

# 2024 Benefits Guide

Retiree



**ENGAGE**  
*your whole self*

See inside for important information about your benefits.

# WELCOME

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

## Eligibility

- ▶ Any employee who is covered under the medical plan at the effective date of the employee's retirement, who is less than age 65, is not eligible for other group health care coverage and who meets the definition of retiree, may elect to continue coverage under the health plan.
- ▶ For 2024 Open Enrollment, the retiree health plan will be administered by TASC. Retirees and their eligible dependents who elect to stay on the health plan will be required to begin paying monthly premiums directly to TASC immediately upon retirement. Retirees may set up an online TASC account at [tasconline.com](https://tasconline.com).  
**Note:** Effective January 1, 2024, the City will replace TASC with a new retiree health plan administrator.
- ▶ Employees enrolled in the health plan as retirees may also continue coverage for any dependent child or spouse following the employee's retirement, provided that (1) the retiree remains enrolled in the health plan, (2) the retiree's spouse and any dependent children were covered under the health plan as of the effective date of the employee's retirement and (3) the appropriate enrollment forms are completed within 30 days of retirement. Anyone electing retiree coverage in the health plan must meet all of the eligibility rules of the health plan.
- ▶ Spouses and dependent children who are covered under the health plan at the time of the retiree's death may continue coverage as follows:
  - » The retiree's eligible spouse may continue coverage following the death of the retiree until such time as the spouse becomes eligible for other health care coverage, remarries, reaches age 65 or passes away. The retiree's spouse is required to pay the full cost of coverage. Retiree spouses who elect to continue coverage on the health plan after the retiree is no longer enrolled in the health plan for any reason will remain eligible for coverage through the health plan, but will be required to pay the full cost of coverage using the age-based premium.

- » A grandfathered retiree's spouse who is under 65 years of age and is on the health plan prior to January 1, 2024, will remain grandfathered and will have access to the blended retiree premium rates until the spouse reaches age 65.
- » A dependent child, as defined by the health plan, may continue to be covered under the health plan as long as the retiree remains enrolled and all other eligibility requirements of the health plan are met. Regardless of prior enrollment, no person will be eligible for enrollment in the medical plan as a dependent child after the end of the month in which the dependent child reaches age 26.

## Blended Medical Rate

Employees who are at least 60 years of age AND have 10 years of service with the City of Carrollton will be eligible for the blended (less expensive) retiree premiums. Employees who do not meet these qualifications will be eligible for the age-based (more expensive) premiums. If an employee retires with at least 10 years of service with the City of Carrollton but before they reach age 60, they will be eligible for the age-based premiums. If the employee continues the City's health plan in retirement until they reach age 60, their premiums will be adjusted down to the blended retiree premium rate.

## Open Enrollment is a good time to:

- ▶ Complete an Authorization for Disclosure of Personal Health Information form (available at [cigna.com](https://cigna.com)) to authorize other individuals (e.g., your spouse) to be able to discuss your claim information with Cigna.
- ▶ Update your address and other contact information with TMRS by completing the TMRS change form.

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

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# Enrollment

Retiree benefits will roll over each year, unless a change is elected with TASC, the plan administrator. TASC will mail enrollment/change forms, which must be completed and returned to them.

## Medicare Supplement Plan

The TML Health Benefits Pool (TML Health) offers a post-65 Medicare Supplement Plan. TML Health will send more information when you become eligible for Medicare.

Contact TML Health Benefits at 800-282-5385 or visit [tmlhealthbenefits.org](https://tmlhealthbenefits.org) for more information.

# MEDICAL

We are proud to offer you a choice of two medical plans that provide comprehensive medical and prescription drug coverage. To locate an in-network doctor or hospital, call Cigna at 800-244-6224 or use the Find a Doctor search tool on [mycigna.com](https://mycigna.com). Click on Local Plus or Open Access Plus and then Search.

## Cigna Local Plus and Open Access Plans

The Cigna Local Plus and Open Access Network plans are similar to an HMO in that you may only visit physicians and hospitals within the Base Plan Local Plus Network or the Buy Up Plan Open Access Network. Services received outside the network are not covered, except in the case of emergency medical care. You are not required to select a primary care physician (PCP).

**Note:** The Open Access plan has a larger network and, therefore, higher premiums.

Here's how the plans work:

- ▶ **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses.
- ▶ **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan will pay 80% and you pay 20%.
- ▶ **Out-of-Pocket Maximum:** Once you meet the plan's annual out-of-pocket maximum, the plan will pay 100% of all eligible covered services for the rest of the calendar year.

## Personal Health Assessment (PHA)

You and any dependents age 18 year and older as of January 1, 2024, who are covered under a City medical plan, are encouraged to complete a PHA. Please refer to the 2024 PHA packet for more information.

## The Health Reimbursement Account (HRA)

The City medical plan features an HRA that is administered by TASC. You can use it to pay for qualifying out-of-pocket medical expenses. Here's how the HRA works:

- ▶ At the beginning of the year, the City will deposit \$628 (for single coverage) or \$1,256 (for family coverage) to the account.
- ▶ You may use funds to pay for qualifying medical expenses not covered under the City medical plan, or save them for the future. Qualifying medical expenses include deductibles, coinsurance amounts and prescription copays.
- ▶ Unused funds roll over and accumulate year to year. However, once you terminate retiree medical insurance with the City, any unused funds are forfeited. You will have 90 days from your last day of coverage to file claims for expenses incurred during your employment with the City.
- ▶ You can only use HRA funds if you are enrolled in a City medical plan.

## Prescription Drug Benefits

- ▶ You must fill 90-day supplies of maintenance medications through the Cigna 90 Now program (see page 4 for details).
- ▶ You pay a separate prescription drug deductible of \$200 for individual coverage and \$400 for family coverage.
- ▶ Specialty drugs must be filled through Cigna's specialty Rx program.
- ▶ The SaveOnSP program can help lower the cost of specialty prescriptions for conditions such as hepatitis C, inflammatory bowel disease, multiple sclerosis, oncology, psoriasis and rheumatoid arthritis.

## Employee Health & Wellness Center

### Provided by CareATC

- **Clinic hours:** Monday–Friday, 7–11 a.m. and 12–4 p.m.
- **Phone:** 800-993-8244
- **Website:** [www.careatc.com](https://www.careatc.com)

1735 Keller Springs Road, Suite 100 (just north of Josey Ranch Lake Library and west of Viewpoint Bank)

**This service is available free of charge to all retirees and dependents on the City's medical plan. Retirees who are not enrolled in a City medical plan may pay \$90 per month to use the clinic.**

- Services at the center include, but are not limited to, the following: allergies, asthma, behavioral health counseling, diabetes management, cold and flu, congestion, headaches, high blood pressure, high cholesterol, lab work/tests, physicals, sports physicals and tobacco cessation.
- Access CareATC's website or mobile app to schedule appointments, review your results, access Telehealth and view your medical information at [careatc.com](https://www.careatc.com).
- Can't remember your login information? Contact CareATC's Patient Access Center at 800-993-8244 to receive your username and password.
- Online appointment scheduling is available by logging on to the website or mobile app and selecting "Schedule Appointment." You will have the option to select a specific provider/clinic or look at availability at all CareATC clinics.

# MEDICAL

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Cigna Base Plan Local Plus Network	Cigna Buy-Up Plan Open Access Network
	In-Network Only	In-Network Only
<b>Deductible</b> (per calendar year)		
Individual / Family	\$2,500 / \$5,000	\$2,500 / \$5,000
<b>Out-of-Pocket Maximum</b> (per calendar year)		
Individual / Family	\$4,000 / \$8,000	\$4,000 / \$8,000
<b>Annual Contributions to Health Reimbursement Account (HRA)</b>		
Individual / Family	\$628 / \$1,256	\$628 / \$1,256
<b>Covered Services</b>		
CareATC/Telehealth	No charge	No charge
Office Visits (physician/specialist)	10%* / \$50 copay	20%* / \$50 copay
Routine Preventive Care	No charge	No charge
Outpatient Diagnostic (lab/X-ray)	10%*	20%*
Complex Imaging	10%*	20%*
Chiropractic	10%*	20%*
Ambulance	10%*	20%*
Emergency Room	10%*; \$400 copay applies to specific non-life threatening services	20%*; \$400 copay applies to specific non-life threatening services
Urgent Care Facility	\$75 copay	\$75 copay
Inpatient Hospital Stay	10%*	20%*
Outpatient Surgery	10%*	20%*
AIRROSTI	\$25 per visit	\$25 per visit
Teladoc Medical Experts	No charge; \$400 penalty if not used for applicable non-emergent surgeries	No charge; \$400 penalty if not used for applicable non-emergent surgeries
<b>Prescription Drugs</b> (Generic / Brand / Non-Formulary / Specialty)		
Rx Deductible	\$200	\$200
Retail Pharmacy (30-day supply)	\$0 / \$40 / \$80 / 20% after Rx deductible***	\$0 / \$40 / \$80 / 20% after Rx deductible***
Mail Order (90-day supply)	\$0 / \$100 / \$200 / 20% after Rx deductible***	\$0 / \$100 / \$200 / 20% after Rx deductible***

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

\*\*\*The deductible does not apply to retail or home delivery generic drugs.

## Medical Rates

Retiree Medical Premiums Per Month		
Blended Rates	Local Plus	Open Access
Retiree Only	\$747.45	\$786.80
Retiree + Spouse	\$1,907.99	\$2,008.69
Retiree + Child(ren)	\$1,426.47	\$1,501.21
Retiree + Family	\$2,251.81	\$2,370.63
Age-Based Rates	Local Plus	Open Access
Retiree Only	\$1,305.15	\$1,350.66
Retiree + Spouse	\$2,871.37	\$2,971.45
Retiree + Child(ren)	\$2,871.37	\$2,971.45
Retiree + Family	\$3,915.43	\$4,051.98

## AIRROSTI Pain Management

AIRROSTI delivers safe and effective hands-on treatment for resolving pain and soft tissue injuries to you and your covered dependents. Their focus is on immediate and lasting results and an exceptional patient experience. Each patient receives one full hour of assessment, diagnosis, treatment and education designed to eliminate the pain associated with many common conditions, allowing the patient to quickly and safely return to regular activity – usually within three visits (based on patient-reported outcomes). Visit [airrosti.com](http://airrosti.com) to find the clinic location closest to you. You pay \$25 per visit.

## Teladoc Medical Experts

As a Teladoc Medical Experts member, you and your eligible dependents enrolled in the City's medical plan have access to a number of free and confidential services designed to put you at the center of your care and ensure you get the right diagnosis, the most effective treatment and the peace of mind you deserve. Teladoc Medical Experts have identified and partnered with the very best physicians across an ever-increasing number of specialties. Upon your request, Teladoc Medical Experts will collect your medical records and have them reviewed by a world-renowned expert physician who specializes in your condition. The expert will make sure your diagnosis is accurate and you have the best treatment options. To take advantage, visit [www.teladoc.com/medical-experts](http://www.teladoc.com/medical-experts).

**Certain non-emergency elective surgeries must be reviewed by Teladoc Medical Experts or the member will be assessed a \$400 fee.**

# DENTAL

## Cigna DPPO

With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.

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

Key Dental Benefits	Cigna DPPO	
	In-Network Only	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)		
Individual / Family	\$50 / \$50 per person	\$50 / \$50 per person
<b>Benefit Maximum</b> (per calendar year; preventive, basic and major services combined)		
Per Individual	\$2,000	\$1,500
<b>Covered Services</b>		
<b>Preventive Services</b>	No charge	No charge
<b>Basic Services</b>	20%*	20%*
<b>Major Services</b>	50%*	50%*
<b>Orthodontia</b> (child & adult)	50%*; up to \$2,000 lifetime maximum	50%*; up to \$2,000 lifetime maximum

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

<sup>1</sup>Services are subject to balance billing if the costs are over the network-negotiated fee.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

## Dental & Vision Rates

	Retiree Dental & Vision Rates Per Month	
	Cigna Dental (DPPO)	Superior Vision
Retiree	\$49.82	\$5.59
Retiree + Spouse	\$99.65	\$11.05
Retiree + Child(ren)	\$109.61	\$10.81
Retiree + Family	\$159.43	\$16.47

# VISION

## Superior Vision

The Superior Vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Superior Vision network.

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

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
<b>Exam</b> (once every 12 months)	\$10	Up to \$37
<b>Materials Copay</b>	\$25	Up to \$68
<b>Lenses</b> (once every 12 months)		
Single Vision	No charge after materials copay	Up to \$32
Bifocal		Up to \$46
Trifocal		Up to \$61
<b>Frames</b> (once every 24 months)	Up to \$150 after copay	Up to \$68
<b>Contact Lenses</b> (once every 12 months; in lieu of glasses)	Up to \$150 after copay	Up to \$100; fitting not covered



# RETIREE HEALTH SAVINGS (RHS) PLAN

The VantageCare RHS Plan is a tax-advantaged account that can help you and your family save for future out-of-pocket health care costs. The RHS Plan is administered by MissionSquare and Meritain Health. Here's how the plan works:

- ▶ Eligible employees will receive contributions to their RHS accounts on the second pay period in January of each year, with the first year starting after the completion of 10 full years of continuous service with the City of Carrollton. Years of service will be determined as of January 1 of each year.
- ▶ If there is a break in service of 30 days or less, the service would be considered continuous. Part-time, benefits-eligible employees who work 20 or more hours per week will receive annual City contributions according to the chart below. Contributions will vary based on years of service.
- ▶ All RHS accounts are originally set up as Vantagepoint Milestone Fund accounts through MissionSquare. You will be responsible for setting up other investment options with MissionSquare and for managing your account.

City Contributions to Retiree Health Savings Accounts		
Years of Service	Annual City Contribution	Vesting
	Full-time / Part-time	Full-time / Part-time
10-14	\$1,500 / \$750	0%
15-19	\$2,000 / \$1,000	50%
20-24	\$2,250 / \$1,125	100%
25 & Over	\$2,500 / \$1,250	100%

## EMPLOYEE ASSISTANCE PROGRAM

Life is full of challenges, and sometimes balancing it all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through Aetna Resources for Living.

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

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

### EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to six in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

# RHS Plan Rules

## RHS ACCOUNT DISBURSEMENTS

You are eligible for disbursement from your vested RHS account balances upon termination of City employment according to the vesting schedule and IRS regulations. Upon termination, RHS balances may be disbursed for any eligible health-related expenses, as defined by IRS regulations, including (but not limited to):

- ▶ Offsetting the cost of the medical premiums
- ▶ Paying premiums on a non-City health plan
- ▶ Paying deductibles
- ▶ Paying for medical services or prescriptions

Upon separation from service, prior to benefit eligibility, a participant's non-vested funds shall remain in the plan and will be re-allocated among fully vested plan participants.

## RHS DEATH BENEFIT

In the event of your death, any unused portions of your RHS account will be transferred to surviving spouses and eligible dependents (as defined by IRS regulations) to use for health-related expenses on a tax-free basis. Upon the death of all eligible survivors, any unused portion of your RHS account will revert back to the City. Per IRS regulations, beneficiaries other than surviving spouses and eligible dependents will not be eligible to receive any unused portions of RHS accounts.

# CONTACT INFORMATION

Coverage	Carrier	Phone #	Website/Email
Medical	Cigna	800-244-6224	<a href="http://www.mycigna.com">www.mycigna.com</a>
Dental	Cigna	800-244-6224	<a href="http://www.mycigna.com">www.mycigna.com</a>
Vision	Superior Vision	800-507-3800	<a href="http://www.superiorvision.com">www.superiorvision.com</a>
Employee Health & Wellness Center	CareATC	800-993-8244	<a href="http://www.careatc.com/patients">www.careatc.com/patients</a>
Pain Management	Airrosti	800-404-6050	<a href="http://www.airrosti.com">www.airrosti.com</a>
Second Medical Opinion	Teladoc Medical Experts	800-835-2362	<a href="http://www.teladoc.com/medical-experts">www.teladoc.com/medical-experts</a>
Retiree Health Savings (RHS) Account	MissionSquare	800-669-7400	<a href="http://missionsq.org/rhs">missionsq.org/rhs</a>
Employee Assistance Program (EAP)	Aetna Resources for Living	888-238-6232 TTY: 711	<a href="http://www.resourcesforliving.com">www.resourcesforliving.com</a> Login ID: Carrollton / Password: EAP
Health Reimbursement Account (HRA)	TASC	800-422-4661	<a href="http://uba.tasconline.com">uba.tasconline.com</a>
Continuation of Benefits	TBD	TBD	TBD
Retirement Benefits	TMRS	800-924-8677	<a href="http://www.tmrs.com">www.tmrs.com</a>
Post-65 Medicare Supplement Plans	Texas Municipal League (TML)	800-282-5385	<a href="http://tmlhealthbenefits.org">tmlhealthbenefits.org</a>

## Questions?

If you have additional questions, you may also contact:  
Workforce Services at 972-466-3091.

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

