



# **2026-27 BENEFIT GUIDE**

October 1, 2026 –  
September 30, 2027



# TAKE A LOOK INSIDE



## Health

Medical  
Preventative  
Care  
Virtual Visits  
Prescriptions  
Dental  
Vision



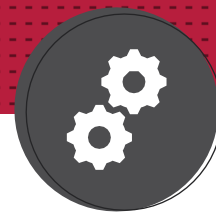
## Wealth

Health Savings  
Account  
Flexible Spending  
Accounts  
Life Insurance  
Disability  
Insurance  
TMR  
Retirement  
Colonial  
Voluntary  
Benefits



## Wellbeing

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Assistance  
Program  
Time  
Off/Holiday  
Schedule



## Resources

Plan  
Contributions  
Important  
Contacts

# WELCOME!

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits.

## Benefits At-a-Glance

| Coverage                                                          | Carrier                          | Plan/Benefit                                                                                                                                                                          |
|-------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medical                                                           | Baylor Scott & White Health Plan | <ul style="list-style-type: none"><li>• HMO</li><li>• HMO/HDHP</li><li>• PPO</li></ul>                                                                                                |
| Dental                                                            | Renaissance                      | <ul style="list-style-type: none"><li>• Low Plan</li><li>• High Plan</li></ul>                                                                                                        |
| Vision                                                            | Renaissance                      | <ul style="list-style-type: none"><li>• Coverage for exams, frames and lenses</li></ul>                                                                                               |
| Flexible Spending Accounts (FSAs)<br>Health Savings Account (HSA) | Surency                          | <ul style="list-style-type: none"><li>• Health Care FSA</li><li>• Dependent Care FSA</li><li>• HSA</li></ul>                                                                          |
| Life Insurance                                                    | Ochs/ Securian                   | <ul style="list-style-type: none"><li>• Employee Basic &amp; Voluntary Life/AD&amp;D</li></ul>                                                                                        |
| Disability Insurance                                              | Ochs/ Securian                   | <ul style="list-style-type: none"><li>• Employer-Paid Long-Term Disability</li></ul>                                                                                                  |
| Voluntary Benefits                                                | Colonial Life                    | <ul style="list-style-type: none"><li>• Accident Insurance</li><li>• Critical Illness Insurance</li><li>• Hospital Indemnity Insurance</li><li>• Cancer Indemnity Insurance</li></ul> |
| Employee Assistance Program                                       | Telus Health offered thru OCHS   | <ul style="list-style-type: none"><li>• A confidential program dedicated to supporting your emotional health and well-being</li></ul>                                                 |
| Time Off                                                          | City of Brenham                  | <ul style="list-style-type: none"><li>• Vacation</li><li>• Sick Time</li><li>• Holidays</li></ul>                                                                                     |

ACCESS YOUR  
BENEFITS  
ANYTIME,  
ANYWHERE  
—WITH

**Benefit  
Spot**   
POWERED BY HUB INTERNATIONAL



## BIG NEWS... **WE'VE GONE MOBILE!**

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

### DOWNLOADING THE APP IS EASY! SIMPLY:



**Search** "Benefit Spot" on the Apple App Store or Google Play or scan this QR code.



**Download** the app to your smartphone or other mobile device.



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

That's it—you're ready to go!



### WITH BENEFIT SPOT,

- Call HR directly
- Access your Benefits Guide and basic plan information
- Watch educational videos
- Look up carrier contact information
- And more!



# OPEN ENROLLMENT DETAILS

Open Enrollment is an opportunity to make changes to your benefits without a qualifying life event. During this time, you can:

- Add, cancel or change your coverage
- Add or remove eligible family members
- Elect your 2026 HSA contributions
- Enroll in the health care and/or dependent care FSAs (**Note:** The IRS requires you to re-enroll in the FSAs each year)

## MARK YOUR CALENDARS



### Open Enrollment Begins:

August 12th

### Deadline to Enroll:

August 21st

### Benefits in Effect:

October 1, 2026

### In person/online benefits information sessions:

August 10th–

8:30/10:00/11:30/2:00

August 11th– 8:30/ 10:00

## Important Changes

Each year the City of Brenham reviews our benefits program to ensure our partners provide comprehensive and affordable coverage. This year, we're pleased to announce new offerings for our employees to help you better manage your health and well-being in the new year.

## 2026 Updates At-a-Glance

- New Dental/ Vision carrier, **Renaissance**
- Terminated Finpath
- Replaced EAP from AWP to Telus Health
- HDHP deductible increase to comply with IRS regulations
- There will be a increase in how much you pay out of your paycheck for health insurance, also known as your premiums.
- You must take action to keep or change your current benefit elections.
- You must actively re-enroll in the HSA as well as the health care and dependent care FSAs to participate in 2026/2027.



Scan this code to watch a video about Open Enrollment.



# BENEFIT ELIGIBILITY

## Who is Eligible

The following individuals are eligible to participate in the City of Brenham benefits program:

- Active, full-time employees on the first of the month following 30 days of employment
- Your legally married spouse
- Your dependent children up to age 26
- Your unmarried children aged 26 or older who are mentally or physically disabled and who rely on you for support and care



## Dependent Information

To enroll your eligible dependents in benefits, you must provide their full legal names, Social Security numbers and dates of birth, so keep this information handy when making your benefit elections online.

When enrolling a dependent in any benefit plan, appropriate documentation confirming eligibility (such as proof of a qualifying relationship) is required at the time of enrollment. In addition, the City may periodically request supporting documentation to verify that enrolled dependents continue to meet plan eligibility requirements

### Sample documents may include the following:

- Government-issued marriage certificate
- Affidavit of common-law marriage (notarized), consistent with requirements of the state where the marriage was established
- Divorce decree or legal separation order
- Birth certificate listing the employee or spouse as parent
- Stepchild's birth certificate showing the biological/legal parent, plus marriage certificate to that parent
- Final adoption decree/order, or placement agreement if adoption is pending
- Copy of the Qualified Medical Child Support Order (QMCSO)

# BENEFIT ENROLLMENT

## Enrollment Periods

### Annual Open Enrollment

Each calendar year, the City conducts an Open Enrollment. This is the time for you to re-evaluate your needs and elect benefit options for the new plan year.

### New Hire and Newly Eligible Employee Enrollment

Newly hired or newly eligible employees must complete their online enrollment within 30 days of their date of hire.

## Between Enrollment Periods

Generally, once you enroll, you cannot make changes to your enrollment selections until the next Open Enrollment period. You may make changes to your benefit elections outside of the annual Open Enrollment ONLY if you experience a Qualifying Life Event (QLE), as defined by the IRS. Benefit changes must also be consistent and made within 30 days of the QLE.

Qualifying life events (QLEs) that may allow you to make benefit changes:

- Change in legal marital status
  - Marriage
  - Divorce, legal separation, annulment
  - Death of your spouse
- Change in your eligibility
  - Taking or returning from a leave of absence
  - Change in work schedule or status that causes a gain or loss of eligibility
  - Change in family member's eligibility
  - Change in work schedule or status that causes them to gain or lose eligibility
- Change in the number of eligible children
  - Birth, adoption or death of a child
  - Child gains or loses eligibility for coverage under the plan
- They gain a benefit option or lose coverage
  - New coverage choices made during their employer's annual enrollment
  - You or your family member's COBRA coverage from another employer expires
  - You or your family member becomes eligible for or loses Medicare or Medicaid
  - You or your family member loses coverage under a government's or educational institution's plan



Scan this code to watch  
a video about QLEs.

# BENEFIT ENROLLMENT

## When Coverage Begins

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

If you fail to enroll on time, you will not have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.

**Open Enrollment:** Changes made during Open Enrollment are effective October 1, 2026.

## When Coverage Ends

Medical, dental and vision coverage for you and your family will end on the last day of the month in which your employment with the City ends. All other benefits will end on your last day.

## When Coverage Ends for Your Children

Your children are eligible for medical, dental and vision coverage until the end of the month in which they turn 26.

## COBRA

If your health care coverage ends, you and your family may have coverage continuation rights under the federal law known as COBRA. If your coverage terminates, you will be notified of your COBRA rights.





**HEALTH**



# MEDICAL COVERAGE

## HMO

The Health Maintenance Organization (HMO) plan, provided through Baylor Scott & White has a network of providers and hospitals that discount their services. With this plan, **referrals are not required**. Services received outside of the HMO's network are not covered, except in the case of emergency medical care. For HMOs, premiums and out-of-pocket costs are typically low as long as you stay within the HMO plan's network.

### How You Pay for Services

- You pay a predetermined flat dollar amount—or copay—for services received from your PCP.
- The plan pays 80% of costs in-network, 20% coinsurance after the deductible has been met.
- If you go outside of the HMO's network, you are responsible for 100% of the cost of the services you receive.



Scan this code to watch  
a video about comparing  
medical plan types.



Scan this code to view  
your **HMO Member**  
Guide



# MEDICAL COVERAGE

## HDHP + HSA

The HDHP + HSA (High-Deductible Health Plan + Health Savings Account), provided through Baylor Scott & White, is an insurance plan that typically offers lower premiums and higher deductibles. This plan is an HMO so there is no out of network coverage. The highlight of this plan is that it allows you to open an HSA, which is a tax-advantaged personal savings account that lets you save pre-tax dollars to pay for any qualified health-related expenses (state taxation rules may apply). This includes most medical care and services, prescriptions, dental, vision and expenses related to meeting the plan's deductible. For a complete list of qualified health-related expenses, visit [Publication 502](#).

**For more information on the HSA, see page 20 in this benefit guide.**

Individuals with HDHPs normally pay a lower amount each month but pay more on their yearly medical expenses before their insurance policy begins paying.

### How You Pay for Services

- You pay the full cost of non-preventive health care services and prescription drugs until you meet the annual deductible. The deductible is waived for in-network routine preventive care services and medications on the preventive drug list.
- The HDHP includes coverage for prescription drugs only. You must meet the annual deductible before the plan pays coinsurance.
- Once you meet the annual deductible, you pay a percentage of your health care expenses (coinsurance), and the plan pays the rest.
- Once your deductible and coinsurance add up to the out-of-pocket maximum, this plan pays the full cost of all qualified health care services for the rest of the year.



Scan this code to view  
your HDHP HMO  
Member Guide.



# MEDICAL COVERAGE

## PPO

The Preferred Provider Organization (PPO) plan, provided through Baylor Scott & White, gives you the freedom to seek care from any provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

A PPO plan relies on a network of health care clinics, hospitals and professionals who have agreed to provide their services at discounted rates. These preferred providers are considered “in-network.” In general, you will pay less for in-network services than you would were you to seek care outside the network.

### How You Pay for Services

- You pay a flat dollar amount—or copay—for covered health care treatments and services, such as doctor’s office visits and prescription drugs.
- Once you satisfy your annual deductible, you will pay a percentage—or coinsurance—of the cost of the visit, and the plan will cover the rest.
- Once you hit your annual out-of-pocket maximum, the plan will cover 100% of the cost of covered services for the rest of the year.



Scan this code to view  
your PPO Member  
Guide.



# MEDICAL COVERAGE



Following is a high-level overview of your medical plan options. For complete coverage details, please refer to the Summary Plan Description (SPD). **Note:** The deductibles and out-of-pocket maximums are per plan year.

| Key Benefits                                    | HMO HDHP + HSA Plan                                                                                                  | HMO Plan                                                                     | PPO Plan                                                        |                             |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------|
|                                                 | In-Network Only                                                                                                      | In-Network Only                                                              | In-Network                                                      | Out-of-Network <sup>1</sup> |
| <b>Deductible</b><br>(Individual/Family)        | \$3,400 / \$6,800                                                                                                    | \$3,000 / \$6,000                                                            | \$3,000 / \$6,000                                               | \$6,000 / \$12,000          |
| <b>Out-of-Pocket Max</b><br>(Individual/Family) | \$5,250 / \$10,500                                                                                                   | \$6,000 / \$12,000                                                           | \$6,000 / \$12,000                                              | \$18,000 / \$36,000         |
| <b>Office Visits</b><br>(physician/specialist)  | 20%*                                                                                                                 | \$25 copay PCP/<br>\$50 copay Specialist**                                   | \$25 copay PCP/<br>\$50 copay Specialist**                      | 50%*                        |
| <b>Virtual Visits</b>                           | \$0 copay (Teladoc Only)<br><i>BSW Telehealth or Evisitit, those are offered at a discounted rate, not \$0 copay</i> | \$0 copay – Evisits<br>\$0 copay (Teladoc Only)<br>\$25 copay for all others | \$0 copay                                                       | Not Applicable              |
| <b>Routine Preventive Care</b>                  | No charge                                                                                                            | No charge                                                                    | No charge                                                       | 50%*                        |
| <b>Diagnostics</b><br>(lab/X-ray)               | 20%*                                                                                                                 | No charge                                                                    | No charge if done in PCP office visit<br>20% for all outpatient | 50%*                        |
| <b>Complex Imaging</b>                          | 20%*                                                                                                                 | 20%                                                                          | 20%                                                             | 50%*                        |
| <b>Emergency Room</b>                           | 20%*                                                                                                                 | \$500 copay + 20%                                                            | \$500 copay + 20%                                               | \$500 copay + Ded. + 20%    |
| <b>Urgent Care Facility</b>                     | 20%*                                                                                                                 | \$50 copay                                                                   | \$50 copay                                                      | \$50 copay                  |
| <b>Inpatient Hospital Stay</b>                  | 20%*                                                                                                                 | 20%*                                                                         | 20%*                                                            | 50%*                        |
| <b>Outpatient Surgery</b>                       | 20%*                                                                                                                 | 20%*                                                                         | 20%*                                                            | 50%*                        |

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

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

\*\*Adult: no charge first non-preventive sick visit in the calendar year. Pediatric: No charge per visit

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.



# PRESCRIPTION COVERAGE

## Retail Pharmacy

When you fill a prescription at a participating retail pharmacy, you may purchase up to a 30-day supply. At the participating pharmacy, you will need to present your ID card and an applicable payment. Most major pharmacies are in our plan's pharmacy network. To find a participating pharmacy near you, visit [MyBSWHealth.com](http://MyBSWHealth.com).

BSW Health has over 66,000 in network pharmacies, including Target, Costco, Walmart, Sam's, HEB, CVS and Walgreens.

## Save Money on Medications

### Ask for Generic Drugs

You can save money by asking for generic drugs. The FDA requires that generic drugs have the same high quality, strength, purity and stability as brand-name drugs. The next time you need a prescription, ask your doctor to prescribe a generic drug if it is available and appropriate.

### Use Mail Order

If you require regular medication for a long-term or chronic condition, such as arthritis or diabetes, you can save money by using your plan's mail-order service. Mail order is handled through COSTCO (pharmacy.Costco.com).

| Key Benefits                   | HMO Plan        | HMO HDHP + HSA Plan  | PPO Plan   |
|--------------------------------|-----------------|----------------------|------------|
|                                | In-Network Only | In-Network Only      | In-Network |
| <b>Retail Pharmacy</b>         |                 |                      |            |
| Tier 1 (Generic)               | No charge       | Medical Ded then 20% | No charge  |
| Tier 2 (Non-Preferred Generic) | \$8             | Medical Ded then 20% | \$8        |
| Tier 3 (Preferred Brand)       | \$45            | Medical Ded then 20% | \$45       |
| Tier 4 (Non-Preferred Brand)   | \$100           | Medical Ded then 20% | \$100      |
| <b>Specialty Medications</b>   |                 |                      |            |
| Tier 1                         | \$75            | Medical Ded then 20% | \$75       |
| Tier 2                         | \$150           | Medical Ded then 20% | \$150      |
| Tier 3                         | \$300           | Medical Ded then 20% | \$300      |

Please note: The link below find and look up alternative drugs. The City of Brenham's plan is marked as 7 tier:  
<https://www.bswhealthplan.com/group/pages/pharmacy.aspx>

#### Large Groups

- Group Value (6-Tier) Formulary
- Interactive Formulary Drug Look-Up Tool ↗
- Group Value (7-Tier) Formulary
- Interactive Formulary Drug Look-Up Tool ↗

# PREVENTIVE CARE

## What is Preventive Care?

Regular preventive care can help you stay well, catch problems early on and may be potentially lifesaving. The ACA requires that certain preventive care services are provided for no cost, copayment or coinsurance. All medical plans cover preventive care services like screenings, immunizations and exams. When you visit in-network providers, you don't have to worry about any out-of-pocket costs for preventive care services. If you use an out-of-network provider, a deductible and out-of-network expenses may apply.

### Preventive vs. Diagnostic Care

Preventive care is generally precautionary. For example, if your doctor recommends having a colonoscopy because of your age or family history, this would be considered preventive care. But if your doctor recommends a colonoscopy to investigate symptoms you're having, this would be considered diagnostic care, and your plan cost share will apply.



**Scan this code  
to watch a video  
about preventive care.**



# VIRTUAL VISITS

## Telemedicine (Teladoc)

Our telehealth program is a convenient and cost-effective way to get quick medical advice by phone, online or on your mobile device about many non-emergency conditions. It's just one more way our organization invests in you and your family.

### Why Use Telehealth?

#### *It's Affordable*

A trip to the ER, urgent care center or doctor's office can easily set you back hundreds of dollars in out-of-pocket costs. A call to our telehealth program will cost you \$0 if enrolled in any of the medical plans offered by the City. *(Please note, for all other telehealth visits i.e. BSW Telehealth or Evisit, those are offered at a discounted rate, not \$0 copay)*

#### *It's Convenient*

Long wait times at the ER, urgent care center or doctor's office are an unfortunate reality for many. Whether you are at home or work or on the road, a medical professional is available 24/7/365 so you can get the care you need when and where it's convenient for you. Even better: There is no time limit to the consult, giving you plenty of time to ask questions and resolve your issue.

#### *It's Easy to Use*

A telehealth medical professional is never more than a phone call, click or tap away! To register, call 800-TELADOC (800-835-2362). Be sure to have your member ID card handy when you call.

After registration, you can access care:

By Phone: 800-835-2362

Online: TeladocHealth.com

In the Teladoc app

### *Get Care in Minutes*

It takes just a few minutes to set up your medical history online. Once you submit a request, it often takes less than 10 minutes for a doctor to call you back.

### *Common Reasons to Call*

- Allergies
- Anxiety issues
- Back problems
- Bronchitis
- Cold and flu symptoms
- Ear infections
- Diarrhea or constipation
- Headaches and migraines
- Rash and skin problems
- Sore throat and stuffy nose
- Sprains and strains
- Urinary tract infections



**Scan this code to watch a video about how telehealth works.**

# DENTAL COVERAGE



**Renaissance**  
DENTAL • VISION • LIFE • DISABILITY

## PPO

The dental Preferred Provider Organization (PPO) plan, provided through Renaissance offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the Renaissance network.

Following is a high-level overview of your dental plan options. For complete coverage details, please refer to the Summary Plan Description (SPD). **Note:** The deductibles and annual benefit maximums are per plan year.

**Note:** To find In Network Dental Providers please visit [MYRENPROVIDERS.COM](http://MYRENPROVIDERS.COM) or call (888) 358-9484 (Dentemax Plus network).

| Key Benefits                                                                               | Low Plan     | High Plan                                |
|--------------------------------------------------------------------------------------------|--------------|------------------------------------------|
|                                                                                            | In-Network   | In-Network                               |
| <b>Deductible</b><br>(Individual/Family)<br><i>Not applicable to Preventative Services</i> | \$50 / \$150 | \$50 / \$150                             |
| <b>Annual Benefit Maximum</b><br>(per person)                                              | \$1,000      | \$1,500                                  |
| <b>Preventive Services</b>                                                                 | No charge    | No charge                                |
| <b>Basic Services</b>                                                                      | 20%          | 20%                                      |
| <b>Major Services</b>                                                                      | 50%          | 50%                                      |
| <b>Orthodontic Services</b><br>Child & Adult                                               | Not Covered  | 50%; \$1,500<br>Lifetime Max.<br>Benefit |

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

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

I. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.



# VISION COVERAGE



**Renaissance**  
DENTAL • VISION • LIFE • DISABILITY

## Vision Plan

Your eyesight is an integral part of your overall health and a key component of safety. This plan, provided through Renaissance, gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the **VSP network**. If you decide to use an out-of-network provider, you will pay the provider in full at the time of your appointment and submit a claim form for reimbursement up to the amount allowed by the plan. Receiving benefits from a network provider is as easy as making an appointment with the provider of your choice from the list of providers. The provider will coordinate all necessary authorizations you supply in your membership information. Special discounts are offered on non-covered services, such as an additional pair of glasses, special lens options and LASIK. **Note:** To find In Network Vision Providers please visit [MYRENPROVIDERS.COM](http://MYRENPROVIDERS.COM) or call (888) 358-9484 (VSP network).

| Key Benefits                                                     | Vision Plan                     |                              |
|------------------------------------------------------------------|---------------------------------|------------------------------|
|                                                                  | In-Network                      | Out-of-Network Reimbursement |
| <b>Exam</b> (once every 12 months)                               | \$10                            | Up to \$45                   |
| <b>Materials Copay</b>                                           | \$0                             | N/A                          |
| <b>Frames</b> (once every 12 months)                             | Covered up to \$200             | Up to \$70                   |
| <b>Lenses</b> (once every 12 months)                             |                                 |                              |
| Single Vision                                                    | No charge after materials copay | Up to \$30                   |
| Bifocal                                                          |                                 | Up to \$50                   |
| Trifocal                                                         |                                 | Up to \$65                   |
| <b>Contact Lenses</b> (in lieu of glasses; once every 12 months) | Covered up to \$200             | Up to \$105                  |



**WEALTH**



# HEALTH SAVINGS ACCOUNT (HSA)

The BSW HMO+HDHP features an HSA provided through Surency. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

## How the HSA Works

- You contribute pre-tax dollars through automatic payroll deductions or make after-tax contributions that are deductible when you file your taxes.
- The City will contribute \$1,229.88 annually to your HSA if you enroll in the HMO+HDHP Plan – \$614.94 in October and \$614.94 in April 2027. Employees hired after October 1, 2026 but before April 1, 2027 will receive the second installment only. Those hired after April 1, 2027 will receive a monthly city contribution of \$102.49.
- You may change your contributions at any time throughout the year.
- You can withdraw HSA funds tax free to pay for current qualified health care expenses, or save them for the future, also tax free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

## Contribution Limits \* *Does not include city contribution*

| Coverage Tier                    | 2026    | 2027    |
|----------------------------------|---------|---------|
| Individual                       | \$4,400 | \$4,500 |
| Family                           | \$8,750 | \$9,000 |
| Catch-up Contributions (Age 55+) | \$1,000 | \$1,000 |



Scan this code to  
watch a video  
about HSA limits.



# HEALTH SAVINGS ACCOUNT (HSA)

## Key Features of the HSA

### *Triple-Tax Advantage*

- You contribute funds pre-tax through convenient payroll deductions. This means the money comes out of your paycheck before income tax is calculated. So, you get to keep a bigger portion of your paycheck.
- HSA funds grow tax free, and unused funds roll over year to year. So, the more you save, the more your account will grow—just like a bank savings account.
- If you need to use your HSA funds, you can withdraw them tax free to pay for qualified health care expenses now and in the future—even in retirement.

### *Control*

You own and control the money in your HSA. You decide how or whether you want to spend it. You can use it to pay for doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

### *Investment Opportunities*

Once you reach and maintain a minimum threshold (\$2,100), you can make investments to help your money grow tax free.

### *Savings Potential*

Your HSA is like a “health care 401(k).” There is no “use it or lose it” rule. Your account grows over time as you continue to roll over unused dollars from year to year.

### *Portability*

Your HSA is yours for life. The money is yours to spend or save, even if you change health plans,<sup>1</sup> retire or leave the organization.

## Qualified Health Care Expenses

- Qualified medical, dental and vision expenses not covered by the plans, as defined by the IRS in [Publication 502](#)
- COBRA premiums
- Qualified long-term care insurance and expenses
- Health insurance premiums when receiving unemployment compensation
- Medicare and retiree health insurance premiums (not Medicare Supplement premiums)
- Medigap insurance premiums

## Important Notes

- You must meet certain eligibility requirements to have an HSA: You a) must be at least 18 years old, b) must be covered under a qualified HDHP, c) must not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS [Publication 969](#).
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.



**Scan this code to watch a video about how an HSA works.**

1. You must be enrolled in an IRS-qualified high-deductible health plan to contribute to an HSA.

# FLEXIBLE SPENDING ACCOUNTS (FSAS)

The flexible spending accounts (FSAs), provided through Surency, are tax-advantaged accounts that can help you cover certain qualified out-of-pocket expenses. Each account works in much the same way but has different eligibility requirements, list of qualified expenses and contribution limits. You may choose to enroll in the following accounts.

|                                | Health Care FSA (HCFSA)                                                                                                                                                                                                                      | Dependent Care FSA (DCFSA)                                                                                                                                                                                                                                                                                         |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility Requirements       | You must be benefits eligible; enrollment in an HCFSA disqualifies you from making or receiving HSA contributions                                                                                                                            | Available to all employees                                                                                                                                                                                                                                                                                         |
| Examples of Qualified Expenses | <ul style="list-style-type: none"><li>• Coinsurance</li><li>• Copayments</li><li>• Deductibles</li><li>• Dental treatment</li><li>• Eye exams/eyeglasses</li><li>• LASIK eye surgery</li><li>• Orthodontia</li><li>• Prescriptions</li></ul> | <ul style="list-style-type: none"><li>• Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers</li><li>• Care of household members who are physically or mentally incapable of caring for themselves and who qualify as your federal tax dependent</li></ul> |
| Annual Contribution Limit      | \$3,400                                                                                                                                                                                                                                      | \$7,500 per family (or \$3,750 each if you are married and file separate tax returns)                                                                                                                                                                                                                              |

## Important FSA Rules

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

- **You must enroll each year to participate.**
- **HCFSA:** Unused funds of up to \$680 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$680 will **not** be returned to you or carried over to the following year.
- **DCFSA:** Unused funds will NOT be returned to you or carried over to the following year.



Scan this code to watch a video about how an FSA works.



Scan this code to watch a video comparing an HSA and an FSA.  
(With LPFSA)

# LIFE INSURANCE

Life insurance, provided through OCHS/Securian, provides your named beneficiaries with a benefit following your death, while accidental death and dismemberment (AD&D) insurance provides a benefit to you following a covered accident that leads to dismemberment (such as the loss of a hand, foot or eye). Should your death occur due to a covered accident, both the life benefit and the AD&D benefit would be payable.

## Basic Life and AD&D (employer-paid)

| Coverage Tier | Benefit Amount |
|---------------|----------------|
| Employee      | \$50,000       |



**Scan this code to watch a video about how life insurance works.**



# VOLUNTARY LIFE INSURANCE

## Supplemental Life and AD&D (employee-paid)

If you determine you need more than the basic coverage, you may purchase additional insurance for yourself and your eligible family members.

| Coverage Tier | Benefit Amount                          | Guaranteed Issue Amount |
|---------------|-----------------------------------------|-------------------------|
| Employee      | \$10,000 increments up to \$500,000 max | \$200,000               |
| Spouse        | \$5,000 increments up to \$150,000      | \$25,000                |
| Child(ren)    | \$10,000 or \$15,000                    | \$15,000                |

**Note:** During your initial eligibility period, you can secure coverage up to the Guaranteed Issue limits without the need for Evidence of Insurability (EOI, or information about your health). Please note that coverage amounts requiring EOI will only go into effect once the insurance carrier approves them.

## Cost Per Biweekly Pay Period:

| Employee or Spouse Supplemental Life and AD&D |                  |
|-----------------------------------------------|------------------|
| Employee's Age                                | Rate per \$1,000 |
| <25                                           | \$0.046          |
| 25-29                                         | \$0.046          |
| 30-34                                         | \$0.056          |
| 35-39                                         | \$0.056          |
| 40-44                                         | \$0.083          |
| 45-49                                         | \$0.129          |
| 50-54                                         | \$0.222          |
| 55-59                                         | \$0.360          |
| 60-64                                         | \$0.397          |
| 65-69                                         | \$0.766          |
| 70*                                           | \$1.385          |

Note: Spouse rates are based on employee's age  
 \*Rates beyond age 70 are available upon request.  
 Rates increase with age and all rates are subject to change.

| Child Life & AD&D |          |
|-------------------|----------|
| \$10,000          | \$15,000 |
| \$0.81            | \$1.215  |

One premium covers all eligible children from live birth to age 26

### Here's how to calculate your bi-weekly premium:

Total supplemental term life coverage amount \$ \_\_\_\_\_  
 ÷ 1,000 \$ \_\_\_\_\_  
 × your rate (based on your age) \$ \_\_\_\_\_  
 = Monthly premium \$ \_\_\_\_\_

### Here's how Riley calculated their bi-weekly premium:

Riley elected a total supplemental term life coverage amount of \$150,000  
 ÷ 1,000 \$150.00  
 × Riley's rate (based on their age of 42) \$0.083  
 = Riley's bi-weekly premium \$12.45

| Dependent Package*                 |
|------------------------------------|
| \$20,000 spouse and \$10,000 child |
| \$3.245                            |

\*One premium covers all eligible children from live birth to age 26

# DISABILITY INSURANCE

Disability insurance, provided through OCHS/Securian, provides benefits that replace part of your lost income when you cannot work due to a covered illness or injury.

## Long-Term Disability

| Provided at <b>NO COST</b> to you through <b>OCHS/Securian</b> |                                |
|----------------------------------------------------------------|--------------------------------|
| <b>Benefit</b>                                                 | 66% of base salary             |
| <b>Maximum monthly benefit</b>                                 | \$8,500                        |
| <b>When benefit begins</b>                                     | After 90th day of disability   |
| <b>When benefit ends</b>                                       | Social Security Retirement Age |



Scan this code to watch  
a video about how  
disability insurance works.



# TMRS RETIREMENT



## How to Use MyTMRS

FOR MEMBERS AND RETIREES

MyTMRS is an online portal on [tmrs.com](http://tmrs.com) where you can access your TMRS account 24/7.

### How to Register for MyTMRS

- Go to [tmrs.com](http://tmrs.com) and click the red MyTMRS button in the upper right corner.
- On the login screen click the "Create an Account" link
- Fill in the required information
- Scan the QR code to the right to sign up on your phone



### What You Can Do on MyTMRS

- Update your contact information
- View and update your beneficiary designations
- Choose your preferences for electronic or mail delivery of TMRS newsletters and annual statements
- View, download and print your Member Account Statement or Retirement Benefit Statement

### What Active Members Can Do

- Review your account balance and service credits
- Print an Account Balance letter to document your account
- View your City's Plan
- Run personal retirement estimates

### What Retirees Can Do

- View your benefit payment summary and tax withholding details
- Change your IRS withholding instructions
- Download tax documents (Form 1099-R)
- Print Benefit Confirmation letters to document your benefit payment
- Update your direct deposit information

The screenshot shows the 'Log In Screen' for MyTMRS. It has a title 'Log In to MyTMRS' and two input fields: 'User Name: Please enter your username' and 'Password: Please enter your password'. Below these is a 'Log In' button. There are also links for 'New to MyTMRS?', 'Need a TMRS form?', 'Need help with MyTMRS?', and 'Need some other help?'. A red circle highlights the 'Create an account' link, which is accompanied by the text 'Go to TMRS forms page' and 'MyTMRS-help@tmrs.com'. At the bottom, there is a 'Contact TMRS' link.

The screenshot shows the 'Registration Screen' for MyTMRS. It has a title 'Register for access to MyTMRS' and a prompt 'Please provide the following information to get started'. There are four input fields: 'Social Security Number' (with a hint 'XXXX-XXXX'), 'Date of Birth (mm-dd-yyyy)' (with a hint 'MM-DD-YYYY'), 'Zip Code of your mailing address on file with TMRS' (with a hint 'Please enter your five-digit zip code'), and a checkbox for 'I'm not a robot'. Below the fields is a 'Continue' button and a 'Cancel' button.

### Member Service Center

800-924-8677

Fax • 512-476-5576

### Website

[tmrs.com](http://tmrs.com)

### Mailing Address

P.O. Box 149153

Austin, TX 78714-9153

# LICENSED MEDICARE AGENTS YOU CAN TRUST

**Insurance can be complicated.**

It is constantly changing, and for some, may be difficult to understand.  
We eliminate any fear, confusion, or frustration that comes with  
the process of evaluating all your coverage options.

## Engagement & Education

### AREAS OF EXPERTISE

#### Decision Support

- Turning 65  
(What you need to know)
- Medicare vs. Employer Plan Considerations
- Medicare Parts and Rules
- Avoiding Medicare Penalties
- Medicare and HSA's

#### Enrollment Support

- Seamless / Efficient Medicare Enrollment
- Medicare Advantage vs Medigap Analysis
- Prescription Drug Plan Analysis

#### Additional

- Spousal /Dependent Coverage
- Short Term Coverage
- International Travel Insurance
- Dental, Vision, and Hearing Plans



SCAN OR CLICK TO  
**COMPLETE THE  
BRIEF INFO FORM  
& GET STARTED**

### TOOLKIT AND SUPPORT

- Dedicated Medicare website and online application process
- 1:1 virtual or phone consultations
- Proactive support during enrollment and annual renewals
- Designated service team for Medicare questions
- Moderated Webinar Series: Navigating Medicare



**THERE WHEN YOU NEED US MOST  
CONTACT US TODAY**



844-972-0228



MedicareHub@hubinternational.com



hubmedicareolutions.com

# A WHOLE NEW VIU ON INSURANCE



## Introducing VIU by HUB – Insurance Brokerage made easy



### What

VIU by HUB is a brand-new multi-platform digital offering designed to help you find the right insurance for where you are today and for wherever life takes you. It's flexible and fast so that you can get back to what matters most.



### How

Use your computer to find insurance policies in seconds. Just put in your information, and easy side-by-side comparisons of policies will pull up so you can select what's best for you. This dynamic experience allows you to change insurance variables at any stage of the process to see how they change your estimates and give you more options.

Get insurance quotes for all of life's adventures:

- Homeowner's
- Automobile
- And more
- Renter's
- Life



### Need Someone To Talk To?

We're here for you. Although VIU is primarily a digital self-service offering, our team of experts is just one click or call away for you to ask questions and get help in making these important decisions. We are here to provide a fast, streamlined experience for your insurance needs without sacrificing real human advice.



### Why

The world is changing, and we want to change with it. Technology, like insurance, should make your life easier and work for you—not the other way around. VIU by HUB is for the person who wants to navigate the insurance experience in a streamlined and simplified way.

Find us across digital platforms that work best for you.

[www.viubychub.com](http://www.viubychub.com),  
Facebook, Instagram  
and LinkedIn are all  
places we live.



# VOLUNTARY BENEFITS

## Voluntary Benefits 101

Colonial Life.

### What are voluntary benefits?

Sometimes called "supplemental insurance," voluntary benefits are policies you buy to add to the health and life insurance your employer may already provide. These benefits can help you pay for things your other insurance won't, such as lost wages, out-of-pocket expenses and household bills.



### Advantages\*

#### Flexibility

Use claim payments however you like – pay deductibles, co-payments and other expenses not covered by your health or life insurance.

#### Portability

Take coverage with you if you leave your job or retire.

#### Stability

Maintain coverage whether or not you're employed.

#### Convenience

Pay premiums using your choice of payroll deduction, bank draft or direct billing.

\*Advantages may not apply to all products. See your Colonial Life benefits counselor for complete details.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.  
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### Policies

#### Accident insurance

Helps cover out-of-pocket expenses in the event of a covered accident

#### Cancer and critical illness insurance

Helps with the high cost of cancer or critical illness diagnosis and treatment

#### Dental insurance

Helps pay for dental procedures, like routine cleanings, crowns and root canals

#### Disability insurance

Replaces part of your regular income if you are unable to work because of a covered injury or illness

#### Hospital confinement indemnity insurance

Helps pay for covered hospital-related expenses, such as outpatient surgery and diagnostic procedures

#### Life insurance

Protects the people who depend on you by helping cover final expenses and loss of income

**To learn more about voluntary benefits, contact your Colonial Life benefits counselor:**

**Dede Bullock**

**Colonial Life & Accident**

**District Development Manager**

**512-970-8465**

ColonialLife.com

ACCIDENT, CANCER, CRITICAL ILLNESS AND HOSPITAL CONFINEMENT INDEMNITY INSURANCE ARE LIMITED POLICIES.

Products have exclusions and limitations that may affect benefits payable. Products vary by state and may not be available in all states.

11-19 | 57857-11



**WELLBEING**



# EMPLOYEE ASSISTANCE PROGRAM (EAP)



Life is full of challenges, and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The Employee Assistance Program (EAP) is provided at NO COST to you through Telus Health.

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

- Mental health
- Relationships
- Substance use
- Child and eldercare
- Grief and loss
- Legal or financial issues

## EAP Benefits

- Assistance for you and your household members
- Up to 3 in-person or virtual sessions with a counselor per event, per year, per individual
- Unlimited toll-free phone access and online resources

## QUESTIONS?

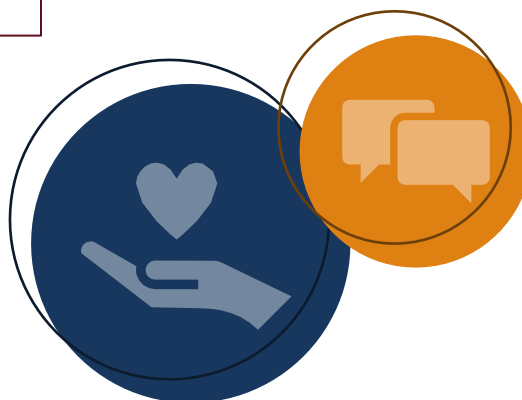
To learn more, visit [login.lifeworks.com](https://login.lifeworks.com)

Code: NISEAP Password: EAP

For questions, contact Telus Health at 866-451-5465



Scan this code to watch a video  
about how an EAP works.



# TIME OFF

## Vacation

- Employees accrue vacation hours bi-weekly, a total of 80 hours per year
- Accrual rates increase with each year of service after 5 years, to a maximum of 160 hours after 15 years of service
- Carry-over of 80 hours allowed at end of the calendar year
- Available for use after 6 months of employment

## • Sick Leave

- Employees accrue 3.69 hours of sick leave bi-weekly up to a maximum of 600 hours
- Available to use after the employee receives their first paycheck

## Longevity Pay

- Employees receive \$5.00 per month for each year of service
- Bi-weekly payments begin after the completion of one year of service

## Certification Pay

- Bilingual skills
- Police – TCOLE, FTO
- Fire – TCFP
- CDL Instructor

## Holidays – Calendar Year

Time off with pay is granted for observance of these holidays:

- New Year's Day
- Birthday of Martin Luther King, Jr.
- Good Friday OR Easter Sunday (24-hour depts.)
- Memorial Day
- Juneteenth National Independence Day
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day
- **2 Floating Holidays (8 hours each)**

***September 11<sup>th</sup> is considered as (1) 8-hour Floating Holiday for Firefighters***

Floating holidays are available for use after the employee receives their first paycheck



# RESOURCES



# PLAN CONTRIBUTIONS

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount will depend on the plan you select and if you choose to cover eligible family members.

## Medical

| Coverage              | HMO + HDHP                   |                             |            |
|-----------------------|------------------------------|-----------------------------|------------|
|                       | Employee Cost Per Pay Period | City Contribution Per Month | Total Cost |
| Employee Only         | \$0.00                       | \$444.77                    | \$444.77   |
| Employee + Spouse     | \$31.77                      | \$839.33                    | \$902.86   |
| Employee + Child(ren) | \$23.45                      | \$736.19                    | \$783.11   |
| Employee + Family     | \$60.06                      | \$1,190.73                  | \$1,310.85 |

| Coverage              | HMO                          |                             |            |
|-----------------------|------------------------------|-----------------------------|------------|
|                       | Employee Cost Per Pay Period | City Contribution Per Month | Total Cost |
| Employee Only         | \$0.00                       | \$547.26                    | \$547.26   |
| Employee + Spouse     | \$84.55                      | \$941.82                    | \$1,110.91 |
| Employee + Child(ren) | \$62.45                      | \$838.68                    | \$963.57   |
| Employee + Family     | \$159.85                     | \$1,293.22                  | \$1,612.91 |

| Coverage              | PPO                          |                             |            |
|-----------------------|------------------------------|-----------------------------|------------|
|                       | Employee Cost Per Pay Period | City Contribution Per Month | Total Cost |
| Employee Only         | \$52.25                      | \$547.26                    | \$651.75   |
| Employee + Spouse     | \$190.60                     | \$941.82                    | \$1,323.01 |
| Employee + Child(ren) | \$154.43                     | \$838.68                    | \$1,147.53 |
| Employee + Family     | \$313.82                     | \$1,293.22                  | \$1,920.85 |

## Dental

| Coverage              | Per Paycheck Contributions |             |
|-----------------------|----------------------------|-------------|
|                       | Low Dental                 | High Dental |
| Employee Only         | \$10.80                    | \$14.87     |
| Employee + Spouse     | \$21.82                    | \$30.26     |
| Employee + Child(ren) | \$25.77                    | \$38.25     |
| Employee + Family     | \$36.63                    | \$53.66     |

## Vision

| Coverage             | Per Paycheck Contributions                      |
|----------------------|-------------------------------------------------|
| Employee Only        | \$3.21                                          |
| Employee + 1         | \$5.62<br>Emp + 1 (Child or Spouse)             |
| Employee + 2 or more | \$8.34<br>Emp + 2 or more (Child and/or Spouse) |

# IMPORTANT CONTACTS

| Benefit                                                   | Carrier                          | Group Number | Phone Number                   | Website/Email                                                                  |
|-----------------------------------------------------------|----------------------------------|--------------|--------------------------------|--------------------------------------------------------------------------------|
| Medical                                                   | Baylor Scott & White Health Plan | 07158        | (844) 633-5325                 | MyBSWHealth member portal or MyBSWHealth app                                   |
| Dental                                                    | Renaissance                      |              | (888) 358-9484                 | <a href="http://MYRENPROVIDERS.COM">MYRENPROVIDERS.COM</a>                     |
| Vision                                                    | Renaissance                      |              | (888) 358-9484                 | <a href="http://MYRENPROVIDERS.COM">MYRENPROVIDERS.COM</a>                     |
| Flexible Spending Accounts (Health Care & Dependent Care) | Surency                          | -            | (866) 818-8805                 | <a href="http://www.surency.com">www.surency.com</a>                           |
| Health Savings Account (HSAs)                             | Surency                          | -            | (866) 818-8805                 | <a href="http://www.surency.com">www.surency.com</a>                           |
| Life Insurance                                            | OCHS/Securian                    | 70866        | (800) 392-7295                 | <a href="mailto:ochs@ochsinc.com">ochs@ochsinc.com</a>                         |
| Disability Insurance                                      | OCHS/Securian                    | 70866        | (800) 392-7295                 | <a href="mailto:ochs@ochsinc.com">ochs@ochsinc.com</a>                         |
| Voluntary Benefits                                        | Colonial Life                    |              | Dede Bullock<br>(512) 970-8465 | <a href="http://www.coloniallife.com">www.coloniallife.com</a>                 |
| Employee Assistance Program                               | Telus Health                     |              | (866) 472-2734                 | <a href="http://login.lifeworks.com">login.lifeworks.com</a>                   |
| HR/Benefits Team                                          | Susan Nienstedt                  | -            | (979) 337-7512                 | <a href="mailto:snienstedt@cityofbrenham.org">snienstedt@cityofbrenham.org</a> |
| HR/Benefits Team                                          | Brandi Garcia                    | -            | (979) 337-7558                 | <a href="mailto:bgarcia@cityofbrenham.org">bgarcia@cityofbrenham.org</a>       |





**200 W.Vulcan St.  
Brenham, TX  
77833**

