\$83
Retiree & Children	\$42	\$47	\$58
Family	\$67	\$76	\$95

Three Primary Benefits

- ★ **Inpatient** – payable for covered out-of-pocket expenses up to the maximum benefit selected per confinement
- ★ **Outpatient** – payable for the difference between actual outpatient expenses incurred and the amount paid by the primary medical plan for out-of-pocket covered charges up to the maximum outpatient benefit of \$200 for outpatient treatment
- ★ **Physician Outpatient Treatment** – pays \$25 per visit for up to five visits per family per calendar year for outpatient treatment due to sickness, injury or accident

Claims can now be filed online or with the AFmobile app. Log onto americanfidelity.com/claims or download AFmobile to your Android or iPhone.

Life Insurance

Pre-65 retirees who retire on or after October 1, 1994, under the early, normal, late or disability provisions, with at least ten years of continuous full-time employment with the City of Plano are eligible for life insurance equal to one times annual salary, maximum of \$20,000, at no cost to the retiree.

Employee Assistance Program

City of Plano retirees, as well as their family members, have confidential access to the Employee Assistance Program (EAP) through ComPsych GuidanceResources. **Each member can receive up to six free confidential visits per issue per year.** Here are some ways the EAP can help:



Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- ★ Anxiety, depression, stress
- ★ Grief, loss and life adjustments
- ★ Relationship/marital conflicts



Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- ★ Finding child and elder care
- ★ Hiring movers or home repair contractors
- ★ Planning events, locating pet care



Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- ★ Divorce, adoption, family law, wills, trusts and more

Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



Financial Resources

Our financial experts can assist with a wide range of issues.

Talk to us about:

- ★ Retirement planning, taxes
- ★ Relocation, mortgages, insurance
- ★ Budgeting, debt, bankruptcy and more



Free Online Will Preparation

EstateGuidance[®] lets you quickly and easily create a will online.

- ★ Specify your wishes for your property
- ★ Provide funeral and burial instructions
- ★ Choose a guardian for your children

Your ComPsych[®] GuidanceResources[®] program offers someone to talk to and resources to consult whenever and wherever you need them.

Call: 855-365-4754
TDD: 800-697-0353

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultantSM, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: [guidanceresources.com](https://www.guidanceresources.com)
App: GuidanceResources[®] Now
Web ID: ONEAMERICA6

Log on today to connect directly with a GuidanceConsultantSM about your issue or to consult articles, podcasts, videos and other helpful tools.

24/7 Support, Resources & Information

Mental Health Resources

Mental Health Resources

Our retiree's mental health and happiness is at the core of our mission. Check out the below resources and support tools! If this is an emergency, call 911.

Resources Available to Pre-65 Retirees and Family Members:

Suicide and Crisis Lifeline

Call 988

This three-digit nationwide phone number connects directly to a national network of more than 200 crisis centers that help thousands of people overcome crisis situations 24/7.

National Substance Use Treatment

Call 800-662-HELP (4357)

LifePath Systems

Call 1 (877) 422-5939 or visit lifepathsystems.org

Confidential support line staffed by trained behavioral health professionals. Available 24/7 for all adults and children living in Collin County.

Employee Assistance Program

Call 855-365-4754 or visit guidanceresources.com

The ComPsych GuidanceResources program offers 24/7 access to a GuidanceConsultant, who will answer your questions and, if needed, refer you to a counselor or other resources. You have up to six free visits per issue per year.

Make It Okay

makeitokay.org

If you're looking for more information on how to support you or other's mental health, this website is a great resource.

The Turning Point

Call 800-886-7273

Visit theturningpoint.org

Provides counseling, education and advocacy for those impacted by sexual violence.

Resources Available to Pre-65 Retirees and Dependents Enrolled in the Medical Plan:

Teladoc Therapy

Call 800-835-2362 or visit teladoc.com/therapy

Download the app or visit the website to create an account, fill out a mental health questionnaire, then start therapy. They can help you with anxiety, depression, marital issues, and more with just a \$5 copay.

WebTPA

Call 844-380-4552 or visit webtpa.com

Whether you need to speak to a therapist or other mental health professionals, you can visit webtpa.com to find specific in-network providers near you. There is a \$25 copay Outpatient Individual Therapy, \$20 copay Outpatient Group Therapy, and Deductible + 20% for Healthcare Highways Inpatient Hospitalization, or Deductible + 30% for Aetna Inpatient Hospitalization.



Connect4Health Wellness Program

The City of Plano is committed to cultivating a culture that promotes wellness through healthy habits and lifestyle behaviors that enhance the quality of life for our retirees and their families. Wellness is a lifestyle and emphasizes the balance of the mind, body and spirit. Connect4Health focuses on a holistic approach, integrating the eight dimensions of wellness. Our goal is to provide a comprehensive well-being program that fosters a safe and healthy work environment to support a productive workforce.

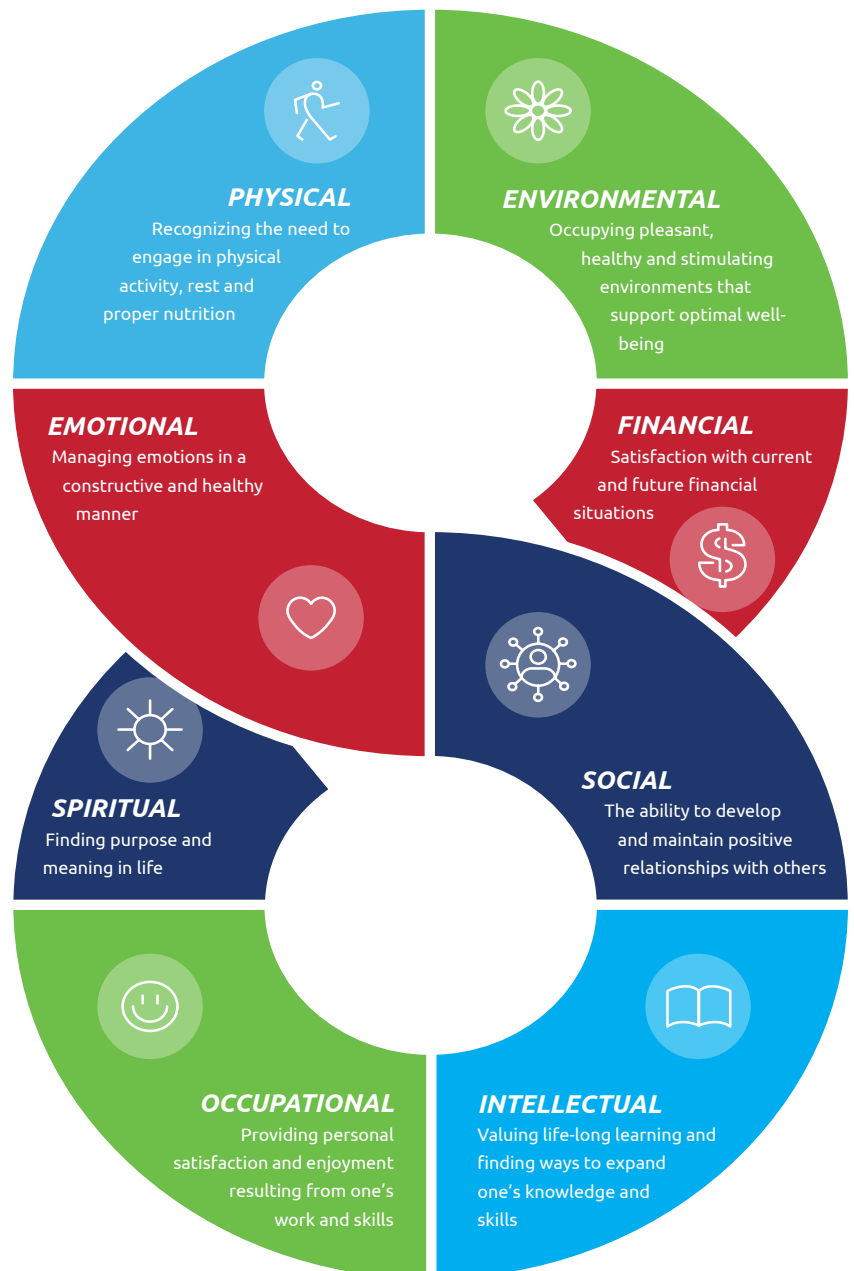
For more Connect4Health Program information, please contact Connect4Health:

connect4health@plano.gov

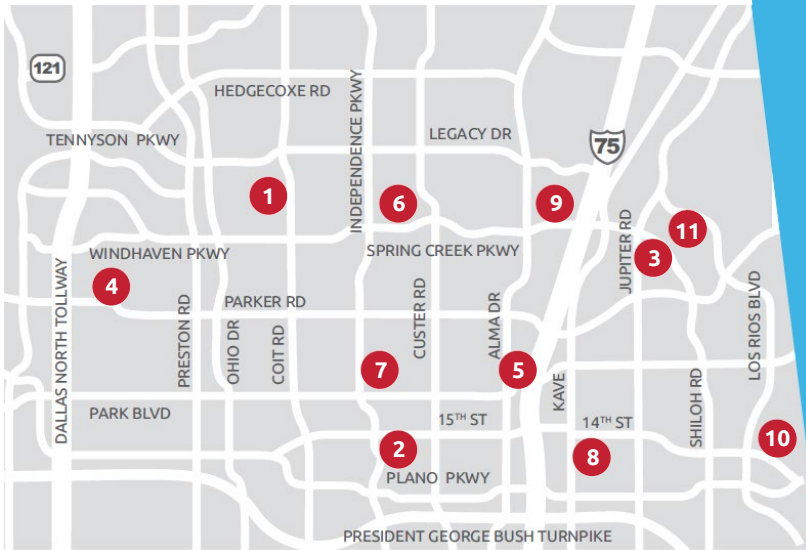
972-941-7115

- ★ Discounted employee recreation memberships (please contact any City of Plano Recreation Center for more details)
- ★ Medical Premium Incentive Program upon completion of certain requirements* (Incentive dates: September 1 – August 31)
 - If you are on the health plan as of January 1, 2026, and your spouse/domestic partner is as well, you both will need to complete a preventive exam with blood work.
 - For the preventive exam requirement, you can choose to complete an annual exam, well-woman with an OBGYN, colonoscopy or mammogram.
- ★ Free Tobacco Cessation Program (Telephonic, 1-866-QUIT-4-LIFE)

8 Dimensions of Wellness



Parks and Recreation Activities



- 1 Carpenter Park Recreation Center
- 2 Liberty Recreation Center
- 3 Oak Point Recreation Center
- 4 Tom Muehlenbeck Recreation Center
- 5 Sam Johnson Recreation Center
- 6 Jack Carter Pool
- 7 Plano Aquatic Center
- 8 Douglass Community Center
- 9 High Point Park Tennis Center
- 10 Pecan Hollow Golf Course
- 11 Nature and Retreat Center at Oak Point Park

Memberships Annual and monthly memberships offer unlimited access to all Plano recreation centers and aquatic facilities.

Recreation Centers Plano recreation centers feature open play badminton, volleyball, pickleball, basketball, and table tennis, strength and cardio equipment, game rooms, gymnasiums, walking and running tracks, racquetball courts, squash courts, billiards, indoor and outdoor pools, spray grounds, classrooms, and meeting spaces.

Sam Johnson Recreation Center for Adults 50+ Amenities include a cardio and weight room, café, billiards room, library, art room, wellness center, meeting rooms, ballroom, drop-in Bingo, Bridge and Dominoes. For a fee, classes are offered in fitness, continuing education, fine arts and performing arts. Monthly trips and twice-weekly dances are offered.

Aquatic Facilities Plano offers four indoor pools, three outdoor pools, two spray grounds, and one family water park. Daily fees are an option for non-members. Rentals for birthday parties and special events are available year-round for an additional fee.

High Point Park Tennis Center The tennis center has 21 lighted tennis courts and 16 pickleball courts with open play, classes for all age groups, summer camps, private lessons, junior development programs, teams, adult leagues, tournament play and a pro-shop that sells tennis and pickleball rackets, clothing and accessories.

Nature and Retreat Center The 7,000-square-foot Nature and Retreat Center at Oak Point Park overlooks the majestic beauty of Oak Point Park and Nature Preserve. The center has 2,400-square feet of meeting/rental space designed to capture the natural surroundings, making it the most unique venue in Plano for special gatherings like outdoor education, weddings, parties, corporate retreats, business meetings and much more.

Classes Over 8,000 classes are offered every year for all ages including summer camps, swimming, fitness, sports, education, martial arts, fine arts, performing arts, crafts, professional development, health and wellness and more. Personal trainers are also available.

Room and Facility Rentals Rooms from as large as 6,500-square-feet to as small as 400-square-feet can be rented along with entire facilities after hours. Recreation centers provide excellent spaces for HOA meetings, scout meetings, business meetings, birthday parties and other special events.

Pecan Hollow Golf Course Pecan Hollow is an 18-hole championship golf course with mini-verde greens and 5 sets of tees, practice facilities, lighted driving range, 5-hole short course, chipping green, large putting green, fully stocked golf shop and a bar and grill.

Adapted Recreation The Adapted Recreation program offers recreational opportunities for individuals with special needs from 12 months to over 60 years of age. Continuing education classes, life skills classes, trips and summer camps are a few of the many opportunities available.

Outdoor Recreation Throughout the year, the outdoor recreation program offers many opportunities to get outside and enjoy the local green spaces through outdoor education programs, classes, trips, hikes, walks and outdoor fitness.

Adult Sports Adult Sports programming provides adult league play for flag football, kickball, softball, basketball, volleyball, and soccer.

Important Notices

Important Notice 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 City of Plano 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:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you 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.
- City of Plano has determined that the prescription drug coverage offered by the Insurance plan is, on average for all plan Pre-65 retirees, 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 during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. You may also enroll from October 15th through December 7th. If you enroll from October 15th through December 7th, your coverage will begin on January 1st.

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 Plano 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 the 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 November to join.

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

Contact the City of Plano Human Resources Team at HRBenefits@plano.gov 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 City of Plano 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 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 1-800-633-4227 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 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).

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 Plano coverage will 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 City of Plano coverage, be aware that you and your dependents will not be able to get this coverage back.

HIPAA Special Enrollment Notice

Notice of Special Enrollment Rights for Medical Plan Coverage

As you know, if you have declined enrollment in City of Plano health plan for you or your dependents (including your spouse/domestic partner) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 30 days after your other coverage ends. 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 eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

City of Plano will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in City of Plano group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another medical plan. Any other currently covered dependents may also switch to the new plan in which you enroll.

Patient Protection Disclosure

WebTPA generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, WebTPA designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the WebTPA at 844-380-4552.

Women's Health & 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. Please see the Plan's Summary Plan Description for details of the Plan's deductible, benefit percentage, and copayment requirements. If you would like more information on WHCRA benefits, contact HR.

Newborns' & Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, 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 section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Continuation Coverage Rights Under COBRA

You receive this notice if you have recently become covered under City of Plano's group health plan. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage may be available to you when you would otherwise lose your group health coverage. It can also become available to other Pre-65 retirees of your family who are covered under the Plan when they would otherwise lose their group health coverage.

For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact HR.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as 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/domestic partner, 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 are a Pre-65 retiree, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

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

If you are the spouse/domestic partner of a Pre-65 retiree, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse/domestic partner dies;
- Your spouse/domestic partner's hours of employment are reduced;
- Your spouse/domestic partner's employment ends for any reason other than his or her gross misconduct;
- Your spouse/domestic partner becomes enrolled in Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse/domestic partner.

If the Plan provides health care coverage to retired Pre-65 retirees, the following applies: filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to your employer, and that bankruptcy results in the loss of coverage of any retired Pre-65 retiree covered under the Plan, the retired Pre-65 retiree will become a qualified beneficiary with respect to the bankruptcy. The retired Pre-65 retiree's spouse/domestic partner, surviving spouse/domestic partner, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When Is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after City of Plano has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the Pre-65 retiree, in the event of retired Pre-65 retiree health coverage, commencement of a proceeding in bankruptcy with respect to the employer, or the Pre-65 retiree's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify City of Plano of the qualifying event.

Required Notice

You must give notice of some qualifying events for the other qualifying events (divorce or legal separation of the Pre-65 retiree and spouse/domestic partner 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. Contact your employer and/or COBRA Administrator for procedures for this notice, including a description of any required information or documentation.

How is COBRA Coverage Provided?

Once City of Plano 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 Pre-65 retirees may elect COBRA continuation coverage on behalf of their spouses/domestic partners, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the Pre-65 retiree, the Pre-65 retiree's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.

When the qualifying event is the end of employment or reduction of the Pre-65 retiree's hours of employment, and the Pre-65 retiree became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries, other than the Pre-65 retiree, lasts until 36 months after the date of Medicare entitlement. For example, if a covered Pre-65 retiree becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse/domestic partner and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the Pre-65 retiree's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability Extension of 18-Month Period Of Continuation Coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify City of Plano in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total 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 continuation coverage. Contact City of Plano and/or the COBRA Administrator for procedures for this notice, including a description of any required information or documentation.

Second Qualifying Event Extension of 18-Month Period Of Continuation Coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse/domestic partner and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse/domestic partner and dependent children receiving continuation coverage if the Pre-65 retiree or former Pre-65 retiree dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse/domestic partner or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights, should be addressed to City of Plano. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U. S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep City of Plano informed of any address changes. You should also keep a copy, for your records, of any notices you send to City of Plano.

Plan Contact Information

Contact your employer for the name, address and telephone number of the party responsible for administering your COBRA continuation coverage.

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 your employer, 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 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 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 askebsa.dol.gov or call 1-866-444-3272.

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 directly for more information on eligibility:

Alabama – Medicaid
myalhipp.com
1-855-692-5447

Alaska – Medicaid
The AK Health Insurance Premium Payment Program
myakhipp.com
1-866-251-4861
customerservice@myakhipp.com
Medicaid Eligibility: health.alaska.gov/dpa/pages/default.aspx

Arkansas – Medicaid
myarhipp.com
1-855-692-7447

California – Medicaid
Health Insurance Premium Payment (HIPP) Program: <http://dhcs.ca.gov/hipp>
916-445-8322
Fax: 916-440-5676
hipp@dhcs.ca.gov

Colorado – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: healthfirstcolorado.com
Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991 / State Relay 711
Health Insurance Buy-In Program (HIBI): mycohibi.com
HIBI Customer Service: 1-855-692-6442

Florida – Medicaid
flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html
1-877-357-3268

Georgia – Medicaid
medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
678-564-1162, Press 1
GA CHIPRA Website: medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
678-564-1162, Press 2

Indiana – Medicaid
Health Insurance Premium Payment Program
All other Medicaid
in.gov/medicaid/
www.in.gov/fssa/dfr/
Family and Social Services Administration
1-800-403-0864
Member Services: 1-800-457-4584

Iowa – Medicaid and CHIP (Hawki)
Medicaid Website: hhs.iowa.gov/programs/welcome-iowa-medicaid
Medicaid Phone: 1-800-338-8366
Hawki Website: hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki
Hawki Phone: 1-800-257-8563
HIPP Website: hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp
HIPP Phone: 1-888-346-9562

Kansas – Medicaid
kancare.ks.gov
1-800-792-4884
HIPP Phone: 1-800-967-4660

Kentucky – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: chfs.ky.gov/agencies/dms/member/pages/kihipp.aspx
1-855-459-6328
kihipp.program@ky.gov
KCHIP Website: <https://kynect.ky.gov>
1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

Louisiana – Medicaid
medicaid.la.gov or ldh.la.gov/lahipp
1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

Maine – Medicaid
<https://www.mymaineconnection.gov/benefits/s/?language=en-US>
1-800-442-6003
Private Health Insurance Premium: maine.gov/dhhs/ofi/applications-forms
1-800-977-6740
Maine relay 711

Massachusetts – Medicaid and CHIP
mass.gov/masshealth/pa
1-800-862-4840
TTY: 711
masspremassistance@accenture.com

Minnesota – Medicaid
mn.gov/dhs/health-care-coverage/
1-800-657-3672

Missouri – Medicaid
dss.mo.gov/mhd/participants/pages/hipp.htm
573-751-2005

Montana – Medicaid
dphhs.mt.gov/montanahealthcareprograms/hipp
1-800-694-3084
hhshippprogram@mt.gov

Nebraska – Medicaid
accessnebraska.ne.gov
855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

Nevada - Medicaid
<http://dhcfnv.gov>
1-800-992-0900

New Hampshire – Medicaid
dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 15218
dhhs.thirdpartyliabi@dhhs.nh.gov

New Jersey – Medicaid and CHIP
Medicaid Website: state.nj.us/humanservices/dmahs/clients/medicaid
Medicaid Phone: 1-800-356-1561
CHIP Premium Assistance: 609-631-2392
CHIP Website: njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

New York – Medicaid
health.ny.gov/health_care/medicaid
1-800-541-2831

North Carolina – Medicaid
medicaid.ncdhhs.gov
919-855-4100

North Dakota – Medicaid
hhs.nd.gov/healthcare
1-844-854-4825

Oklahoma – Medicaid and CHIP
insureoklahoma.org
1-888-365-3742

Oregon – Medicaid and CHIP
healthcare.oregon.gov/pages/index.aspx
1-800-699-9075

Pennsylvania – Medicaid and CHIP
pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
1-800-692-7462
CHIP Website: <https://www.pa.gov/agencies/dhs/resources/chip>
CHIP Phone: 1-800-986-5437

Rhode Island – Medicaid & CHIP
eohhs.ri.gov
855-697-4347, or 401-462-0311 (Direct Rite Share Line)

South Carolina – Medicaid
scdhhs.gov
1-888-549-0820

South Dakota - Medicaid
dss.sd.gov
1-888-828-0059

Texas – Medicaid
hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
1-800-440-0493

Utah – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP): medicaid.utah.gov/upp/
upp@utah.gov
1-888-222-2542
Adult Expansion: medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program: medicaid.utah.gov/buyout-program/
CHIP: chip.utah.gov/

Vermont– Medicaid
dvha.vermont.gov/members/medicaid/hipp-program
1-800-250-8427

Virginia – Medicaid and CHIP
coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
1-800-432-5924

Washington – Medicaid
hca.wa.gov
1-800-562-3022

West Virginia – Medicaid and CHIP
dhr.wv.gov/bms
mywvhipp.com
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-699-8447

Wisconsin – Medicaid and CHIP
dhs.wisconsin.gov/badgercareplus/p-10095.htm
1-800-362-3002

Wyoming – Medicaid
health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility
1-800-251-1269

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 Services
Pre-65 retiree Benefits Security Administration
dol.gov/agencies/ebsa
866-444-3272

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
cms.hhs.gov
877-267-2323, Menu Option 4, Ext. 61565

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, Pre-65 retiree 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 ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved OMB No. 1210-0149 (expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace.

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 in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings on your premium that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.96%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the pre-65 retiree, coverage is considered affordable if the pre-65 retiree's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.96% of the pre-65 retiree's household income.^{1,2}

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your pre-65 retiree contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see [irs.gov/pub/irs-drop/rp-22-34.pdf](https://www.irs.gov/pub/irs-drop/rp-22-34.pdf) for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan. Confirm the deadline with your employer or your employment based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit [healthcare.gov/medicaid-chip/getting-medicaid-chip/](https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/) for more details.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.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.

Employer Name: City of Plano
Employer Identification Number (EIN): 75-6000640
Employer Phone Number: 972-941-7115
Employer Address: 1520 K Avenue, Suite 130 Plano, TX 75074
Contact About Coverage: Andrea Cockrell
Phone Number: 972-941-7115
Email Address: andreac@plano.gov

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

- As your employer, we offer a health plan to:
- Some pre-65 retirees. Eligible pre-65 retirees are full-time pre-65 retirees and pre-65 retirees who work an average of 30 hours per week.
- With respect to dependents:
- We do offer coverage. Eligible dependents are spouses/ domestic partners and children.

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on pre-65 retiree 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 pre-65 retiree 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, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums

Notice of Availability of HIPAA Privacy Notice

Under the Health Insurance Portability and Accountability Act (HIPAA) health plans are required to provide covered individuals with a Privacy Notice that describes, among other things, the uses and disclosures of protected health information that may be received by the plans, your rights regarding that information and the plan's responsibilities.

The City of Plano health plan maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact:

Please contact us for more information:

Privacy Officer

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll Free: 1-877-696-6775

Important Contacts

Carrier/Vendor	Resources	Phone	Website / Email
Airrosti	Musculoskeletal Rehabilitation	800-404-6050	airrosti.com
American Fidelity	Hospital Gap / Group #: G923-20A	800-437-1011	americanfidelity.com
Carrum Health	Bundled Surgery	888-855-7806	carrum.me/cityofplano
Catalyst Health Group	Primary Care - Find a Physician	-	https://catalysthealthgroup.net/patients/locations/
City of Plano	Benefits	972-941-7115	plano.gov/benefits
City of Plano Human Resources Benefits	HR Benefits Julia Cherry, HR Analyst, Sr. Teresa Exley, HR Analyst, Sr. Tracy Stack, HR Analyst, Sr.	972-941-5757 972-941-5216 972-941-7746	HRBenefits@plano.gov jcherry@plano.gov teresae@plano.gov tstack@plano.gov
Communitas	Nurse Care Manager	855-205-0348 Option 1, Ext. 0846	joy.little@webtpa
ComPsych GuidanceResources	Employee Assistance Program	855-365-4754	guidanceresources.com Web ID: ONEAMERICA6
Green Imaging	Diagnostic Medical Imaging	(Text) 713-524-9190 (Call) 844-968-4647	greenimaging.net/appointments Email: info@greenimaging.net
Liviniti	Pharmacy Benefit Manager Group #: 2021COP	800-710-9341	liviniti.com
MetLife	Dental Vision Group #: 228924	800-942-0854 855-638-3931	metlife.com/mybenefits
MissionSquare Retirement 457 Deferred Compensation Plan	Customer Service Steven Whitman, Retirement Plans Specialist Erica Rodriguez, Retirement Plans Specialist	800-669-7400 202-759-7115 202-941-9242	missionsq.org swhitman@missionsq.org erodriguez@missionsq.org
OneAmerica	Life & Disability / Policy #: G00619036	800-553-5318	oneamerica.com
Postal Prescription Service	Mail-Order Prescription Drug Program	800-552-6694	ppsr.com
RxCompass	Pharmacy Savings Program (includes Patient Assistance Program, Variable Copay Support, TeleSaverRx, International Mail)	833-652-8379	myrxcompass.com Email: carenavigator@myrxcompass.com
Teladoc	Telehealth	855-835-2362	teladoc.com
Texas Municipal Retirement System (TMRS)	Pension	800-924-8677	tmrs.com
WebTPA	Medical Claims Administration Group #: 2021COP	844-380-4552	webtpa.com

