



EMPLOYEE BENEFITS GUIDE

10.01.2025 | 09.30.2026

CARRIER CONTACT INFORMATION

Plans	Carrier	Phone Number	Website	Network	Group Number
Medical	TX Health Benefits Pool	(800)282-5385	www.txhb.gov	Blue Choice	MSOUTHPO
Dental	Blue Cross Blue Shield of Texas	(800)521-2227	www.bcbstx.com	BlueCare Dental Advantage	065808
Vision	TX Health Benefits Pool	(866)804-0982	www.eyemed.com	EyeMed	MSOUTHPO
Basic/Voluntary Life & AD&D	Dearborn National	(800)348-4512	www.DearbornNational.com		G35175
Short/Long Term Disability	Dearborn National	(800)348-4512	www.DearbornNational.com		G35175
Accident Critical Illness Hospital Indemnity	Guardian	(800)541-7846	www.guardiananytime.com		024030

OUR BROKER / PARTNER

SWEB

SHEPARD & WALTON EMPLOYEE BENEFITS

CLAIMS / MEMBERSHIP: 888-423-8755
stxclaims@sweb.com / stxmembership@sweb.com

This book highlights some of the main features of your benefit programs, but does not include all plan rules, features, limitations or exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this book and the legal plan documents, the plan documents are the final authority.

ELIGIBILITY & ENROLLMENT

Eligibility and Enrollment

The City of South Padre Island offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

The Open Enrollment period for eligible employees will be August 1st through August 15th, 2025. The benefit plans will be effective October 01, 2025.

Elections you make during open enrollment will become effective October 01, 2025.

New employees are eligible for benefits the 1st of the month following date of employment.

When to Enroll

The open enrollment period runs from August 1st through August 15th, 2025. The benefits you elect during open enrollment will be effective from October 01, 2025 – September 30, 2026. New full time eligible employees electing coverage will be effective on the first of the month following date of employment. All eligible employees are required to complete their enrollment to either elect or waive all coverage options.

How to Enroll

The first step is to review your current benefit elections. Verify your personal information and make any changes if necessary. Choose your benefit elections. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status (Qualifying Event).

Please note that any enrollment changes must be submitted within 30 days of the qualifying event. Contact your Human Resources office for assistance.



Who is Eligible?

- You are eligible if you are a full-time employee regularly scheduled to work at least 30 hours a week.
- Individuals may make changes or add dependents without having to provide proof of insurability during the open enrollment period.
- Open enrollment applies to Medical, Dental, Vision, Disability, Life, Accident, Critical Illness, and Hospital Indemnity.
- Your Health Plan will not include any pre-existing medical limitations, so a HIPAA Certificate of Creditable Coverage is not required.

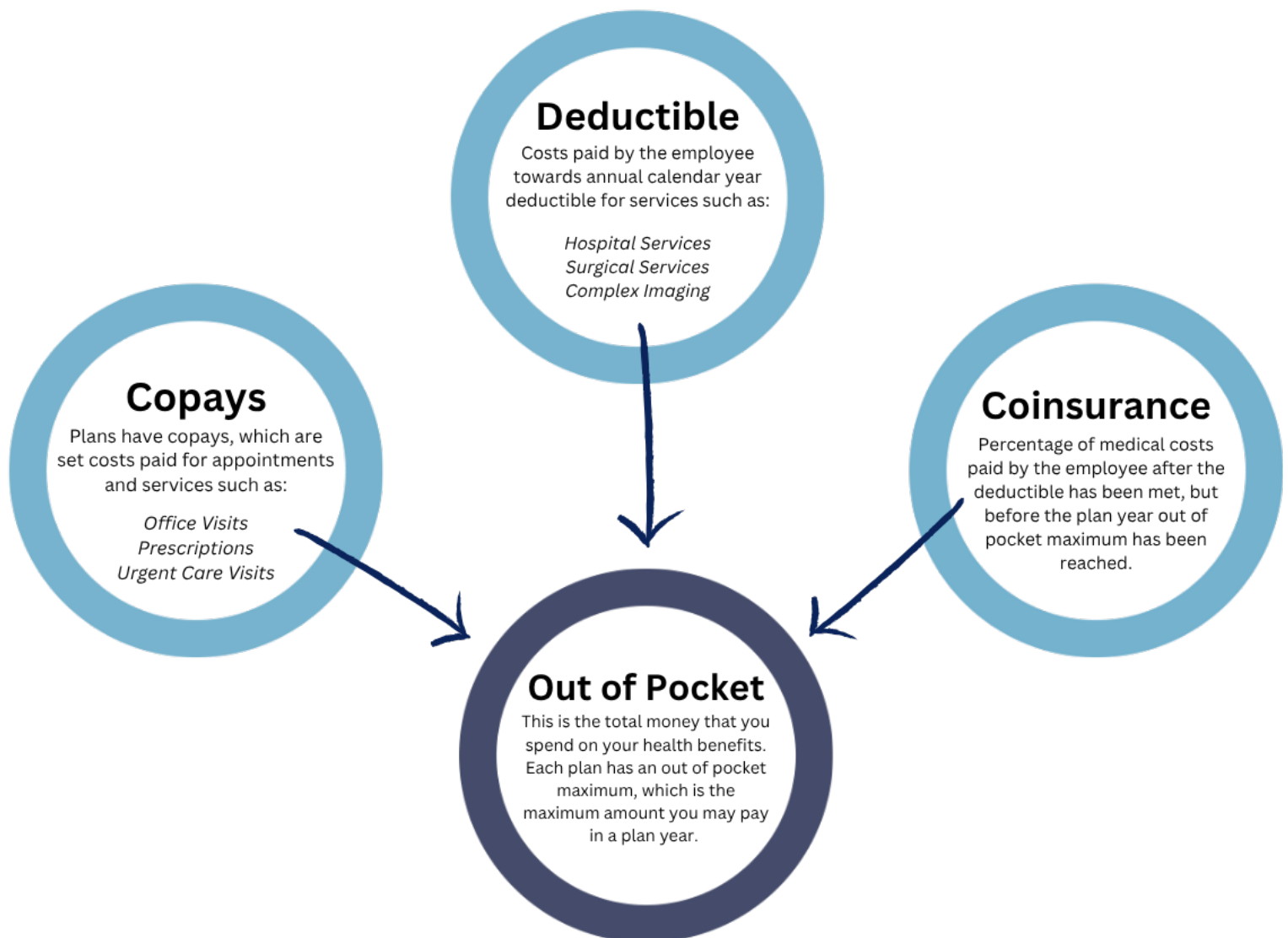
How to Make Changes

Unless you have a qualified change in status (Qualifying Event), you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include:

- Marriage, divorce, or legal separation.
- Birth or adoption of a child, court order, disability, death, reaching the dependent child age limit 26.
- Significant changes in employment or employer- spouse's benefit eligibility.
- HIPAA Special Enrollment Rights
- Judgements, Decrees, or Orders
- COBRA Events
- Entitlement to Medicare or Medicaid

HOW DO YOUR BENEFITS ACCOUMULATE TOWARDS YOUR OUT-OF-POCKET MAXIMUM?

- **Copay** – a fixed amount required by a health insurer to be paid by the covered individual for each outpatient visit or drug prescription.
- **Deductible** – the amount you have to pay out-of-pocket for expenses before the insurance carrier will cover at the coinsurance level.
- **Coinsurance** – the percentage the covered individual will pay out-of-pocket after the deductible has been satisfied.
- **Plan Year** – Deductible, copays and out-of-pockets are Plan Year (October through September)



MEDICAL & PRESCRIPTION DRUGS – TX HEALTH BENEFITS POOL

City of South Padre Island is pleased to offer a medical plan through TX Health Benefits Pool. This plan has In-Network and Out-of-Network benefits. Please select In-Network providers to get the most savings. To find a network provider in your area, log on www.txhb.gov. The TX policy will pay a \$150 wellness benefit for Completing Wellness Challenges. Please refer to your Summary of Benefits Coverage Documents in your Benefit Packet.

Copay-750-3k ER Plan				
	In- Network			Out-of-Network
Physician Visit	\$30 Copay Primary \$60 Copay Specialist			Deductible then 50% coinsurance
Virtual Visits (general medicine)	\$0 Copay			Not applicable
Prescription Drugs Retail or Mail Order	30-Day Supply	60-Day Supply	90-Day Supply	Retail Mail Order
Disease Management Maintenance (Generic)	\$0 Copay	\$0 Copay	\$0 Copay	Not Covered
Tier 1 (Lower-Cost Generic-Some Brand Name)	\$10 copay	\$20 copay	\$30 copay	
Tier 2 (Most Brands-Some Higher Cost Generic*)	\$45 Copay	\$90 Copay	\$135 Copay	
Tier 2 (Insulins)	\$25 Copay	\$50 Copay	\$75 Copay	
Tier 3 (Non-Preferred Brand*)	\$90 Copay	\$180 Copay	\$270 Copay	
Tier 4 (Specialty)	\$150 Copay	N/A	N/A	
Tier 5 (Cost Share)	\$175 Copay	\$350 Copay	\$525 Copay	
Urgent Care	\$75 Copay			Deductible then 50% coinsurance
Preventive Care	\$0 Copay			Deductible then 50% coinsurance
Deductible (Plan year)	\$750 Individual \$1,500 Family			\$1,500 Individual \$3,000 Family
Coinsurance (after deductible)	20%			50%
Lab & X-Ray	Included with PCP Copay			Deductible, then 50% coinsurance
Complex Imaging	Deductible then 20% Coinsurance			Deductible then 50% Coinsurance
Hospital Services	Deductible then 20% Coinsurance			Deductible then 50% Coinsurance
Emergency Room (Facility Only)	\$500 / Visit, Deductible then 20% Coinsurance			Same as In Network
Lifetime Maximum	Unlimited			Unlimited
Plan Year Out-of-Pocket Maximum	\$3,000 Individual \$6,000 Family			Unlimited Individual & Family
Network	BLUE CHOICE			
Dependent Age Limit: 26 Years				

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YOUR COST FOR INSURANCE IN 2025-2026

City of South Padre Island is pleased to offer our employees a comprehensive medical plan and contributes \$607.72 monthly towards the employees' premium. In addition, employees can elect to cover dependents at their own cost.

The premiums for the 2025-2026 plan year are illustrated below.

EMPLOYEE BI-WEEKLY DEDUCTIONS				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
TX Health Copay-750-3K ER Plan \$750 Deductible	\$0.00	\$307.98	\$225.91	\$587.48
Dependent Age Limit: 26				



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VIRTUAL VISITS – BLUE CROSS BLUE SHIELD OF TX

VIRTUAL VISITS WITH MDLIVE

The Virtual Visits benefit with MDLIVE (provided through the BCBSTX network) allows you to remotely connect with a board-certified doctor via online video, mobile app, or phone, anytime, anywhere! Download the app and register today.

Virtual Visits can address a variety of non-emergency care issues, ranging from the cold and flu to pink eye. It even is a great tool for behavioral health concerns as well. MDLIVE doctors can also send prescriptions to nearby pharmacies for many common medical conditions.



MDLIVE®

DENTAL – BLUE CROSS BLUE SHIELD OF TX

City of South Padre Island offers a dental plan that provides comprehensive coverage for preventive, basic, and major dental services through Blue Cross Blue Shield of Texas. The employer pays the full cost of the dental plan for employees. Employees also have the option to cover dependents at their own cost. Regular dental care is essential to maintaining overall health and can help prevent more serious and costly health issues in the future. The plan highlights and employee premiums are found below. Please refer to your employee benefits enrollment packet for more details.

Covered Services - D702 – In Network				
Deductible		\$50 Individual / \$150 Family		
Three-month Deductible carryover applies				
Predetermination Amount		\$300		
Maximum Calendar Year Benefits per Participant for Categories I, II, III, IV, V, VI, VII, VIII, IX, X		\$1,500		
Does not apply to orthodontic Services				
Diagnostic & Preventive Care Services Calendar Year Deductible does not apply		100%		
Miscellaneous Services		80%		
Restorative Services		80%		
General Services		50%		
Endodontic Services		50%		
Periodontal Services		50%		
Oral Surgery Services		50%		
Crowns, Inlays/Onlays Services		50%		
Prosthodontic Services		50%		
Implant Services		50%		
Orthodontic Services All Participants \$1,500 maximum lifetime benefit		50% of Allowable Amount		
Network		BlueCare Dental Advantage		
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Bi-Weekly Deduction	\$0.00	\$17.15	\$20.51	\$39.81

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VISION – TX HEALTH BENEFITS POOL

City of South Padre Island is pleased to contribute 100% of the employee premium for vision coverage through TX Health Benefits Pool. Employees also have the option to cover dependents at their own cost. This benefit is designed to help you save on eye exams, glasses, and contact lenses, making it easier to take care of your eye health. You'll find a summary of the plan highlights and your payroll contribution rates below. For full details about what's included, please refer to your enrollment packet.

VISION CARE SERVICES	IN NETWORK MEMBER PAYS	OUT-OF-NETWORK REIMBURSEMENT
<u>Exam Services</u> Exam with Dilation as Necessary Contact lens exam - fitting & evaluation	\$0 copay Up to \$39	Up to \$65 Not Covered
<u>Contact Lens Fit & Follow-Up</u> Fit & Follow-Up Standard Fit & Follow-Up-Premium	Up to \$40 10% off Retail Price	Not Covered Not Covered
<u>Frame</u>	\$0 copay; 20% off balance over \$175 allowance	Up to \$125
<u>Standard Plastic Lenses</u> Single vision Bifocal Trifocal Lenticular Standard Progressive Lens Premium Progressive Lens Tier 1-4	\$10 copay \$10 copay \$10 copay \$10 copay \$65 copay \$95-\$185 copay	Up to \$30 Up to \$50 Up to \$70 Up to \$70 Up to \$50 Up to \$50
<u>Lens Options</u> Anti-Reflective Coating – Standard Anti-Reflective Coating – Premium Tier 1-3 Photochromic – Non-Glass Polycarbonate – Standard Polycarbonate – Standard <19 years of age Scratch resistant coating – Standard Plastic Tint – Solid & Gradient UV Treatment All Other Lens Options	\$45 \$57-\$85 \$75 \$40 \$0 copay \$15 \$15 \$15 20% off Retail	Up to \$5 Up to \$5 N/A N/A Up to \$5 N/A N/A N/A N/A
<u>Contact Lenses</u> Conventional Disposable Medically necessary	\$0 copay, \$150 allowance, 15% off balance over \$175 \$0 copay, 100% of balance over \$175 allowance, \$0 copay, paid in full	Up to \$125 Up to \$125 Up to \$210
<u>Frequency – Adults & Kids</u> Exams Lenses (for glasses or contact lenses) Frames	Once every plan year Once every plan year Once every plan year	
<u>Other</u> Hearing Care from Amplifon Network LASIK or PRK from US Laser Network	Up to 64% off hearing aids; call 877-203-0675 15% off retail or 5% off promo price; call 800-988-4221	N/A N/A
Network: EyeMed		
	Employee Only	Employee & Family
Bi-Weekly Deduction	\$0.00	\$4.76

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VOLUNTARY SHORT-TERM DISABILITY – DEARBORN

City of South Padre Island offers employees the opportunity to purchase Short-Term Disability (STD) coverage. This benefit provides a source of income in the event you are unable to work due to a non-work-related illness or injury. STD coverage can help protect your financial stability while you focus on recovery.

Benefit Highlights

Elimination Period	15 th Day Accident / 15 th Day Illness
Benefits Payable	60%
Maximum Benefit Duration	Up to 11 weeks after Elimination Period
Maximum Benefit	\$1,000 / Weekly



LONG-TERM DISABILITY – DEARBORN

City of South Padre Island provides employer-paid Long-Term Disability (LTD) coverage to help protect your income if you become unable to work due to a non-work-related illness or injury. This benefit offers a continued source of income after the short-term disability period ends, helping you maintain financial stability throughout an extended recovery.

Benefit Highlights

Elimination Period	90 days
Benefits Payable	60%
Maximum Benefit Duration Own Occupation Following Own Occupation	24 Months To Age 65
Maximum Benefit	\$5,000 / Month

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GROUP TERM LIFE & AD&D – DEARBORN

City of South Padre Island provides eligible employees with group life and accidental death and dismemberment (AD&D) insurance and pays the full cost of this benefit. Employer-paid life insurance is a valuable benefit that provides employees with peace of mind by offering financial protection for their loved ones in the event of an unexpected loss. It ensures that employees have a basic level of coverage at no cost to them, helping to cover funeral expenses, debts, or ongoing living costs during a difficult time.

BENEFIT SUMMARY	
Eligible Full Time Employee Life Benefit	\$50,000
Age Reductions *the life benefit will be reduced by the respective percentage amounts once an individual has attained the ages listed*	35% of the original amount at age 70 40% of the original amount at age 75 25% of the original amount at age 80 15% of the original amount at age 85 10% of the original amount at age 90
Accidental Death & Dismemberment (AD&D) Included	



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VOLUNTARY LIFE & AD&D – DEARBORN

City of South Padre Island also offers a voluntary Life and Accidental Death & Dismemberment (AD&D) insurance program through Dearborn. Having a term life insurance plan in place is an important step in protecting your loved ones by providing financial security in the event of your death. This benefit can help cover funeral expenses, ongoing living costs, and future needs such as education. Employees may also elect coverage for their dependents. Premiums are paid in full by the employee through bi-weekly payroll deductions (see rate chart for details).

Employee Voluntary Life Benefits	
Maximum Benefit	\$500,000
Increments	\$10,000
Guarantee Issue Amount**	\$150,000
Accidental Death & Dismemberment	Equal to Life Benefit
Spouse Voluntary Life Benefits	
Maximum Benefit***	\$250,000
Increments	\$5,000
Guarantee Issue Amount**	\$25,000
Accidental Death & Dismemberment	Equal to Life Benefit
Child Voluntary Life Benefits	
Benefit Amount (6 months to 26 years old)	\$10,000
Increments	\$5,000
Eligible children under 6 months of age are eligible for a \$100 benefit	
Age Reductions (Employee & Spouse Life Benefits)	
Reduce by 35% at age 65; and an additional 15% at age 70	
The life benefit will be reduced by the respective percentage amounts once an individual has attained the ages listed above	

*You may insure unmarried financially dependent children age 14 days to 20 years (to 26 years if full-time student).

** Evidence of Insurability Required above Guarantee Issue Amount.

*** Cannot exceed 50% of Employee Benefit amount

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VOLUNTARY LIFE & AD&D – BIWEEKLY RATES

EMPLOYEE ATTAINED AGE												
Benefit Amount	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$10,000	\$0.48	\$0.48	\$0.48	\$0.56	\$0.67	\$0.95	\$1.38	\$2.07	\$3.31	\$4.33	\$6.95	\$11.39
\$20,000	\$0.95	\$0.95	\$0.95	\$1.11	\$1.33	\$1.89	\$2.75	\$4.14	\$6.62	\$8.65	\$13.90	\$22.78
\$30,000	\$1.43	\$1.43	\$1.43	\$1.67	\$2.00	\$2.84	\$4.13	\$6.21	\$9.93	\$12.98	\$20.85	\$34.17
\$40,000	\$1.90	\$1.90	\$1.90	\$2.22	\$2.66	\$3.78	\$5.50	\$8.28	\$13.24	\$17.30	\$27.80	\$45.56
\$50,000	\$2.38	\$2.38	\$2.38	\$2.78	\$3.33	\$4.73	\$6.88	\$10.35	\$16.55	\$21.63	\$34.75	\$56.95
\$60,000	\$2.85	\$2.85	\$2.85	\$3.33	\$3.99	\$5.67	\$8.25	\$12.42	\$19.86	\$25.95	\$41.70	\$68.34
\$70,000	\$3.33	\$3.33	\$3.33	\$3.89	\$4.66	\$6.62	\$9.63	\$14.49	\$23.17	\$30.28	\$48.65	\$79.73
\$80,000	\$3.80	\$3.80	\$3.80	\$4.44	\$5.32	\$7.56	\$11.00	\$16.56	\$26.48	\$34.60	\$55.60	\$91.12
\$90,000	\$4.28	\$4.28	\$4.28	\$5.00	\$5.99	\$8.51	\$12.38	\$18.63	\$29.79	\$38.93	\$62.55	\$102.51
\$100,000	\$4.75	\$4.75	\$4.75	\$5.55	\$6.65	\$9.45	\$13.75	\$20.70	\$33.10	\$43.25	\$69.50	\$113.90
\$110,000	\$5.23	\$5.23	\$5.23	\$6.11	\$7.32	\$10.40	\$15.13	\$22.77	\$36.41	\$47.58	\$76.45	\$125.29
\$120,000	\$5.70	\$5.70	\$5.70	\$6.66	\$7.98	\$11.34	\$16.50	\$24.84	\$39.72	\$51.90	\$83.40	\$136.68
\$130,000	\$6.18	\$6.18	\$6.18	\$7.22	\$8.65	\$12.29	\$17.88	\$26.91	\$43.03	\$56.23	\$90.35	\$148.07
\$140,000	\$6.65	\$6.65	\$6.65	\$7.77	\$9.31	\$13.23	\$19.25	\$28.98	\$46.34	\$60.55	\$97.30	\$159.46
\$150,000	\$7.13	\$7.13	\$7.13	\$8.33	\$9.98	\$14.18	\$20.63	\$31.05	\$49.65	\$64.88	\$104.25	\$170.85
\$200,000	\$9.50	\$9.50	\$9.50	\$11.10	\$13.30	\$18.90	\$27.50	\$41.40	\$66.20	\$86.50	\$139.00	\$227.80
\$250,000	\$11.88	\$11.88	\$11.88	\$13.88	\$16.63	\$23.63	\$34.38	\$51.75	\$82.75	\$108.13	\$173.75	\$284.75
\$300,000	\$14.25	\$14.25	\$14.25	\$16.65	\$19.95	\$28.35	\$41.25	\$62.10	\$99.30	\$129.75	\$208.50	\$341.70
\$350,000	\$16.63	\$16.63	\$16.63	\$19.43	\$23.28	\$33.08	\$48.13	\$72.45	\$115.85	\$151.38	\$243.25	\$398.65
\$400,000	\$19.00	\$19.00	\$19.00	\$22.20	\$26.60	\$37.80	\$55.00	\$82.80	\$132.40	\$173.00	\$278.00	\$455.60
\$450,000	\$21.38	\$21.38	\$21.38	\$24.98	\$29.93	\$42.53	\$61.88	\$93.15	\$148.95	\$194.63	\$312.75	\$512.55
\$500,000	\$23.75	\$23.75	\$23.75	\$27.75	\$33.25	\$47.25	\$68.75	\$103.50	\$165.50	\$216.25	\$347.50	\$569.50

SPOUSE ATTAINED AGE												
Benefit Amount	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$5,000	\$0.24	\$0.24	\$0.24	\$0.28	\$0.33	\$0.47	\$0.69	\$1.04	\$1.66	\$2.16	\$3.48	\$5.70
\$10,000	\$0.48	\$0.48	\$0.48	\$0.56	\$0.67	\$0.95	\$1.38	\$2.07	\$3.31	\$4.33	\$6.95	\$11.39
\$15,000	\$0.71	\$0.71	\$0.71	\$0.83	\$1.00	\$1.42	\$2.06	\$3.11	\$4.97	\$6.49	\$10.43	\$17.09
\$20,000	\$0.95	\$0.95	\$0.95	\$1.11	\$1.33	\$1.89	\$2.75	\$4.14	\$6.62	\$8.65	\$13.90	\$22.78
\$25,000	\$1.19	\$1.19	\$1.19	\$1.39	\$1.66	\$2.36	\$3.44	\$5.18	\$8.28	\$10.81	\$17.38	\$28.48
\$30,000	\$1.43	\$1.43	\$1.43	\$1.67	\$2.00	\$2.84	\$4.13	\$6.21	\$9.93	\$12.98	\$20.85	\$34.17
\$35,000	\$1.66	\$1.66	\$1.66	\$1.94	\$2.33	\$3.31	\$4.81	\$7.25	\$11.59	\$15.14	\$24.33	\$39.87
\$40,000	\$1.90	\$1.90	\$1.90	\$2.22	\$2.66	\$3.78	\$5.50	\$8.28	\$13.24	\$17.30	\$27.80	\$45.56
\$45,000	\$2.14	\$2.14	\$2.14	\$2.50	\$2.99	\$4.25	\$6.19	\$9.32	\$14.90	\$19.46	\$31.28	\$51.26
\$50,000	\$2.38	\$2.38	\$2.38	\$2.78	\$3.33	\$4.73	\$6.88	\$10.35	\$16.55	\$21.63	\$34.75	\$56.95
\$55,000	\$2.61	\$2.61	\$2.61	\$3.05	\$3.66	\$5.20	\$7.56	\$11.39	\$18.21	\$23.79	\$38.23	\$62.65
\$60,000	\$2.85	\$2.85	\$2.85	\$3.33	\$3.99	\$5.67	\$8.25	\$12.42	\$19.86	\$25.95	\$41.70	\$68.34
\$65,000	\$3.09	\$3.09	\$3.09	\$3.61	\$4.32	\$6.14	\$8.94	\$13.46	\$21.52	\$28.11	\$45.18	\$74.04
\$70,000	\$3.33	\$3.33	\$3.33	\$3.89	\$4.66	\$6.62	\$9.63	\$14.49	\$23.17	\$30.28	\$48.65	\$79.73
\$75,000	\$3.56	\$3.56	\$3.56	\$4.16	\$4.99	\$7.09	\$10.31	\$15.53	\$24.83	\$32.44	\$52.13	\$85.43
\$100,000	\$4.75	\$4.75	\$4.75	\$5.55	\$6.65	\$9.45	\$13.75	\$20.70	\$33.10	\$43.25	\$69.50	\$113.90
\$125,000	\$5.94	\$5.94	\$5.94	\$6.94	\$8.31	\$11.81	\$17.19	\$25.88	\$41.38	\$54.06	\$86.88	\$142.38
\$150,000	\$7.13	\$7.13	\$7.13	\$8.33	\$9.98	\$14.18	\$20.63	\$31.05	\$49.65	\$64.88	\$104.25	\$170.85
\$175,000	\$8.31	\$8.31	\$8.31	\$9.71	\$11.64	\$16.54	\$24.06	\$36.23	\$57.93	\$75.69	\$121.63	\$199.33
\$200,000	\$9.50	\$9.50	\$9.50	\$11.10	\$13.30	\$18.90	\$27.50	\$41.40	\$66.20	\$86.50	\$139.00	\$227.80
\$225,000	\$10.69	\$10.69	\$10.69	\$12.49	\$14.96	\$21.26	\$30.94	\$46.58	\$74.48	\$97.31	\$156.38	\$256.28
\$250,000	\$11.88	\$11.88	\$11.88	\$13.88	\$16.63	\$23.63	\$34.38	\$51.75	\$82.75	\$108.13	\$173.75	\$284.75

CHILD RATES	
Benefit Amount	Premium
\$10,000	\$1.25

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VOLUNTARY ACCIDENT – GUARDIAN

You do everything you can to keep your family safe, but accidents do happen. It's comforting to know you have help to manage the medical costs associated with accidental injuries **off-the-job**. City of South Padre is pleased to offer an Accident plan through Guardian.

Covered Injuries		Benefit Amount		
ACCIDENTAL DEATH AND DISMEMBERMENT				
Benefit Amounts				
Employee	\$50,000			
Spouse	\$25,000			
Child	\$5,000			
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D; Hemiplegia & Paraplegia: 50% of AD&D			
Common Carrier	200% of AD&D benefit			
Common Disaster	200% of Spouse AD&D benefit			
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit		Multiple: 100% of AD&D benefit	
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit			
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000			
Reasonable Accommodation to Home or Vehicle	\$2,500			
WELLNESS BENEFIT - Per Year Limit	\$50			
Child(ren) Age Limits	Children age birth to 26 years			
FEATURES				
Accident Emergency Room Treatment	\$250			
Accident Follow-Up Visit - Doctor	\$75 up to 6 treatments			
Air Ambulance	\$1,500			
Ambulance	\$300			
Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck.	Schedule up to \$600			
Blood/Plasma/Platelets	\$300			
Burns (2nd Degree/3rd Degree)	9 sq inches to 18 sq inches: \$0/\$2,000	18 sq inches to 35 sq inches: \$1,000/\$4,000	Over 35 sq inches: \$3,000/\$12,000	
Burn - Skin Graft	50% of burn benefit			
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits			
Chiropractic Visits	\$50 per visit up to 6 visits			
Coma	\$12,500			
Concussions	\$300			
Dislocations	Schedule up to \$7,000			
Diagnostic Exam (Major)	\$300			
Emergency Dental Work	\$400/Crown, \$100/Extraction			
Epidural pain management	\$100, 2 times per accident			
Eye Injury	\$300			
Family Care	\$30/day up to 30 days			
Fracture	Schedule up to \$8,000			
Hospital Admission	\$1,500			
Hospital Confinement	\$300/day - up to 1 year			
Hospital ICU Admission	\$3,000			
Hospital ICU Confinement	\$600/day - up to 15 days			
Initial Physician's office/Urgent Care Facility Treatment	\$125			
Joint Replacement (hip/knee/shoulder)	\$3,500	\$1,750	\$1,750	
Knee Cartilage	\$750			
Laceration	Schedule up to \$500			
Lodging - The hospital must be more than 50 miles from the insured's residence.	\$150/day, up to 30 days for companion hotel stay			
Prosthetic Device/Artificial Limb	1: \$1,000		2 or more: \$2,000	
Rehabilitation Unit Confinement	\$150/day up to 15 days			
Ruptured Disc With Surgical Repair	\$750			
Surgery	Schedule up to \$1,500		Hernia: \$300	
Surgery - Exploratory or Arthroscopic	\$500			
Tendon/Ligament/Rotator Cuff	1: \$750		2 or more: \$1,500	
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$600, 3 times per accident			
X - Ray	\$50			
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Bi-Weekly Deduction	\$8.40	\$13.91	\$14.35	\$19.86

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VOLUNTARY CRITICAL ILLNESS – GUARDIAN

Guardian's Critical Illness insurance pays a lump-sum cash benefit upon diagnosis of a covered critical illness to help ease your financial and emotional worries. You can use the benefit anyway you wish, such as treatment, bills, or childcare. You choose the level of coverage from \$5,000 to \$20,000.

Critical Illness Schedule of Benefits		
Wellness Benefit	\$50 per insured per calendar year	
Benefit Amount	Employee: \$5,000 to \$20,000 in increments of \$5,000	
	Spouse: \$2,500 to \$10,000 in increments of \$2,500 up to 50% of the employee benefit	
	Child(ren): 25% of Employee Coverage	
Guaranteed Issue	Employee: \$20,000	Spouse: \$10,000
	1st OCCURRENCE	2nd OCCURRENCE
Cancer		
Invasive Cancer	100%	50%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Vascular		
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	50%
Kidney Failure	100%	50%
See benefit summaries for additional conditions covered		



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VOLUNTARY CRITICAL ILLNESS – GUARDIAN

Employee Bi-Weekly Premiums

****Child cost is included with employee election. ****

Non-Tobacco	Volume	<30	30-39	40-49	50-59	60-69	70+
	\$5,000	\$1.55	\$1.98	\$3.70	\$7.15	\$12.65	\$23.08
	\$10,000	\$3.10	\$3.95	\$7.40	\$14.30	\$25.30	\$46.15
	\$15,000	\$4.65	\$5.93	\$11.10	\$21.45	\$37.95	\$69.23
	\$20,000	\$6.20	\$7.90	\$14.80	\$28.60	\$50.60	\$92.30

Spouse Monthly Premiums

****Benefit amount up to 50% of the employee benefit****

****Spouse's rate is based off the employee's age****

Non-Tobacco	Volume	<30	30-39	40-49	50-59	60-69	70+
	\$2,500	\$0.78	\$0.99	\$1.85	\$3.58	\$6.33	\$11.54
	\$5,000	\$1.55	\$1.98	\$3.70	\$7.15	\$12.65	\$23.08
	\$7,500	\$2.33	\$2.97	\$5.55	\$10.73	\$18.98	\$34.62
	\$10,000	\$3.10	\$3.95	\$7.40	\$14.30	\$25.30	\$46.15



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VOLUNTARY HOSPITAL INDEMNITY – GUARDIAN

Guardian's Hospital Indemnity insurance is designed to help provide financial protection for covered individuals by paying a benefit due to hospitalization. Employees can use the benefit to meet the out-of-pocket expenses and extra bills that can occur. Hospital Indemnity lump-sum benefits are paid directly to the employee based on the amount of coverage listed (regardless of the actual cost of treatment). Hospital Indemnity benefits will not be paid for outpatient procedures.

This plan also allows you to continue coverage if your employment ends or when the policy is terminated and is not replaced.

Hospital Indemnity Benefit

Hospital/ICU Admission	\$2,000 per admission, limited to 1 admission per insured and max of 3 admission per year, per covered family.			
Pre-Existing Conditions Limitations **A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months prior			
	6 months' treatment free			
	12 months after			
Age Restriction	Applicants over the age of 69 are not eligible to enroll in the Hospital Indemnity coverage			
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Bi-Weekly Deduction	\$10.64	\$21.42	\$17.63	\$28.41



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HIPAA PRIVACY NOTICE

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information known as protected health information (PHI), includes virtually all individually identifiable health information held by a health plan — whether received in writing, in an electronic medium or as oral communication. This notice describes the privacy practices of the Employee Benefits Plan (referred to in this notice as the Plan), sponsored City of South Padre Island, hereinafter referred to as the plan sponsor. The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. It is important to note that these rules apply to the Plan, not the plan sponsor as an employer. You have the right to inspect and copy protected health information which is maintained by and for the Plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask the Human Resource Department to amend the information. For a full copy of the Notice of Privacy Practices describing how protected health information about you may be used and disclosed and how you can get access to the information, contact the Human Resources Department. **Complaints** If you believe your privacy rights have been violated, you may complain to the Plan and to the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint. To file a complaint, please contact the Plan Administrator.

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 www.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 www.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 www.askebsa.dol.gov or call 1-866-444-EBSA (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 January 31, 2023. Contact your State for more information on eligibility. 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, Employee 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 ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137. OMB Control Number 1210-0137 (expires 1/31/2026)

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

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 states 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. Refer to the medical insurance section of this guide to find the deductible and coinsurance that apply to you. If you would like more information on WHCRA benefits, call the toll free phone number on your medical id card.

NEWBORN'S 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).

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SPECIAL ENROLLMENT RIGHTS

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time. **Loss of Other Coverage** If you are declining coverage for yourself or your dependents because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must enroll within 30 days after your or your dependents' other coverage ends (or after the employer that sponsors that coverage stops contributing toward the other coverage). If you or your dependents lose eligibility under a Medicaid plan or CHIP, or if you or your dependents become eligible for a subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents in this plan. You must provide notification within 60 days after you or your dependent is terminated from or determined to be eligible for such assistance.

Marriage, Birth or Adoption If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must enroll within 30 days after the marriage, birth, or placement for adoption. **To request special enrollment or obtain more information, contact your plan administrator.**

NO SURPRISE ACT DISCLOSURE

City of South Padre Island is committed to complying with the federal No Surprises Act and TX state regulations involving surprise billing and balance billing. This form contains various disclosures pursuant to these laws.

Your rights and protections against surprise medical bills

When you are a private pay patient or get treated by an out-of-network provider, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?

When you see me for your health care needs, especially if I am out-of-network with your health insurance plan, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible.

"Out-of-network" means that I have not signed a contract with your health plan to provide services. As a result, I may be allowed to bill you for the difference between what your plan pays and the full amount I charge for a service. This is called "balance billing" and may result in a more expensive bill for you that also might not count toward your plan's deductible or annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from surprise billing in certain circumstances:

- Emergency services. If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition unless you give written consent to be balance billed for these post-stabilization services. The No Surprises Act defines which types of services fall into these categories.
- Certain services at an in-network hospital or ambulatory surgical center. When you receive services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed. If you get other services at these in-network facilities, out-of-network providers can't balance bill you unless you give written consent. You're never required to give your consent. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.
- Uninsured/Self-Pay Patients. Some provisions of the No Surprises Act are inapplicable to patients who are uninsured or who are self-pay. Instead, uninsured/self-pay patients are generally entitled to a "good faith estimate" for non-emergency services.

You are never required to give up your protection from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have these protections:

* You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network).

* Your health plan will pay any additional costs to out-of-network providers and facilities directly.

Generally, your health plan must:

- Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
- Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you believe you've been wrongly billed, first contact the provider that sent you the bill and your health plan for an explanation. If they can't resolve your concerns or for more information, you can contact the United States Department of Health and Human Services (<https://www.coms.gov/nosurprises>) regarding the federal law. Email: FederalPPDRQuestions@cms.hhs.gov, or call 800-985-3059. Or the Texas Department of insurance <https://www.tdi.texas.gov/consumer/health-complaints.html> Call Consumer Services Division: 800-252-3439.

OMB Control Number: 0938-1401 Expiration Date: 05/31/2025

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YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

You will receive this notice annually and at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage and if this coverage changes. You may also request a copy.

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 South Padre Island about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to enroll in a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or the dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage through a Medicare Prescription Drug Plan or a Medicare Advantage Plan that offers prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of South Padre Island has determined that the prescription drug coverage offered by the City of South Padre Island medical plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered Creditable Coverage. Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare prescription drug plan, as long as you later enroll within specific time periods.

You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare. If you decide to wait to enroll in a Medicare prescription drug plan, you may enroll later, during Medicare Part D's annual enrollment period. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. See the Plan's summary plan description for a summary of the Plan's prescription drug coverage. If you don't have a copy, you can get one by contacting City of South Padre Island, the phone number or address listed at the end of this section.

If you choose to enroll in a Medicare prescription drug plan and cancel your current City of South Padre Island prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage, you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

If you cancel or lose your current coverage and do not have prescription drug coverage for 63 days or longer prior to enrolling in the Medicare prescription drug coverage, your monthly premium will be at least 1% per month greater for every month that you did not have coverage for as long as you have Medicare prescription drug coverage. For example, if nineteen months lapse without coverage, your premium will always be at least 19% higher than it would have been without the lapse in coverage.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans Visit www.medicare.gov, call your State Health Insurance Assistance Program (see your copy of the "Medicare & You" handbook for their telephone number) for personalized help, or call 800.633.4227. TTY users should call 877.486.2048. If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you can call them at 800.772.1213. TTY users should call 800.325.0778.

Remember: Keep this Creditable Coverage notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, 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 whether or not you are required to pay a higher premium (a penalty).

Date: October 1, 2025
 Name of Entity/Sender: City of South Padre
 Contact of Office: Wendi Saldana, Human Resources Department
 Address: 4601 Padre Blvd, South Padre Island, TX 78597
 Phone Number: (956) 761-8140



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IMPORTANT NOTICES



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 and health coverage offered through your employment.

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 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 9.12%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 employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee'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 employee 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.

IMPORTANT NOTICES

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.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is **offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** 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 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, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. 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 <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact
Wendy Saldana

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.

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IMPORTANT NOTICES

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.

3. Employer name City of South Padre Island		4. Employer Identification Number (EIN)	
5. Employer address 4601 Padre Boulevard		6. Employer phone number (956)761-8140	
7. City South Padre Island	8. State Texas	9. ZIP code 78597	
10. Who can we contact about employee health coverage at this job? Wendy Saldana			
11. Phone number (if different from above)		12. Email address wsaldana@myspi.org	

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

- As your employer, we offer a health plan to:
 - ☐ All employees. Eligible employees are:

- ☒ Some employees. Eligible employees are:

Eligible employees working 30 hours or more per week.

- With respect to dependents:
 - ☒ We do offer coverage. Eligible dependents are:

Eligible spouses and dependent children up to age 26.

- ☐ We do not offer coverage.

- ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee 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 employee 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.

This book highlights some of the main features of your benefit programs, but does not include all plan rules, features, limitations or exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this book and the legal plan documents, the plan documents are the final authority.



QUESTIONS/ANSWERS & OTHER INFORMATION

SWEB

SHEPARD & WALTON EMPLOYEE BENEFITS

Is there a waiting period before Pre-Existing Conditions are covered?

Pre-Existing Conditions Limitations do not apply to the City of South Padre Island group health insurance plan through TX Health Benefits Pool.

Benefit Payments:

For benefits received in the Network, you are responsible only for your co-payment, deductible, and coinsurance amounts. Your provider will file the claim.

Dependent Age:

Your children are eligible for coverage on your medical, dental, vision, and life insurance plans until the age of 26.

Plan Year Deductible/Out-of-Pocket Maximum:

Expenses incurred towards your deductible and your out-of-pocket maximum are credited on a plan yearly basis; plan year is October 1st – September 30th. Your deductible and out-of-pocket maximum will restart October 1st each year, regardless of the expenses you incurred in the prior plan year or when your annual open enrollment period occurs. Copay amounts DO accumulate towards the out-of-pocket maximum.