

2021-2022

Benefits Guide

HELPING YOU REACH YOUR POTENTIAL

FOR BENEFITS EFFECTIVE OCTOBER 1, 2021 **THROUGH SEPTEMBER 30, 2022.**



The City of Corpus Christi wants you and your family to be happy, healthy and secure. That's why we offer a benefits program that is designed to help you achieve your physical, financial and work-life potential. We are committed to providing you with tools and resources to help you maximize your benefits, including this Benefits Guide. Please review it carefully for highlights of our benefits and discuss your options with your family.

For more details on your benefits, important documents and to enroll in coverage, please explore our Employee Benefits website at **benefitscc.org**.

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INTRODUCING ALEX®, OUR BENEFITS COUNSELOR

ALEX provides personalized, confidential benefits guidance on any computer, tablet or smartphone. Before you make your enrollment decisions, let ALEX help you find the plans that make the most sense for you and your family.

Meet alex

Get personalized, confidential benefits guidance on any device at myalex.com/corpuschristi.

Getting Started

ELIGIBILITY

Full-time employees in a regularly budgeted position routinely assigned to work 40 hours per week, excluding temporary employees, are eligible for benefits. Eligible dependents include your spouse/common-law spouse and dependent children up to age 26, including biological children, stepchildren, adopted children or foster children. Please note that a child may not be insured in medical, dental or vision coverage by more than one member.

IMPORTANT INFORMATION

- Our plan year is October 1 through September 30.
- Benefits are effective on your date of hire. You will be automatically enrolled in basic life coverage, long-term disability plan 1 and the Texas Municipal Retirement System. To add, change or drop benefits for yourself or your dependents, complete the enrollment form within 30 days of your date of hire.
- Elections you make when first becoming eligible or during Open Enrollment
 will remain in effect until our next Open Enrollment period. In addition, if you
 decline coverage for yourself and/or your dependent(s) when first becoming
 eligible, you must wait until the next Open Enrollment period to enroll. However,
 if you experience a qualified life event (see below) during the year, you may
 make changes to your elections at that time.

QUALIFIED LIFE EVENTS

If you experience a qualified life event during the year, you may make changes to your elections at that time. Qualified life events may include the birth or adoption of a child, marriage, divorce, death of a dependent or a change in you or your spouse's work status that affects your benefits or a dependent's loss of eligibility.

It is your responsibility to make changes to your benefit elections by contacting the Benefits Office at Human Resources at (361) 826-3300 (option 2) within 30 days of the event. If you fail to do so, you will not be able to enroll or make changes until the next Open Enrollment period. Requested changes to your benefit plan must be on account of and consistent with the nature of the qualifying event.

FOR MORE INFORMATION

Meet ALEX on his Corpus Christi home page, and find your employee benefits resource links, coverage information and carrier contact information, including phone numbers, links to member websites and important documents. Simply visit **myalex.com/corpuschristi** and make a selection from the top menu. Make ALEX your go-to resource!

Open Enrollment

"ASK ALEX" DECISION-SUPPORT TOOL

ALEX is a private and confidential online tool that can help you select the best benefit plan for you and your family. Simply answer a few questions and ALEX will provide a personalized recommendation (rest assured your answers will not be shared with the City). Visit **myalex. com/corpuschristi** to get started.

HOW TO ENROLL DURING OPEN ENROLLMENT

- Visit myalex/corpuschristi.com/home to learn about your benefits.
- Once you are ready to enroll, click "Choose My Benefits" from the top menu to be directed to our enrollment system.
- You can also go directly to **employeespace. go.akamai-access.com**.

DEPENDENT ELIGIBILITY VERIFICATION

If you are adding a dependent to your health coverage during Open Enrollment, you will be required to submit dependent eligibility documentation by September 1. New hires are required to provide documentation on hire date. Required documentation includes:

- For Spouse/Common-Law Spouse
 - » A copy of your spouse's/common-law spouse's Social Security card
 - » A copy of your marriage license, registered civil union documentation or Affidavit of Common Law Marriage
- For Dependent Child(ren) Up to Age 26:
 - » A copy of the child's Social Security card
 - » A copy of the child's birth certificate or hospital birth record
 - » A copy of the adoption certificate
 - » A copy of a court order guardianship document
 - » A copy of a Qualified Medical Child Support Order
 - » A copy of the Affidavit of Dependent Tax Qualifications

Any required documentation should be delivered to Human Resources – Benefits at 1201 Leopard Street, faxed to (361) 844-1730 or emailed to **EmployeeBenefits(Qcctexas.com** (please note: the email address is not secure). Should you have any questions, please call (361) 826-3300 (option 2).



MEDICAL COVERAGE Blue Cross Blue Shield of Texas (BCBSTX)

The City offers two medical plans: Citicare Value and Citicare Consumer Driven Health Plan (CDHP). Both plans give you the freedom to select your health care providers from the BlueCross BlueShield preferred provider network. Citicare Value is a PPO plan, which means that many services can be obtained with a copay. Citicare CDHP is a high-deductible health plan with a health savings account (HSA). This plan is explained in more detail on the next page. The grids on these pages contain plan summaries; for complete coverage details, please refer to the plan documents posted online at **benefitscc.org/medicalinsurance**.

Plan Feature	Citicar	Citicare Value		Citicare Consumer-Driven Health Plan	
Plan Feature	In-Network	Out-of-Network	In-Network	Out-of-Network	
Annual Deductible					
Individual/Family	\$1,500/\$3,000	\$7,000/\$14,000	\$3,000/\$6,000	\$5,400/\$10,800	
Annual Out-of-Pocket Maximu	m (includes deductible, coinsur	ance and copays)			
Individual/Family	\$3,500/\$7,000	\$14,300/\$30,000	\$3,000/\$6,000	\$15,000/\$30,000	
Services					
Annual Well Visit (Preventive)	You pay \$0	You pay deductible, then 50%	You pay \$0	You pay deductible, then 50%	
Primary Care Physician Office Visit	You pay \$15 copay	You pay deductible, then 50%	You pay deductible, then 0%	You pay deductible, then 50%	
MDLIVE Virtual Visit	You pay \$10 copay	N/A	You pay deductible, then 0%	N/A	
Employee Wellness Clinic (see page 13)	You pay \$0	N/A	You pay \$20 plus \$15 if labs are needed**	N/A	
CVS MinuteClinic	You pay \$15 copay	N/A	You pay deductible, then 0%	You pay deductible, then 50%	
Specialist Office Visit	You pay \$65 copay	You pay deductible, then 50%	You pay deductible, then 0%	You pay deductible, then 50%	
Basic Lab & Radiology	You pay 20%	You pay deductible, then 50%	You pay deductible, then 0%	You pay deductible, then 50%	
Major Lab & Radiology (MRI/ CT/PET)	You pay deductible, then 20%	You pay deductible, then 50%	You pay deductible, then 0%	You pay deductible, then 50%	
Urgent Care Visit	You pay \$75 copay	You pay deductible, then 50%	You pay deductible, then 0%	You pay deductible, then 50%	
Emergency Room Visit	You pay deductible, then 20%	You pay deductible then 20% or 50%*	You pay deductible, then 0%	You pay deductible, then 20% or 50%*	
In-Patient Hospital Services	You pay deductible, then 20%	You pay deductible, then 50%	You pay deductible, then 0%	You pay deductible, then 50%	

^{*}If not life-threatening.

PRESCRIPTION DRUG COVERAGE CVS Caremark

Plan Feature	Citicare Value	Citicare Consumer-Driven Health Plan
Retail (up to a 30-day supply)* • Generic • Preferred Brand • Non-Preferred Brand • Specialty	\$10 \$20 \$40 N/A	\$0** \$20** \$40** N/A
 Mail Order (up to a 90-day supply at 2x retail charge) Generic Preferred Brand Non-Preferred Brand Specialty 	\$20 \$40 \$80 N/A	\$0** \$40** \$80** N/A

^{*}Mandatory 90-day fills at a CVS retail pharmacy or through the CVS mail order program after original fill, plus two courtesy fills.

BIWEEKLY MEDICAL RATES

Coverage	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Citicare Value	\$59.22	\$240.26	\$196.58	\$338.55
Citicare CDHP	\$20.00	\$150.76	\$123.35	\$212.44

^{**}Clinic fees do not apply toward deductibles or out-of-pocket maximums.

^{**}Copays waived for IRS-approved preventive formulary medications only. For other preventive medications, you must pay the copay. For non-preventive medications, you pay the deductible, then \$0%.



CDHP WITH HSA

The Consumer-Driven Health Plan (CDHP) with Health Savings Account (HSA) offers low premiums and City-funded HSA contributions! A CDHP is a high-deductible health plan in which members pay the full deductible before the plan begins to share in medical and pharmacy costs. There are no copays on this plan; instead, members pay the full BlueCross BlueShield network discounted amount for services until the deductible is reached.

HEALTH SAVINGS ACCOUNT (HSA)

A great advantage to the CDHP is that the City will put money in an HSA for eligible employees! The City will contribute \$1,300 per year for employees enrolled in employee only coverage and \$2,600 for employees who have one or more dependents enrolled in the CDHP plan. You can also elect to withhold additional amounts pre-tax from your pay and enjoy the triple-tax advantage of an HSA!

- HSA funds are not taxable when they are deposited into your Optum Bank account.
- Funds in the HSA accrue interest tax-free and roll over from year to year.
- Funds are not taxable when withdrawn to cover eligible medical expenses (see IRS publication 502 irs.gov/pub/irs-pdf/p502.pdf).

HSA ELIGIBILITY

You are eligible for an HSA if you are:

- Enrolled in the Citicare CDHP;
- Not covered under any other medical plan; and
- Not claimed as a dependent on someone else's federal tax return.

HSA REWARDS & RESPONSIBILITIES

- To receive the City's HSA contribution, you must submit
 the completed and signed HSA enrollment form to Benefits at
 EmployeeBenefits@cctexas.com or to the offices on the
 second floor of City Hall.
- By signing the form, you declare that you meet the eligibility criteria listed above. If at any time you no longer meet the eligibility criteria, you must notify the City within 30 days.
- You are responsible for retaining your medical receipts and Explanations of Benefits (EOBs) and filing form 8889 with your annual IRS federal tax return.

TAKE NOTE:

your HSA funds roll over from year to year and are yours to keep! Your pre-tax contributions plus the City's contributions may not exceed the IRS maximum of \$3,650 for individual coverage and \$7,300 for family coverage.

Health

Prescription Drug Tools & Resources

PRESCRIPTION DRUG COVERAGE

CVS Caremark

If you enroll in the CDHP, once you meet your annual deductible, you will pay 0% of the cost of prescription drugs. Preventive medications on the CDHP formulary (or list) of covered drugs are not subject to the plan's deductible; you pay the following copays:

- For a 30-day supply: \$10 for generic, \$20 for preferred brand and \$40 for non-preferred brand drugs
- For a 90-day supply: \$20 for generic, \$40 for preferred brand and \$80 for non-preferred brand drugs

To find out which medications have copays, visit **benefitscc. org/medicalinsurance** and click on "CDHP Preventative Formulary" under CVS Caremark.

CVS CAREMARK PHARMACY NETWORK

- For medications taken for a short time (like an antibiotic): Fill at any in-network pharmacy. Simply present your combined medical/pharmacy card to the pharmacist and pay the applicable copay.
- For medication taken regularly (such as high blood pressure or diabetes medicine): You will be able to fill maintenance medications up to two times at any retail pharmacy. After the two courtesy fills, you will fill your maintenance medications at any retail CVS Pharmacy or through the mail with CVS Caremark mail service pharmacy. You will be able to obtain a 90-day supply for a two-month copay!
- For medications taken for complex conditions (such as rheumatoid arthritis, hepatitis or cancer): Our specialty pharmacy can help. Visit www.CVSspecialty.com.

CVS CAREMARK DIGITAL FEATURES

Whether you are on your smartphone, laptop or iPad, CVS Caremark can help you manage your prescription benefits with its digital tools. You can:

- Check drug costs and coverage
- · Set up delivery by mail
- Easily refill prescriptions
- Manage your profile
- View your ID card
- Locate nearby pharmacies

Register today at **www.caremark.com/start** or download the CVS Caremark mobile app to explore all of the features.

PRESCRIPTION DRUG FORMULARIES

A formulary is a list of cost-effective, outcome-based preferred brand-name drugs covered under your prescription drug plan. You will generally pay less when you use a drug listed on the formulary. To access the CVS Caremark list of formularies, go to **benefitscc.org/medicalinsurance**.

LIVONGO FOR DIABETES AND HYPERTENSION

Managing diabetes and/or hypertension can be difficult—not to mention expensive. The Livongo for Diabetes and Hypertension program makes it easy for you and affected family members to manage your condition and focus on what matters most to you. This program is available at no cost to employees who are covered under a City medical plan. Features include:

- Connected meter: Automatically uploads your blood glucose readings to your secure online account and provides real-time personalized tips.
- Coaching support: Communicate with a coach anytime about nutrition or lifestyle changes related to diabetes.
- **Unlimited strips:** When you are about to run out, we ship more supplies, at no cost to you, right to your door.

To enroll, visit join.livongo.com/CORPUS/begin.

BEWARE OF FREESTANDING EMERGENCY ROOMS

Urgent care centers and freestanding ERs can be hard to tell apart. They often look a lot alike; however, a visit to a freestanding ER often results in surprise medical bills that can be 10 times the rate charged by urgent care centers for the same services. Always use BCBSTX's Provider Finder via www.bcbstx.com/member to find in-network urgent care centers.

Health

Medical Tools & Resources

Our medical plans not only offer comprehensive care—they connect you with tools and resources to help you meet your well-being goals. From 24/7 access to board-certified doctors by phone or online video chat to exclusive member discounts on health products and programs, your plans offer support. The following are highlights of just a few of the many programs available.

BENEFITS VALUE ADVISORS

You have choices when deciding where to go for care. BCBSTX's Benefits Value Advisor program can help you find the doctors, providers and facilities that are right for your needs. Benefits Value Advisors can help you get the information you need to choose between cost-effective, in-network providers.

Benefits Value Advisors can also help you understand your benefits, find in-network doctors and hospitals to help avoid out-of-network costs, schedule doctor visits, get preauthorization for certain services and use online educational tools. They can even help you compare costs between providers and reschedule your appointments for you! Call the personal toll-free number to reach out to a Benefits Value Advisor at (855) 212-1619.

BCBSTX'S SECURE MEMBER WEBSITE: BAM

BCBSTX's secure member website, Blue Access for Members (BAM) at **www.bcbstx.com/member**, puts online tools and information at your fingertips 24/7 to help you make educated health care decisions and manage your benefits. When you log on, you can:

- Check the status or history of a claim
- View or print Explanation of Benefits statements
- · Locate a doctor or hospital in your plan's network
- Find Spanish-speaking providers
- Request a new ID card, or print a temporary one
- Visit the Health Care School to see articles and videos to help you make the most of your benefits
- Use the Provider Finder tool to find an in-network primary care physician, specialist or hospital. It can also estimate the cost of hundreds of procedures, treatments and tests and help estimate your out-of-pocket expenses.
- Participate in the Well onTarget program, which offers free resources to help you on your journey to lifelong well-being, including a health assessment, online courses, health trackers and more. It even has a mobile app.
- Access exclusive discounts on a wide variety of health services and products through the Blue365® Member Discount Program.

Text BCBSTXAPP to 33633 to get the BCBSTX app that lets you use BAM while you're on the go!

MDLIVE VIRTUAL VISITS

With MDLIVE, you have access to U.S. board-certified doctors 24/7/365, whether you are at home, work or on the road. You can get the care you need when and where it's convenient for you via your mobile device or computer. Even better: doctors can write a prescription, if needed, that you can pick up at an in-network pharmacy.

You can get medical advice within minutes for a variety of non-emergency medical issues (cold/flu symptoms, ear infections, allergies, asthma, pinkeye, etc.). Using Talk Therapy, you can speak confidentially with a licensed counselor, therapist or psychiatrist to address a variety of mental health issues such as anxiety, depression, trauma and loss.

Visit **www.MDLIVE.com/bcbstx** or call (888) 680-8646 to get connected today.

24/7 NURSELINE

You and your family have unlimited, 24-hour toll-free access to a team of registered nurses experienced in providing information on a variety of health topics. Use this service to choose the right providers, understand treatment options, manage chronic conditions and more. Call the number on your medical ID card to get in touch.

SPECIAL BEGINNINGS MATERNITY PROGRAM

Having a baby? Help protect your health and your baby's health by signing up for the BCBSTX Special Beginnings Program. You can receive the personal attention and information you may need to care for yourself and your baby during pregnancy and up to six weeks after you give birth. The program offers:

- A healthy pregnancy calendar to help you keep track of your pregnancy
- Videos that cover topics such as eating habits, exercise, stress and more
- Details about each trimester and the changes in you and your haby
- A list of screenings and vaccines to help you prepare for your checkups
- Program support available Monday through Friday, 8 a.m. to 6:30 p.m. CT
- Call (888) 421-7781 to enroll!





Finding an In-Network Dentist

You will typically pay less when you visit a dentist who is part of the BCBSTX network of providers. To find an in-network provider near you, log into the Blue Access for Members website at www.bcbstx.com as a member.

Plan Feature	Basic Plan	Expanded Plan
Annual Deductible for Class B, C and D Services (per person/per family unit)	\$50/\$150 \$50/\$150	
Annual Maximum Benefit for Class A, B and C Combined	\$3,000	\$4,500
Class A: Preventive (oral exams, X-rays, cleaning, etc.; limit two per person per plan year)	Plan pays 100% of allowable charge, deductible waived	Plan pays 100% of allowable charge, deductible waived
Class B: Basic (space maintainers, oral surgery, composite fillings, extractions, etc.)	Plan pays 80% of allowable charge	Plan pays 85% of allowable charge
Class C: Major (endodontics, metal/porcelain crowns, inlays/onlays, dentures, etc.)	Plan pays 60% of allowable charge	Plan pays 85% of allowable charge
Class D: Orthodontia (dependent children through age 19)	Plan pays 60% of allowable charge	Plan pays 85% of allowable charge
Orthodontia Lifetime Maximum	\$3,000	\$4,500

BIWEEKLY DENTAL RATES

Coverage	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Basic Plan	\$10.36	\$20.72	\$26.93	\$37.28
Expanded Plan	\$18.68	\$37.36	\$48.57	\$67.25

VISION COVERAGE

VSP

Take care of your eyesight with our optional vision plan administered by VSP. The VSP Advantage Network offers 24,000 doctors and 35,000 access points.

Each doctor in the VSP network provides exam and eyewear services, so there is no need for members to have an exam in one location and then travel to another for their lenses and frames. If you choose to see a non-VSP provider, benefits will be reimbursed according to the plan schedule. For complete coverage details, please refer to the Plan Documents, which can be found online at

benefitscc.org/vision.

Plan Feature	In-Network Coverage	Out-of-Network Reimbursement	
Annual Eye Exam	\$10 copay	Up to \$45	
Lenses (per pair)			
Single Vision	\$25 copay	Up to \$30	
Bifocal	\$25 copay	Up to \$50	
Trifocal	\$25 copay	Up to \$60	
Progressive	\$25 copay (standard progressive)	Up to \$50	
Contacts			
Fit and Follow-Up Exams	15% discount, not to exceed \$55 No benef		
Elective	\$130 allowance	Up to \$100	
Medically Necessary	Covered in full	Up to \$210	
Frames	Frames		
Frames	\$130 allowance	Up to \$50	
Frequencies (months	Frequencies (months)		
Exam/Lenses	Every 12 months	Every 12 months	
Frames/Contacts	Every 24 months	Every 24 months	

BIWEEKLY VISION RATES

Employee Only	Employee + 1 Dependent	Employee + 2 or More Dependents
\$2.40	\$4.37	\$6.68

SUPPLEMENT YOUR COVERAGE

Remember, medical plan members have access to the Blue 365 Member Discount Program. You can use it to save money on non-covered health and wellness services to complement your medical, dental and vision coverage. You'll enjoy preferred pricing on a wide range of health services and products, including dental products, eye exams, glasses, contacts and LASIK, to name just a few.

Register at www. blue365deals.com/bcbstx to start cashing in on savings!

Health

Voluntary Benefits

Aflac

These optional plans, available through Aflac, provide per diem amounts for covered events. Depending on the coverage you select, you can also get immediate cash to help pay bills, replace lost paychecks and offset leftover medical expenses. Coverage requires underwriter approval through Aflac. Plan booklets are posted online at **benefitscc.org/aflac**.

If you have questions, please contact Employee Benefits at (361) 826-3300 or **EmployeeBenefits@cctexas.com**.

AFLAC ACCIDENT ADVANTAGE

Accidents can happen at any time. Even with major medical insurance, there may be out-of-pocket expenses that you'll have to pay. In the event of an unexpected injury, Aflac can help protect your personal finances. Aflac pays cash benefits directly to you and you can use it for anything you want. Since we can process your claim quickly, Aflac helps give you the peace of mind knowing you can spend more time recovering and less time worrying about bills.

	Biweekly Rate
Employee	\$11.09
Employee + Spouse	\$17.68
Employee + Child(ren)	\$20.99
Two-Parent Family	\$27.58

AFLAC GROUP HOSPITAL INDEMNITY

Aflac Choice can help fill the gap left by high deductibles on your medical insurance plan by paying cash benefits directly to you for covered inpatient hospital confinement. We provide you with financial resources to help you overcome some of the unexpected expenses associated with a visit to the hospital, giving you less to worry about so you can focus your energy on getting better. You choose the level that best fits your needs. Your coverage is your choice!

Biweekly Rate		
Employee	\$15.28	
Employee + Spouse	\$29.82	
Employee + Child(ren)	\$23.51	
Family	\$38.05	

AFLAC GROUP CRITICAL ILLNESS PLAN

Aflac can help ease the financial stress of surviving a critical illness. Aflac's Group Critical Illness Plan provides a lump-sum benefit if you are diagnosed with a covered critical illness like cancer, heart attack or stroke. All benefits are paid directly to you, allowing you to help protect what you love most from the unexpected.

Non-Tobacco Biweekly Rates for \$5,000 Coverage		
Employee only under age 29	\$1.56	
Employee only under age 39	\$2.41	
Employee only under age 49	\$5.05	
Employee only under age 59	\$9.24	
Employee only age 60+	\$17.05	

AFLAC SHORT-TERM DISABILITY

Becoming disabled is often an unexpected and burdensome experience, and it can happen to anyone. The City provides long-term disability (LTD) insurance with an option to buy up to a two-or three-month waiting period and a generous sick leave policy, but if you need additional coverage with a shorter term waiting period, Aflac's short-term disability (STD) policy might meet your needs. Premiums vary with age and salary, so feel free to call Julie Kellogg at (361) 443-7560 to discuss costs and coverage levels.

AFLAC CANCER PROTECTION ASSURANCE

Cancer treatment is changing—and Aflac is proud to be changing with it. Thanks to advances in science and treatment, more and more Americans today are living with cancer. Aflac cancer protection assurance helps cover these innovative treatments with benefits that really care for you as a whole person. From prevention to recovery, Aflac is with you every step of the way. Our benefits are built to see you all the way through cancer treatment and they'll stay with you for life after cancer.

	Biweekly Rate
Employee	\$18.63
Employee + Spouse	\$33.51
Child(ren)	Covered at no additional cost until age 26



Blue Cross Blue Shield of Texas

Life insurance offers peace of mind when it comes to making sure your loved ones are financially secure for the future. The City provides every full-time employee with basic life at no cost to you. You also have the option of purchasing additional life insurance for yourself, your spouse and your children. Coverage certificates and other information are posted on our website at **benefitscc.org/lifeinsurance**.

BASIC LIFE AND AD&D COVERAGE

The City provides every full-time employee with a basic life and accidental death & dismemberment (AD&D) benefit of one times their annual salary up to \$50,000 at no cost to them. Executives and directors receive a benefit of one times their annual salary up to \$100,000.

SUPPLEMENTAL LIFE COVER AGE

You also have the opportunity to purchase supplemental life insurance for yourself. Coverage is your annual salary, rounded to the next thousand, not exceeding \$100,000. Coverage and rates are recomputed at every salary change. Coverage is reduced after age 65.

Please note:

- You must be enrolled in supplemental life to enroll in optional life and dependent life. Dependent coverage may not exceed employee coverage.
- If you are a current employee enrolling in new coverage or increasing existing coverage, you will need to complete an Evidence of Insurability (EOI) questionnaire. Coverage is based upon underwriter approval, and will not be effective until approval is received.
- New employees may elect coverage without EOI.

OPTIONAL LIFE COVERAGE

You also have the opportunity to purchase optional life insurance for yourself. This life insurance coverage ranges from a minimum of \$25,000 to a maximum of \$300,000, increasing in increments of \$25,000. Rates are determined annually and are based on age. Reduced coverage is applied for active employees over the age of 65.

- You must be enrolled in optional life to enroll in dependent life.
- If you are a current employee enrolling in new coverage or increasing existing coverage, you will need to complete an EOI questionnaire. Coverage is based upon underwriter approval, and will not be effective until approval is received.
- New employees may elect coverage without EOI.

DEPENDENT LIFE COVERAGE

You also have the opportunity to purchase dependent life insurance for your spouse and your children:

- Dependent life for a **spouse** may be purchased at either the \$25,000 or \$50,000 level. Rates are determined annually and are based upon the employee's age.
- Dependent life for **children** up to age 26 may be purchased at the \$5,000 or \$10,000 level.

Please note:

- Dependent coverage may not exceed 100 percent of optional life coverage.
- A member may not be insured as both a member and a dependent.
- A child may not be insured by more than one member.
- If you are a current employee enrolling in new coverage or increasing existing coverage for yourself or your spouse, you will need to complete an EOI questionnaire. Coverage is based upon underwriter approval, and will not be effective until approval is received.
- Life insurance claims for dependents will require a death certificate along with verification of the relationship.

Long-Term Disability Coverage

Madison National Life

When a covered disability keeps you out of work, long-term disability (LTD) insurance helps keep your finances protected. The plan pays a portion of your income while you recover. Your benefits continue for the policy's benefit period or until you are no longer disabled, whichever comes first, helping provide you and your loved ones security when you need it most. Conditions that could lead to an LTD claim include surgery, injury, illness or accident.



The City provides every full-time employee with a long-term disability benefit of 50 percent of your salary up to \$3,000 per month at no cost to you. This is Plan 1. You also have two buy-up options, Plans 2 and 3. Coverage certificates and other information are posted on our website at **benefitscc.org/disability**.

LTD Coverage Options					
	City Pays	Benefit	Elimination Period		
Plan 1	100%	50% to \$3,000 per month	180 days		
Plan 2 (Buy Up)	40%	66 ^{2/3} % up to \$5,000 per month	90 days		
Plan 3 (Buy Up)	30%	66 ^{2/3} % up to \$5,000 per month	60 days		

Please note that no EOI is required as a new hire. EOI is required at annual enrollment when you upgrade to a higher plan.

Flexible Spending Accounts

Optum

Flexible spending accounts (FSAs) allow you to pay for eligible health and/or dependent care expenses on a pre-tax basis, meaning your FSA contributions are deducted from your pay before your federal and Social Security taxes are calculated. The result is that your taxable income is reduced and you get to keep a greater portion of your paycheck. You have the option of participating in a health care FSA or a dependent care FSA. You must enroll in an FSA each year to participate, even if you were enrolled the prior year.

Health Care FSA				
Eligible Expenses	Qualified medical, dental and vision expenses not covered by insurance, including deductibles, copays and coinsurance			
Maximum Annual Contribution*	\$2,750			
Dependent Care FSA				
Eligible Expenses	Qualified dependent care, such as child care, preschool, before- or after-school programs, summer day camp or care for an elderly parent			
Maximum Annual Contribution*	\$5,000 (or \$2,500 if married and filing separately)			

^{*}Minimum election for either FSA is \$260 annually.

For a complete list of qualified health care expenses, visit https://www.irs.gov/pub/irs-pdf/p502.pdf. For a complete list of dependent care expenses, visit https://www.irs.gov/pub/irs-pdf/p503.pdf.

Please note:

- You cannot enroll in the FSA if you are enrolled in the health savings account (HSA).
- As an employee, you are eligible to participate in an FSA even if you do not enroll in the City's medical insurance plans.
- Money can only be used to pay for qualified expenses incurred during the plan year (October 1, 2021, through September 30, 2022).

 The IRS requires that any unused funds in your FSA at the end of the plan year be forfeited, so be sure to carefully estimate your needs. You can always check your balance online at www.optumbank.com.

Texas Municipal Retirement System

TMRS

TMRS is a required retirement plan for all full-time employees. The following is a high-level overview of the plan:

- TMRS contributions are seven percent of your pay.
- The city will match your contributions two to one during retirement
- With TMRS retirement options, you are guaranteed a retirement check for the rest of your life.
- No income taxes are withheld until you retire or terminate and request a refund.
- You are vested after five years, which means you may leave your
 deposits with TMRS to continue to earn interest until you are
 ready to retire, even if you leave the City. You are eligible to retire
 if you have five years of service and are age 60 or over. However,
 if you have 20 years of service, you are eligible to retire at any age.

You can track your TMRS balance, view or change beneficiaries, update your address or phone number and more at **www.tmrs.com**.

457 Deferred Compensation Plan

MissionSquare

The City offers a voluntary 457 deferred compensation plan that can provide additional savings for retirement.

- With the traditional 457 option, funds are deducted pre-tax and interest accumulates tax deferred. Withdrawals are subject to income tax.
- With the Roth 457 option, funds are contributed after tax and interest accumulates tax free. The advantage to the Roth option is that all withdrawals made after age 59 ½ are not subject to income tax.
- With both the 457 Plan and Roth options, your contributions will be invested in the funds that you select and the value of your account will fluctuate based on fund performance.

You may set up, stop or make changes to your contribution amount at any time, not only during Open Enrollment. You can make withdrawals from your account when you leave employment, as well as during employment, subject to the City's rules and IRS rules. Loan options may also be available.

For more information, log on to **www.icmarc.org** or contact your Employee Benefits team at (361) 826-3300 (option 2) or **EmployeeBenefitsQcctexas.com**.

PROGRAMS & Second Secon

City Employee Health & Wellness Clinic

The City of Corpus Christi

With the expense of health care coverage continually rising, the City offers its employees a break by having a conveniently located Employee Health & Wellness Clinic. Employees, retirees and dependents over age two who are enrolled in the Citicare Value Plan may visit the clinic at no charge. All other permanent employees and their dependents can access the clinic for a \$20 fee, plus \$15 for labs (if applicable).

The Clinic's nurse practitioners can diagnose and treat common illnesses such as allergies, ear infections, strep throat and the flu. You can utilize the clinic as your primary health care provider to manage chronic conditions like hypertension, diabetes and high cholesterol, or receive your annual preventive exams.

The clinic is on the first floor of City Hall and is open Monday through Friday, from 7 a.m. to 6 p.m. CT. Call (361) 826-3333 to schedule an appointment.

City Employee Fitness Center

The City of Corpus Christi

All employees have access to the City Employee Fitness Center at no charge. In addition to state-of-the-art fitness equipment, it offers great views. Locker rooms are also available for those who utilize the gym.

The gym is located on the sixth floor of City Hall and is open Monday through Friday, 6 a.m. to 8 p.m. CT. To add access to your employee badge, please complete and submit the access request form to HR-Benefits.

Employee Assistance Program (EAP)

Family Counseling Service

Our EAP, provided by Family Counseling Service, is available to all employees, their spouses and their dependent children. The City pays for up to three confidential counseling visits per family per fiscal year, for issues related to work, relationships, abuse, depression/anxiety, grief/loss and alcohol/drug dependency.

To schedule an appointment, call (361) 852-9665, Option 3, or email **appointmentsQfcscb.org**.

Employee Extras

Beneplace

The City of Corpus Christi Employee Extras offers you exclusive discounts on products and services ranging from computers and electronics to fitness equipment and auto/home insurance—all in an easy-to-use website!

Visit **www.beneplace.com/cocc**, log in with your company email and start saving!

Time Off

The City of Corpus Christi

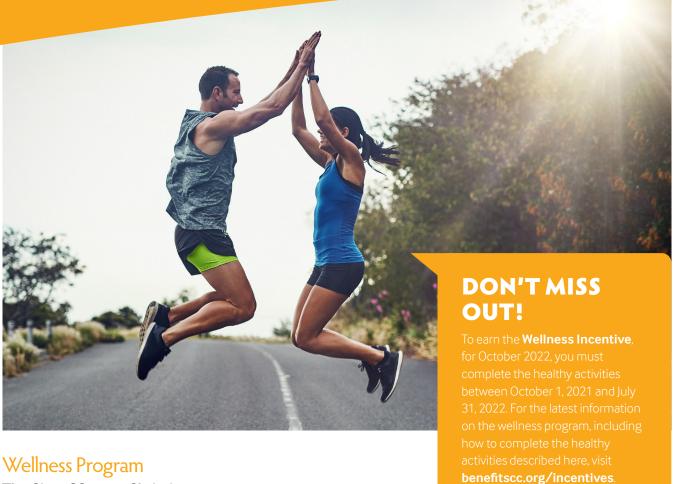
Highlights of our vacation, sick leave, personal leave and holiday benefits are below. Please note that there is a six-month waiting period before vacation leave can be used.

Vacation Accrual Schedule					
Years of Service	Hours Per Year	Biweekly Accrual			
Less than 6 Years of Service	88 hours	3.38			
Beginning the 6th Year	104 hours	4.00			
Beginning the 11th Year	120 hours	4.62			
Beginning the 16th Year	144 hours	5.54			
Beginning the 21st Year	168 hours	6.46			
Beginning the 26th Year	200 hours	7.69			
Beginning the 31st Year	240 hours	9.23			

• **Sick leave:** 96 hours per year (biweekly 3.69 hours)

• Personal leave: Dependent on hire date

• Holidays: Eight days per year



The City of Corpus Christi

We are committed to the well-being of the people who make our community a vital place to live—you. As part of this commitment, and to demonstrate our continued investment in you and your family, we are proud to offer a wellness program for all City employees and their spouses.

Earn a Medical Plan Deductible Incentive

If you are covered on the City's medical plan and participate in qualifying wellness activities in the 2022 plan year, you can earn a \$10 per-pay-period cash incentive. If you're enrolled in the CDHP, you'll also earn a \$200 decrease in your annual deductible. The new incentive will be credited on your paycheck beginning October 2022. If your spouse is also covered on the City's medical insurance plan and participates in one of the qualifying Wellness Program activities, you can receive an additional \$10 per-payperiod cash incentive in your paycheck. Your wellness activities must be completed between October 2021 and July 2022 to receive the incentive award beginning October 2022.

Required Wellness Activities

To earn the incentive, you must complete either the biometric screenings or an annual preventive exam, and one of the additional wellness activities in the following elective list. Covered spouses are only required to take one of the required wellness activities.

. Biometric Screenings (administered by Catapult): Schedule and attend an on-site screening, which consists of a finger stick and meeting with a licensed, board-certified nurse practitioner.

- **Annual Preventive Exam:** Visit the City Employee Health & Wellness Clinic or your primary care doctor for your annual checkup.
- Elective Wellness Activity (employees only):
 - » Tobacco Cessation Program: Sign up for the 10-week Blue Cross Blue Shield of Texas (BCBSTX) Tobacco Cessation Program to receive personal coaching. Visit benefitscc. org/tobacco for enrollment information.
 - » Naturally Slim: Join this 10-week online weight management program to learn mindful eating habits. To apply for this program, visit benefitscc.org/naturallyslim.
 - » Financial Wellness Classes: Take control of your finances by learning how to manage your income, eliminate debt, invest successfully, start an emergency fund, pay off your mortgage and more. To sign up for classes, visit **benefitscc.** org/financialwellness.

New to the City Employee Family?

You can receive this wellness incentive by completing an annual preventive exam within 30 days of your date of hire. Signed physician statements must be completed and turned in to Human Resources before the deadline in order to receive the wellness incentive for the current plan year. In addition, you must complete one of the elective wellness activities to continue to earn the wellness incentives for the following plan year.

Important Notices

Complete health plan notices required under DOL, PPACA, COBRA and HIPAA are posted online at **benefitscc.org/legalnotices**. You can request printed copies through the City of Corpus Christi Health Benefits Department, located at 1201 Leopard St., 2nd Floor, (361) 826-3300 (option 2).

- Plan Documents Summary Plan Documents (SPD) and Summary of Benefits Coverage (SBC): The SPD documents explain the health plan's benefits and claim review procedures, and the SBC documents provide a summary that describes the benefits and coverage provided by the plan.
- Children's Health Insurance Program (CHIP) Model Notice and Premium Assistance under Medicaid:

 There are state insurance programs available that can help pay for coverage. This notice explains how to apply for these programs.
- **Health Savings Account Notice to Employees:** Explains your federal tax responsibilities surrounding health savings accounts (HSAs) and how to enroll in an HSA if you are enrolled in an eligible health plan.
- **Notice of Special Enrollment Rights (HIPAA):** If you experience a qualifying life event, you might be eligible to make a mid-year change within 30 days of the event.
- **Wellness Program Disclosure:** The City sponsors wellness programs and some groups can earn premium discounts. This notice explains your rights.
- **General Notice of COBRA Continuation Coverage Rights:** This notice explains COBRA continuation coverage, when it may become available to you and your family and what you need to do to protect your right to get it.
- Women's Health and Cancer Rights Act (WHCRA): Health plan participants have the right to breast reconstruction post-mastectomy.
- **Newborns' and Mothers' Health Protection Act:** Explains participants' legal rights surrounding the length of hospitalization following childbirth.
- Genetic Information Nondiscrimination Act (GINA): Describes your rights surrounding your genetic information.
- Important Notice About Your Prescription Drug Coverage and Medicare: Our group health plans' drug coverage is Medicare creditable (actuarially equivalent to coverage available under the standard Medicare Part D).
- The Health Insurance Marketplace: This notice provides contact information for the Affordable Care Act Health Insurance Exchanges.
- HIPAA Notice of Privacy Practices: Describes your privacy rights.
- Grievance Procedure: Explains how to file a grievance under section 1557 of the Affordable Care Act.
- **Notice Concerning Non-Discrimination-Section 1557:** If you need translation services or information to be provided in other formats, this notice tells you whom to contact.

Benefits Contact Directory

Topic	Contact	Phone & Email	Website
General Benefits and/or Enrollment	City of Corpus Christi Benefits	(361) 826-3300 (option 2) EmployeeBenefits@cctexas.com	benefitscc.org
Medical Coverage	Blue Cross Blue Shield of Texas (BCBSTX)	Customer Service: (855) 212-1619 Special Beginnings Maternity Program: (888) 421-7781	www.bcbstx.com (network name: PPO Choice)
Prescription Drug Coverage	CVS Caremark	(800) 776-1355	www.caremark.com
Health Savings Account (HSA)	Optum Bank	(866) 234-8913	www.optumbank.com
Virtual Visits	MDLIVE	(888) 680-8646	www.MDLIVE.com/bcbstx
Dental Coverage	BCBSTX	(877) 442-4207	www.bcbstx.com
Vision Coverage	VSP (with VSP Advantage Network)	(800) 877-7195	www.vsp.com
Voluntary Benefits (Accident, Critical Illness, Short-Term Disability)	Julie Kellogg (Aflac)	(361) 443-7560 julie_kellogg@us.aflac.com	www.aflac.com
Life and Disability Insurance	City of Corpus Christi Benefits	(361) 826-3300	benefitscc.org
Flexible Spending Accounts (FSAs)	Optum Bank	(800) 243-5543	www.optumbank.com
Texas Municipal Retirement System (TMRS)	TMRS	(800) 924-8677	www.tmrs.com
457 Deferred Compensation Plan	MissionSquare	(202) 246-4757 employeebenefits@cctexas.com	www.icmarc.org
City Employee Health & Wellness Clinic	Concentra	(361) 826-3333	N/A
Employee Assistance Program (EAP)	Family Counseling Services	(361) 852-9665, Option 3 appointments@fcscb.org	www.fcscb.org
Employee Discounts	City of Corpus Christi Extras via Beneplace	N/A	www.beneplace.com/cocc

This brochure is only intended to provide a brief overview of our benefits program. Items and coverage may change. All trademarks, sales marks, company names and logos are the property of their respective owners. If you need more detailed information or would like a summary plan description, log on to **benefitscc.org** or contact Human Resources - Benefits at the City of Corpus Christi. In all cases, any discrepancy between this document and the Plan Document, the Plan Document will govern. This is not a promise or guarantee of insurance coverage. Dollar amounts presented are for illustrative purposes only. No part of this document is intended to be financial, tax or legal advice.

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