

CITY OF ROSENBERG



2025-2026 EMPLOYEE BENEFITS GUIDE

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R Mission

TO PROVIDE EXCEPTIONAL SERVICES THAT CREATE AND SUSTAIN A SAFE, LIVABLE AND VIBRANT COMMUNITY.

Rosenberg
TEXAS



R Vision

BUILDING A BETTER TOMORROW TOGETHER BY CULTIVATING A CITY THAT IS FINANCIALLY STRONG, WITH A THRIVING ECONOMY, QUALITY INFRASTRUCTURE AND DYNAMIC CULTURE.

Rosenberg
TEXAS



WELCOME

WELCOME

The City of Rosenberg is pleased to announce your 2025-2026 benefits program, which is designed to help you stay healthy and maintain a work/life balance. Offering a comprehensive benefits package is just one way we strive to provide you with a rewarding workplace. Please read the information provided in this guide carefully. For full details about your plans, please refer to the summary plan descriptions.

City of Rosenberg will be utilizing Professional Enrollment Concepts' (PEC) services for our benefit communication and enrollment this year. PEC's Benefit Counselors will provide you with a detailed explanation of your entire benefits with you on an individual, confidential basis. They will also be able to discuss any personal situations you may have that could potentially impact your benefit decision.

Before you speak with a Benefit Counselor, please have the following information ready: dependents' names, birth dates, social security numbers, addresses, and phone numbers.

ELIGIBILITY

Employee Eligibility

Employees who work an average of 30 hours per week are eligible to participate in the benefit options described in this guidebook with coverage beginning the first of the month following the date of hire.

Dependent Eligibility

Employees' legal spouses are eligible to be added to employee coverage. Employees' dependents are eligible to be added to employee coverage up to age 26.

- Dependent children may be covered beyond age 26 if mentally or physically disabled, living with the employee and primarily dependent upon the employee for support.

QUALIFYING LIFE EVENTS

The City of Rosenberg offers medical, dental, and vision premiums on a pre-tax basis. The payroll deduction for these benefits reduces your taxable income, creating a tax savings and increased take home pay for you. However, once an election is made on a pre-tax basis, **it cannot be changed until the next annual enrollment unless you have a qualifying family status change.** Please be aware that the only time, other than open enrollment, you are able to make changes to your benefits is if you experience a Qualifying Life Event (QLE). **In the event of a QLE, please contact Human Resources (HR) Department;** proof of the QLE must be submitted to HR **within 30 days** in order to change current benefit elections.

During Initial Enrollment

You may enroll for benefits by completing your enrollment within 30 days from your date of hire or when first eligible for benefits.

During Annual Enrollment

You have until the end of the designated enrollment period to make changes. If you do not take advantage of enrolling in the benefits program when you are initially eligible, you may be eligible to enroll at a later date (subject to "Special Enrollment" provisions set forth by the IRS). For voluntary life insurance, evidence of insurability may be required.

Qualifying Life Events

- A change in the number of dependents (birth, adoption, death, guardianship);
- A change in marital status (marriage, divorce, death, legal separation);
- A dependent's loss of eligibility (attainment of limiting age);
- A change in spouse's or eligible dependents' work hours;
- A termination or commencement of employment of employee's spouse or eligible dependents with coverage;
- A change in Medicare eligibility; or
- Other events as the plan determines to be permitted or any other applicable guidelines issued by the Internal Revenue Service.

BENEFITS OVERVIEW



OUR BENEFITS PROGRAM HAS YOU COVERED

Most days, we all count on our simple routines to get us through. Getting the kids to school, beating the traffic to work or finishing dinner in time to enjoy a favorite hobby, but sometimes things do not always go as planned. Like when your head cold turns into the flu and you have to be out of work. Or your son's football game ends with a broken leg. Or even when your spouse learns that they need an extensive root canal. That is when The City of Rosenberg benefits are there to help you.

Below is an overview of our benefits program, which gives you the coverage you need for all types of things life brings your way. The plans offered by the city allows you to choose the plans that work best for you. The key to getting the most from our benefits program is to take an active role in understanding and using the plans so that you are getting the best value for the money you spend.

Benefits Provided at No Cost to You	Benefits You Pay For
Basic Life Insurance	Medical and Prescription Drug
Basic AD&D Insurance	Dental Plan
Long- Term Disability	Vision Plan
Employee Assistance Program	Optional Life Insurance
	Optional AD&D Insurance
	Flexible Spending Accounts
	457 Plan
	Optional Supplemental Insurance
	Texas Municipal Retirement System (TMRS)
	Pet Insurance Plan
	LegalShield

HOW TO ENROLL

OPEN ENROLLMENT

Licensed Benefits Counselors will be available on-site and phone via the Benefits Service Center. Please note that enrollment is passive and you only need to call the Benefits Service Center if you are making changes, which will be effective starting 10/1/2025.

Benefits Service Center
888-302-5766

Monday - Friday 8:00 AM - 7:00 PM
Saturday 9:00 AM - 3:00 PM CST



Nobody plans on getting sick or hurt, but most people will need medical care at some point in their lives.

DEDUCTIBLE

The amount of money you must pay each year to cover eligible medical expenses before your insurance policy starts paying.

OUT OF POCKET MAX

The most money you will pay during a year for coverage (including deductibles, copays, and coinsurance).

COINSURANCE

The amount you pay to share the cost of covered services after your deductible has been paid. The coinsurance rate is usually a percentage.

DOCTOR, RETAIL CLINIC, URGENT CARE OR ER?

Accidents and illnesses can happen at any time; knowing where to seek care is not always easy. In a true emergency, you should not hesitate to go to the ER. If your condition is not an emergency, check with your doctor first or call the toll-free, 24-hour-a-day, seven days a week (even during holidays) Blue Cross Blue Shield of Texas nurse hotline at 1-800-581-0368. Knowing your healthcare choices can help save time and money.

24/7 NURSELINE

Whatever the time, you can get the answers to your healthcare questions with the 24/7 Nurseline from Blue Cross Blue Shield of Texas (BCBSTX). The 24/7 Nurseline puts you in touch with caring, registered nurses who understand your healthcare concerns. This convenient information and support resource is available at no out-of-pocket expense to you. All it takes is a simple call to the toll-free phone number listed on the back of your ID card, or you can call the universal phone number through BCBSTX at (866) 412-8795, option 2.

Out of Pocket Cost	Where to go	When to go	Examples
Lowest	In-Network Doctor or Clinic	Visit your doctor for routine care during office hours	Health Exams, Cold, Flu, sore throats, minor injuries, aches and pains
Moderate	In-Network Urgent Care Clinic	Go for non-emergency needs when your doctor's office is closed or if you need immediate medical attention	Simple bone breaks, cuts, burns, ear infections, sprains and minor injuries
Highest	Hospital ER	Use the ER if you have serious symptoms or a life-threatening emergency	Severe bleeding, chest pains, broken bones and poisoning





Would you pay up to 10 times more for the same pair of shoes just because of the store location?

Why is your health care any different?

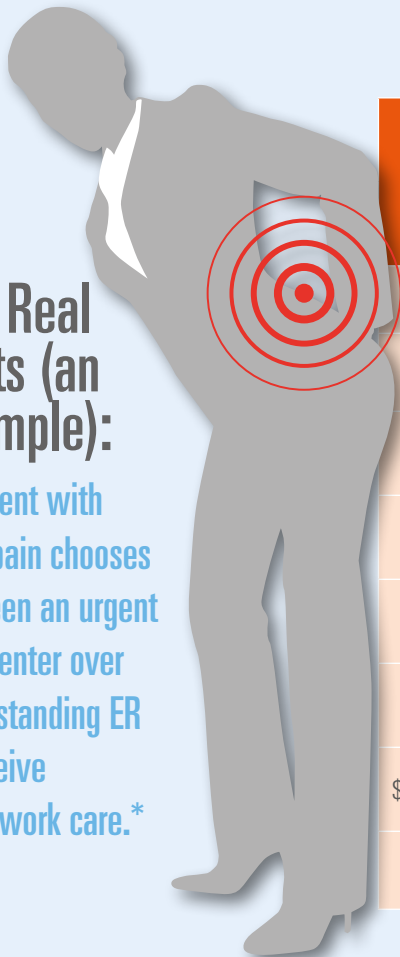
Where you go matters

There are times when a health issue needs an Emergency Room (ER) visit. Any life-threatening or disabling health problem such as loss of consciousness, broken bones or severe shortness of breath is an emergency. You should go to the nearest hospital ER or call 911. When you only use the ER for emergencies, you help keep your out-of-pocket costs lower. But, in many cases, people have more routine health issues like a cold or sprained ankle, and they do not need an ER. Going to an ER for routine health issues like this can cost you – sometimes up to 10 times the cost you would pay at an urgent care center.¹

Prices can be up to **10 times higher** at freestanding ERs than urgent care centers.¹

The Real Costs (an example):

A patient with back pain chooses between an urgent care center over a freestanding ER to receive in-network care.*



Freestanding ER Charges	VS.		Urgent Care Center Charges
	Service Description		
\$895	Family Charge - Level 3		\$0
\$53	Pulse Ox, Single (blood oxygen test)		\$0 (Included in physician charge)
\$96	Prescription Drugs (Toradol 15mg)		\$40
\$83	Intramuscular injection (IM/SQ) (drug injection into the muscles)		\$28
\$298	Physician Evaluation and Management		\$150
\$1,425	\$ TOTAL BILLED CHARGES		\$218
\$1,196 Contract Rate	\$ Insurance Benefit (Consumer has not met deductible)		\$125 Contract Rate \$25 copay
\$1,196 Paid by Consumer	\$ TOTAL		\$150 Paid by Consumer

* Source: The Texas Association of Health Plans Out-of-Network Claims Survey and Analysis of Three Large Texas Health Plans: 2015 Claims; May 2016



How can you tell them apart?

A freestanding Emergency Room (ER) looks and feels like an urgent care center. A freestanding ER is just like a hospital ER except that it is not attached to a hospital. People also come in for emergency care. Freestanding ERs can be found close to residential neighborhoods. Because they are ERs, they charge a facility fee just like a conventional hospital ER. This can cause you to end up with a much higher bill. Here are some ways to tell them apart.

Freestanding ERs:

- Have the word EMERGENCY in the name
- Are not attached to a hospital
- Are staffed by board-certified ER doctors and are subject to the same ER copay



If you have a non-emergency condition and it is after normal hours, you can find an urgent care center² by texting³ **URGENTTX** to **33633** and then type in your zip code.

Need help finding a network provider?

Use Provider Finder[®] at **bcbstx.com** or call the number on the back of your member ID card. If you need emergency care, call 911 or get help from a doctor or hospital right away.

¹ BCBSTX claims data for member visits from 2012 to 2015 to freestanding ERs, hospital-based emergency departments and urgent care centers in 16 Texas Metropolitan Statistical Areas containing 84.1 percent of the state's population.

² The closest urgent care center may not be in your network. Be sure to check Provider Finder to make sure the center you go to is in-network.

³ Message and data rates may apply. Read terms, conditions and privacy policy at bcbstx.com/mobile/text-messaging

bcbstx.com

BlueCross for MEMBERS

BLUE ACCESS FOR MEMBERS (BAM)

It's easy to get started with Provider Finder by registering for BAM:

- Go to www.bcbstx.com.
- Click the "Log In" tab, and then click the "Register Now" link.
- Use the information on your BCBSTX ID card to complete the process and log in to BAM.

Your Online Resource

Would you like to know when your medical claims are paid and the payment amounts? Do you need to confirm who in your family is included under your coverage? BAM, the secure member portal from Blue Cross and Blue Shield of Texas (BCBSTX), a Division of Health Care Service Corporation, can help. Get immediate online access to health and wellness information, and:

- Check the status of a claim and your claims history
- Confirm the family members who are covered under your plan
- View and print an Explanation of Benefits (EOB) statement for a claim
- Select an option to stop receiving EOBs by mail
- Set your preferences to receive notifications for claims status and wellness updates through emails or text alerts.
- Locate a doctor or hospital in the network
- Request a new or replacement member ID card or print a temporary member ID card
- Join My Blue Community®, a social network for BAM members

Provider Finder® Choice. Costs. Access.

Provider Finder from Blue Cross and Blue Shield (BCBSTX), a division of Health Care Service Corporation, is an innovative tool for helping you choose a provider, plus estimate and manage health care costs. By logging in to Blue Access for Members (BAM) you can use Provider Finder to:

- Estimate the cost of hundreds of procedures, treatments and tests and help estimate your out-of-pocket expenses.
- Find a network primary care physician, specialist or hospital.
- Filter search results by doctor, specialty, ZIP code, language and gender – even get directions from Google Maps.
- Make an appointment to consult with a provider in select geographic areas.
- Determine if a Blue Distinction Center is an option for treatment.
- Review providers' certifications and recognitions, or add your review for a provider.
- View clinical quality ratings from Blue Cross and Blue Shield as well as independent third parties.

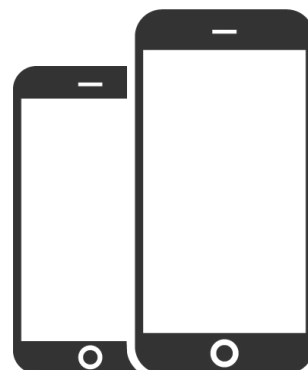
Blue Access Mobile

Go to www.bcbstx.com and register or log in to BAM. You can stay connected to your claims activity, member ID card and coverage details – you can also receive prescription reminders and health tips via text messages.

Healthy Tips by Text offers a variety of convenient and secure reminders and tips to help you improve your health, including: **diabetes prescription reminders, diabetes diet tips, coronary artery disease diet and basic care management tips, fitness and exercise tips.** To use texting features, you must be registered for Blue Access for MembersSM (BAM) and elect to participate through your BAM User Profile. Visit bcbstx.com/mobile for more information.

Virtual Visits

For more information regarding Virtual Visits, please go to page 9.



Care When and Where You Need It Just Got Easier

Virtual Visits

Convenient health care at your fingertips



Blue Shield of Texas (BCBSTX) provides you and your covered dependents access to care for non-emergency medical issues and behavioral health needs through MDLIVE.

Whether you're at home or traveling, access to a board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care center.¹

MDLIVE doctors or therapists can help treat the following conditions and more:

General Health

- Allergies
- Asthma
- Nausea
- Sinus infections

Pediatric Care

- Cold/flu
- Ear problems
- Pinkeye

Behavioral Health

- Anxiety/depression
- Child behavior/learning issues
- Marriage problems



Telephone:

- Call MDLIVE (**888-680-8646**)
- Speak with a health service specialist
- Speak with a doctor

Get connected today!

To register, you'll need to provide your first and last name, date of birth and BCBSTX member ID number.



The City of Rosenberg’s medical benefits provide coverage for expenses, such as doctor office visits, preventive care, prescription drugs and hospitalization. When it comes to medical coverage, the City of Rosenberg offers a Blue Cross and Blue Shield of Texas (BCBSTX) PPO plan.

PREFERRED PROVIDER ORGANIZATIONS (PPO)

The medical plan offered by Blue Cross and Blue Shield of Texas (BCBSTX) is a PPO plan that offers both in-network and out-of-network benefits. When you need care, you decide whether to go to an in-network doctor or to an out-of-network provider. If you receive care from in-network doctors and facilities, your out-of-pocket costs will be lower than if you use out-of-network providers and facilities because BCBSTX network providers discount their fees. In addition, with in-network providers, you generally do not have to file claims.

If you choose to receive care from an out-of-network provider, the medical plan pays a lower benefit and you must file a claim to receive reimbursement for covered expenses.

Medical Plan Summary	Network	
	In Network	Out of Network
Deductible		
Individual	\$1,500	\$3,000
Family	\$3,000	\$6,000
Out of Pocket Maximum		
Individual	\$3,000	\$6,000
Family	\$6,000	\$12,000
Office Visits		
Preventive Services	No charge	50% coinsurance after deductible
Primary Care	\$30 copay	50% coinsurance after deductible
Specialist	\$50 copay	50% coinsurance after deductible
Urgent Care	\$75 copay	50% coinsurance after deductible
Emergency Room	80% of allowable amount after \$200 copay	
Virtual Visits	\$30 copay	50% coinsurance after deductible
Physician Services		
Inpatient/Outpatient	80% coinsurance after deductible	50% coinsurance after deductible

CALENDAR YEAR STARTS
January 1, 2026 - December 31, 2026

BlueCross BlueShield RATES

Please follow the steps below to determine the amount of your health insurance premium rate:

Step 1: Select the Level that represents the number of incentives you as an employee qualify for.

Step 2: Within that Level, select the coverage for you and your family including the number of incentives your spouse qualifies for, if applicable.

BCBS PPO Medical Plan Deductions - Without Incentives				
Tier	Monthly Rate	City Portion	Employee Portion	Per Pay Period
Employee Only	\$792.89	\$692.89	\$100.00	\$46.15
Employee + Spouse (w/o spouse incentives)	\$1,665.07	\$1,103.77	\$561.30	\$259.06
Employee + Spouse (w/1 incentive)	\$1,665.07	\$1,153.77	\$511.30	\$235.98
Employee + Spouse (w/2 incentives)	\$1,665.07	\$1,203.77	\$461.30	\$212.91
Employee + Child(ren)	\$1,506.47	\$1,110.87	\$395.60	\$182.58
Family (w/o spouse incentives)	\$2,457.95	\$1,568.20	\$889.75	\$410.65
Family (w/1 incentive)	\$2,457.95	\$1,618.20	\$839.75	\$387.58
Family (w/2 incentives)	\$2,457.95	\$1,668.20	\$789.75	\$364.50

BCBS PPO Medical Plan Deductions - With 1 Incentive (\$50 Premium Savings)				
Tier	Monthly Rate	City Portion	Employee Portion	Per Pay Period
Employee Only	\$792.89	\$742.89	\$50.00	\$23.08
Employee + Spouse (w/o spouse incentives)	\$1,665.07	\$1,153.77	\$511.30	\$235.98
Employee + Spouse (w/1 incentive)	\$1,665.07	\$1,203.77	\$461.30	\$212.91
Employee + Spouse (w/2 incentives)	\$1,665.07	\$1,253.77	\$411.30	\$189.83
Employee + Child(ren)	\$1,506.47	\$1,160.87	\$345.60	\$159.51
Family (w/o spouse incentives)	\$2,457.95	\$1,618.20	\$839.75	\$387.58
Family (w/1 incentive)	\$2,457.95	\$1,668.20	\$789.75	\$364.50
Family (w/2 incentives)	\$2,457.95	\$1,718.20	\$739.75	\$341.42

BCBS PPO Medical Plan Deductions - With 2 Incentives (\$100 Premium Savings)				
Tier	Monthly Rate	City Portion	Employee Portion	Per Pay Period
Employee Only	\$792.89	\$792.89	\$0	\$0
Employee + Spouse (w/o spouse incentives)	\$1,665.07	\$1,203.77	\$461.30	\$212.91
Employee + Spouse (w/1 incentive)	\$1,665.07	\$1,253.77	\$411.30	\$189.83
Employee + Spouse (w/2 incentives)	\$1,665.07	\$1,303.77	\$361.30	\$166.75
Employee + Child(ren)	\$1,506.47	\$1,210.87	\$295.60	\$136.43
Family (w/o spouse incentives)	\$2,457.95	\$1,668.20	\$789.75	\$364.50
Family (w/1 incentive)	\$2,457.95	\$1,718.20	\$739.75	\$341.42
Family (w/2 incentives)	\$2,457.95	\$1,768.20	\$689.75	\$318.35

BlueCross BlueShield PRESCRIPTION DRUG

If you enroll in one of the City's medical plans, you will automatically receive prescription drug coverage.

RETAIL PRESCRIPTION PROGRAM

The retail prescription program uses a network of participating pharmacies. To receive the highest level of benefits, you must use a participating pharmacy. Prescriptions you fill at non-participating pharmacies are generally not covered. Visit www.bcbstx.com for a list of participating providers.



MAIL ORDER PROGRAM

The mail order program offers a convenient and cost-effective way to fill prescriptions for medications that you take on a regular basis (maintenance medications). When you use the mail order program, you receive a 3-month supply of medication for the cost of a 2-month supply. Your medications are mailed directly to your home. To order prescriptions through the mail order program, you must fill out and return a mail order form and return it with a 90-day prescription from your doctor and your payment. Mail order forms are available on the Blue Cross Blue Shield Web site at www.myprime.com.

Prescription Plan Summary	Network	
	In Network	Out of Network
Generic		
Retail	\$10 copay	50% coinsurance
Mail Order	\$10 copay	Not covered
Preferred Brand		
Retail	\$35 copay	50% coinsurance
Mail Order	\$35 copay	Not covered
Non-Preferred Brand		
Retail	\$75 copay	50% coinsurance
Mail Order	\$75 copay	Not covered
Specialty		
Retail (Mail Order not covered)	\$100 copay	50% coinsurance

NAVIA FLEXIBLE SPENDING ACCOUNTS (FSA)

Employer
Code: **CYE**

The flexible spending accounts administered by Navia benefits allows you to set aside pre-tax dollars from your paycheck to pay for many health care and dependent care expenses. By paying for these expenses with pre-tax dollars, you reduce the amount of your taxable income and increase your take-home pay. You may choose to participate in one or both fsa accounts - whether or not you elect any other benefits.

General Rules and Restrictions

In exchange for the tax advantages FSAs offer, the IRS has imposed the following rules and restrictions for both health care FSA and dependent care FSA:

- You may only use the money in your FSAs to reimburse expenses that you have incurred during the plan year for which the FSA was established.
- IRS requires you to use all of the money in your account by the end of the year or you lose it. This is called the “use it or lose it” rule.
- You cannot transfer monies between Health Care and Dependent Care FSAs.
- You cannot begin, stop, or change the amount of your FSA contributions during the calendar year unless you experience a Qualified Life Event (such as: marriage, divorce or the birth/adoption of a child). Contact your HR Department.
- You cannot claim expenses that are reimbursed through your FSA as a deduction on your income tax return.
- Reimbursement for dependent FSA claims is only up to the total amount that is in your account at that time.
- The dependent care provider cannot be anyone considered your dependent for income tax purposes (such as one of your older children). In order to be

reimbursed, you are required to provide the tax identification number or Social Security number of the party providing care.

How Much Can I Contribute?

To participate, decide how much you would like to contribute to one or both accounts for the year. The money you allocate to each account is automatically deducted from your paycheck each pay period before taxes are calculated.

- For a Health Care Flexible Spending Account you could contribute up to the maximum of \$3,300* for the 2025-2026 year.
- For a Dependent Care Flexible Spending Account you could contribute up to the maximum of \$5,000* for the 2025-2026 year. The exceptions are:
 - If you and your spouse file separate tax returns, you may contribute \$2,500 per year.
 - If your spouse is employed, your maximum contribution is the lesser of your spouse's taxable income (but no more than \$5,000)
 - If your spouse is a full-time student or they are physically or mentally disabled, your maximum contribution is \$2,500 a year if you claim expenses for one dependent and \$5,000 a year if you claim expenses for two or more dependents.

Tax Savings Sample		
	Paycheck without FSA	Paycheck with FSA
Gross Salary	\$1,500.00	\$1,500.00
Healthcare Expenses	\$0.00	(\$200.00)
Adjusted Salary	\$1,500.00	\$1,300.00
Income Tax	(\$450.00)	(\$390.00)
Net Salary	\$1,050.00	\$910.00
Healthcare Expenses	(\$200.00)	\$0.00
Take Home Pay	\$850.00	\$910.00

* If this dollar amount is increased later this year by the IRS, we will allow you to contribute up to the new limit.

MetLife DENTAL

The City's Dental Plan is administered through MetLife and provides you and your family with coverage for typical dental expenses, such as cleanings, X-rays, fillings and orthodontia for children.



CHOOSING A DENTAL OPTION

You can choose from two dental options: Dental PPO and Managed Dental Plan

Dental PPO Plan

The Dental PPO allows you the freedom to visit any dentist, without referrals, for all of your dental care. If you receive care from one of MetLife's preferred dentists, you'll pay less for your care. If you choose a non-preferred dentist, your share of costs will generally be higher and you may need to file your own claims.

Managed Dental Plan

The DHMO provides a higher level of benefits and has lower out-of-pocket costs than the Dental PPO. And, there are no deductibles, benefit maximums or claim forms. However, you are required to choose a MetLife primary care dentist for all of your dental care, including any referrals you may need to other MetLife dental providers or specialists.

Dental Plan Summary	Dental Plan	
	Premium Plan - DPPO	Standard Plan - DHMO
Deductible		
Individual	\$50	None
Family	\$150	None
Benefit Maximums		
Calendar Year Maximum	\$1,500	None
Orthodontia Lifetime Maximum	\$1,500	None
Preventive Services		
Exams, Cleanings, Fluoride treatment, Space maintainers	100%	100%
Basic Services		
Radiographs, Minor restorations (fillings), Sealants, Denture Repairs	80%	100%
Major Services		
Bridges, Crowns, Dentures, Inlays, onlays	50%	Please refer to the DHMO Schedule of Benefits
Orthodontic Services		
Orthodontia (dependents until age 19)	50%	\$2,410 copay
Pay Period Deductions	DPPO	DHMO
Employee Only	\$18.55	\$4.38
Employee + Spouse	\$37.43	\$8.33
Employee + Child(ren)	\$52.01	\$8.77
Family	\$70.73	\$13.59

EyeMed VISION

The City of Rosenberg's Vision Plan promotes preventive care through regular eye exams and provides coverage for corrective materials, such as glasses and contact lenses. The Vision Plan is administered through EyeMed Vision Care.

VISION COVERAGE

The EyeMed network includes a variety of providers. You may also choose from a wide selection of independent optometrists, ophthalmologists, and opticians. To find a network provider, go to www.eyemedvisioncare.com.



The Vision Plan is designed to cover eye care needs that are visually necessary. You have to pay extra if you choose certain cosmetic or elective eyewear, so be sure to ask your eye doctor what items are covered by the plan before you purchase materials.

Vision Plan Summary	Vision Plan	
	In Network	Out of Network
Exam (once every 12 months)		
Routine/comprehensive eye exam	\$10 copay	\$40 reimbursement
Eyeglass Lenses/Lens Options (once every 12 months)		
Standard plastic single vision	\$25 copay	\$30 reimbursement
Standard plastic bifocal vision	\$25 copay	\$50 reimbursement
Standard plastic trifocal	\$25 copay	\$70 reimbursement
Contact Lenses (once every 12 months)		
Conventional contact lenses	\$130 allowance plus 15% over balance	\$130 reimbursement
Medically necessary	Paid in full	\$210 reimbursement
Frames (once every 24 months)		
Any frame available, including frames for prescription sunglasses	\$130 allowance plus 20% over balance	\$91 reimbursement

Vision Plan Pay Period Deductions	
Employee Only	\$2.26
Employee + Spouse	\$4.39
Employee + Child(ren)	\$4.73
Family	\$6.77

Employer Paid **LIFE AND AD&D**

PROTECT YOUR LOVED ONES

Basic Life and AD&D Insurance - Minnesota Life

The City of Rosenberg provides employees with \$25,000 of Basic Life and Accidental Death and Dismemberment (AD&D) insurance. This coverage is at no charge to you and is active for the duration of your employment. Please note that benefits reduce to 66% at age 70 and 50% at age 75.

Voluntary Life and AD&D Insurance - Minnesota Life

Employee

You have the opportunity to elect supplemental life and AD&D insurance for yourself up to the guaranteed issued amount of \$200,000, in increments of \$10,000. You may apply for coverage of up to \$300,000, through evidence of insurability (EOI), pending approval. Please be aware that the guaranteed issue amount of coverage only applies to new employees. Employees who choose to increase coverage and employees who have previously declined this coverage, ***considered late entrants, will be subject to EOI.***

Spouse

You also have the opportunity to elect supplemental life and AD&D insurance for your spouse up to the guaranteed issued amount of \$25,000, in increments of \$5,000. You may apply for spouse coverage of up to \$150,000, not to exceed 100% of employee coverage, through evidence of insurability (EOI), pending approval. Please be aware that guaranteed issue amount of coverage only applies to new employees. Employees who choose to increase spouse coverage and employees who have previously declined spouse coverage, ***considered late entrants, will be subject to EOI.***

Child(ren)

You have the opportunity to elect supplemental life and AD&D insurance in amounts of \$10,000 or \$15,000 for your child(ren), not to exceed 100% of employee optional amount. AD&D Insurance is not available for dependents.

Employer Paid **DISABILITY**

LONG TERM DISABILITY

City of Rosenberg provides Long Term Disability Insurance at no cost to you.

Benefit Amount: 60% of monthly salary to a maximum of \$8,000

Elimination Period: 90 days following injury or illness

Benefit Duration: 12 months minimum

MetLife EMPLOYEE PAID

SHORT TERM DISABILITY

MetLife Short Term Disability Insurance provides you with a percentage of your monthly salary if you cannot work due to an injury or illness.

Benefit Amount*: 60% of weekly salary to a maximum of \$1,500

Elimination Period: 14 days following injury or illness

Benefit Duration: 11 weeks

** The minimum weekly benefit is subject to overpayment situations and any applicable rehabilitation incentives.*

Please contact the Benefits Service Center and speak to a Benefits Counselor today to get personalized rates.

WHOLE LIFE

MetLife's Life insurance coverage is for the living, those left behind must deal with final expenses, bills, mortgage, and expenses associated with day-to-day life. It can also help provide financial security during life-changing events that occur as you age and your needs change.

Employee Guarantee Issue - \$10,000 - \$100,000 in increments of \$5,000

- **Issue Ages**: 17-70

Spouse Guarantee Issue - \$5,000 - \$25,000 in increments of \$5,000

- **Issue Ages**: 18-70

Children Guarantee Issue - \$5,000 - \$10,000 in increments of \$5,000

- **Issue Age**: At least 15 days old-19 years or up to Age 26

Accelerated Death Benefit Rider - Pays an advance of the death benefit as a monthly benefit for qualified long-term care services after a 90-day elimination period.

- **Monthly Benefit Amount**: The amount of the rider is equal to the face amount of the certificate
- **Issue Ages**: 17-69 Employee, 18-69 Spouse and 15 days-Age 19 for non-student children and 26 for full-time students
- **Additional Standard Benefits** -
 - **Air Bag**: \$1,000 up to \$10,000
 - **Seat Belt**: \$1,000 up to \$25,000
 - **Common Carrier**: Pays an additional benefit equal to 100% of the Accidental Death
 - **Terminal Illness Rider**: Up to 80% of the death benefit minus outstanding loans and loan interest. Issue Ages 17-70 Employee, 18-70 Spouse and 15 days-Age 19 for non-student children and 26 for full-time students.

Please contact the Benefits Service Center and speak to a Benefits Counselor today to get personalized rates.

MetLife

CRITICAL ILLNESS



MetLife's Critical Illness with Cancer Insurance offers a lump-sum benefit payment upon first diagnosis of a covered critical illness including:

Critical Illness		
Benefit Amount		
Employee	\$15,000 or \$30,000	
Spouse/Domestic Partners	50% of the Employee benefit amount	
Dependent Child(ren)	50% of the Employee benefit amount	
	Initial Benefit	Recurrence Benefit
Benign Tumor Category	100% of Benefit Amount	100% of Initial Benefit
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit
Coma	100% of Benefit Amount	100% of Initial Benefit
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
Stroke	100% of Benefit Amount	100% of Initial Benefit
Childhood Disease Category	100% of Benefit Amount	None
Kidney Failure	100% of Benefit Amount	None
Major Organ Transplant	100% of Benefit Amount	None
Progressive Disease Category	100% of Benefit Amount	None
Coronary Artery Disease Category	50% of Benefit Amount	100% of Initial Benefit
Autism Spectrum Disorder	25% of Benefit Amount	None
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit
Infectious Disease Category	25% of Benefit Amount	100% of Initial Benefit*
Additional Benefits		
Health Screening Benefit (per year, per person)	\$50	\$50
Pre-Existing Condition Limitation Applies	No	

**Recurrence Benefit-
None for COVID-19,
Osteomyelitis and
Rabies.*

MetLife

HOSPITAL INDEMNITY

MetLife's Hospital Indemnity Insurance is designed to help provide financial protection for covered individuals by paying a benefit due to a hospitalization and in some cases, for treatment received for an accident or sickness, even if that treatment occurs outside the 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.

Plan Features:

- Portable coverage – Employees can continue coverage if they leave or retire
- Accident Off-The-Job Coverage / Sickness 24 Hour Coverage

Hospital Benefit	Coverage Amount
Hospital Admission	\$1,000 per insured per confinement
Daily Hospital Confinement	\$200 per day, to a maximum of 31 days per confinement
Confinement for Newborn Nursery Care	\$100 per 3 day(s) per confinement
Complications of Pregnancy	Yes
Routine Childbirth	Yes
Waiting Period for Sickness	No
Mental Illness Treatment	No
Drugs & Alcohol Treatment	No
Pre-Existing Condition Limitation	No
Additional Benefits	
Health Screening Benefit (per year, per person)	\$50
Pre-Existing Condition Limitation Applies	No

Hospital Indemnity Pay Period Deductions				
Type	Employee	Employee + Spouse	Employee + Child(ren)	Family
HI	\$7.73	\$20.03	\$14.51	\$26.81

MetLife ACCIDENT



**You do everything
you can to keep
your family safe,
but accidents do
happen.**

MetLife's Accident Insurance helps to manage the medical costs associated with accidental injuries both on and off the job. Accident insurance helps pay for unexpected healthcare expenses due to accidents that occur every day - from the soccer field to the ski slope and the highway in between. Accident insurance provides benefits due to covered accidents for initial care, injuries, and follow-up care. Benefits are paid directly to you, in addition to any other coverage you have.

Plan Features:

- Guaranteed issue – No medical questions
- Level premiums – Rates do not increase with age
- No limitations for pre-existing conditions
- Portable coverage – Employees can continue coverage if they leave or retire

Accident/Injury	Benefit
Accident Follow-Up Treatment	\$75
Accidental Death	\$25,000
Common Carrier Accidental Death*	\$75,000
Ambulance	
Ground	\$300
Air	\$1,000
Appliance	\$375
Blood and Plasma	\$400
Broken Tooth	Up to \$200
Burns	
<15% of body	\$300
≥ 15% of body	\$1,500
Coma	\$7,500
Concussion	\$250
Dislocation/Fractures	Up to \$8,000
Dismemberment	Up to \$20,000
Outpatient Physician's Treatment for Accident and Preventive Care	\$530
Eye Surgery	\$300
Emergency Room Services	\$150
Ruptured Disc Surgery	\$750
Initial Hospital Confinement	\$1,000
Daily Hospital Confinement	\$400
Inpatient Rehabilitation	\$150
Intensive Care	\$800
Laceration	
Without repair by stitches	\$50
Repaired by stitches and 2-6 inches long	\$200
Medical Appliances	Up to \$750
Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	\$150
Outpatient Physician's Treatment for Accident and Preventive Care	\$300
Prosthesis	
One device	\$750
Two or more	\$1,500
Physical, Occupational , or Speech Therapy	\$30
Surgery	
Open Abdominal or Thoracic	\$1,500
Skin Grafts	50% of burn benefit
Tendon/Ligament/Rotator Cuff or Knee Cartilage Surgery	\$750
Transportation	\$300
Urgent Care	\$75

Accident Plan Pay Period Deductions

Employee Only	\$3.81
Employee + Spouse	\$7.41
Employee + Child(ren)	\$9.04
Family	\$10.66

* Paid out in the event that the employee passes away in an accident as a fare paying passenger on a common carrier (i.e. bus, plane, train)



CANCER INSURANCE

Cancer Insurance can help offer peace of mind when a diagnosis of cancer or a specified disease occurs. Being diagnosed with cancer or a specified disease can be difficult on anyone, both emotionally and financially. Having the right coverage to help when sickness occurs or when undergoing treatments for cancer is important.

MetLife's Cancer Insurance provides benefits to enrolled employees for cancer and specified diseases, and can help cover the costs of specific cancer and specified disease treatments and expenses as they happen. Cancer Insurance can help provide added financial security when it is needed most.

Cancer		
Benefit Amount		
Employee	\$15,000 or \$30,000	
Spouse/Domestic Partners	50% of the Employee benefit amount	
Dependent Child(ren)	50% of the Employee benefit amount	
	Initial Benefit	Recurrence Benefit
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit
Skin Cancer	5% of Benefit Amount, but not less than \$250	100% of Initial Benefit, but not less than \$250
Additional Benefits*		
Health Screening Benefit (per year, per person)	\$50	\$50
Pre-Existing Condition Limitation Applies	No	

Please contact the Benefits Service Center and speak to a Benefits Counselor today to get personalized rates.

PET INSURANCE



TOTAL PET PLAN

SAVE ON **EVERYTHING**
YOUR PET NEEDS



CITY OF
ROSENBERG
TEXAS

**City of Rosenberg
is offering Total Pet Plan
to employees.**

Your pets are part of your family, and you'll do anything to keep them happy and healthy. But with the cost of pet care on the rise, it isn't always easy.

That's why we're offering **Total Pet Plan**, which makes pet care more affordable. Enroll in Total Pet and get the same high-quality products and services your pets are used to, just at a lower price!

**\$11.75/month for one pet or
\$18.50/month for a family plan**

For more details and how to enroll, visit petbenefits.com/land/rosenbergtx.

TOTAL PET PLAN INCLUDES:

PETplus

DISCOUNTS ON PRODUCTS & RX

- Up to 40% off on products like prescriptions, preventatives, food, toys and more
- Shipping is always free and same-day pickup is available for most human-grade prescriptions

View available products and pricing at petplusbenefit.com.



DISCOUNTS ON VETERINARY CARE

- Instant 25% savings on all of your pet's in-house medical services at participating vets
- No exclusions due to age, health, pre-existing conditions or type of pet

Visit petbenefits.com/search to locate a participating vet.



24/7 PET TELEHEALTH

- Access real-time vet support, even when your vet's office is closed
- Unlimited support on your pet's health, wellness, behavior and more



LOST PET RECOVERY SERVICE

- Durable tag can be scanned from any smart phone to access your contact information, helping lost pets return home quicker than a microchip
- Easily update your information online with no need to request a new tag



Affordable Legal & Identity Theft Protection

Company Name



For pennies a day, the LegalShield Plan gives you direct access to a provider lawyer who can consult on a wide range of personal legal matters including, but not limited to:

Family:

- Child Custody Matters
- Divorce
- Elder Care Law
- Juvenile Matters
- Post Decree Court Order
- Pre-Nuptial & Post-Nuptial Agreement Preparation
- Uncontested Adoption
- Uncontested Legal Separation or Civil Annulment
- Uncontested Name Change

Home:

- Foreclosures
- Home sales or purchase
- Residential Loan Document Service
- Tenant Lease Assistance

Financial:

- Civil Trial Defense
- Contracts/Financial Disputes
- Debt Collection
- IRS Audits
- Rental Agreements
- Small Claims

Estate Planning:

- Codicils
- Durable Power of Attorney
- Physician's Directive/Living Will
- Revocable Living Trust*
- Will Preparation

Auto:

- Driver's License Reinstatement
- Motor Vehicle Property Damage Claims
- Traffic Tickets (3 defenses per membership year for each covered person. \$79 fee for each law firm court appearance)

Members receive direct access to:

- 24/7 emergency access
- 25% discount on services outside of coverage
- Document and letter reviews
- Legal Forms
- Letters/Phone Calls
- Telephone Advice
- Unlimited e-Notary/Online Notarization
- Unlimited e-Signature

* Fee of \$250 each for both Member and Spouse (total \$500 fee for both).

This is a general overview of the legal plan coverage available from Pre-Paid Legal Services, Inc. ("PPLSI") for illustration purposes only. See a plan contract for specific state of residence for complete terms, coverage, amounts and conditions. Trial defense is not available in all states. PPLSI provides access to legal services offered by a network of provider law firms to PPLSI members through membership-based participation. Neither PPLSI nor its officers, employees or sales associates directly or indirectly provide legal services, representation, or advice.

FOR MORE INFORMATION, CONTACT YOUR INDEPENDENT ASSOCIATE

Shobi Raj
shobi@legalshieldassocite.com
832-672-7509



Identity theft hits a new victim every few seconds. Protect yourself today with IDShield!

- **Continuous Credit Monitoring**- Monitors information on your Experian credit report
- **Privacy Management**- One-on-one consultation on online privacy dangers
- **Reputation Management**- Scans social media accounts for any content you have posted in the past that could damage your online reputation
- **Data Broker Site Management**- We help protect your personal information by keeping it off sites where it shouldn't appear
- **Financial Threshold Account Monitoring***- Looks out for activity tied to personal financial accounts
- **\$3 Million Protection Policy**- Coverage for lost wages, legal defense fees, stolen funds and more
- **Full-Service Restoration**- Provides one-on-one consultation to resolve identity related issues
- **Emergency Support**- Provides 24/7/365 live support for identity theft emergencies
- **Trend Micro Maximum Security**- defends against ransomware and other threats
- **VPN**- turns a public hotspot into a secure Wi-Fi via Virtual Private Network (VPN) with bank-grade data encryption to keep your information protected from hackers
- **Password Manager**- get multiple device protection and privacy for your digital life
- **Unlimited Service Guarantee**- If your identity is stolen, we'll do whatever it takes for as long as it takes to restore it

LegalShield Select Plus + IDShield Dual Plan

Credit Counseling and Education

Available exclusively to those with both a LegalShield and IDShield Membership, our Identity Theft Specialists will provide one-on-one education to help you understand your valuable credit rating and actions that are likely to have an impact on your credit score. Additionally, your provider law firm can offer legal consultation on the laws surrounding credit scores and lending, as well as draft letters on your behalf and review documents up to 15 pages.

Individual Plan (Pay period rates)	Family Plan
\$11.05 LegalShield Plan	\$11.05 LegalShield Plan
\$4.59 IDShield Plan	\$8.75 IDShield Plan
\$15.65 Dual Plan	\$18.42 Dual Plan



Put your law firm and identity theft protection in the palm of your hand with the LegalShield and IDShield mobile apps!

*We do not monitor all transactions at all businesses and the monitoring network is limited only to institutions participating in the financial monitoring feature.

Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield") provides access to legal services offered by a network of provider law firms to LegalShield members through membership-based participation. Neither LegalShield nor its officers, employees or sales associates directly or indirectly provide legal services, representation, or advice. Trial defense is not available in all states. See a legal plan contract for specific state of residence for complete terms, coverage, amounts and conditions. IDShield is a product of LegalShield. LegalShield provides access to identity theft protection and restoration services. IDShield plans are available at individual or family rates. A family plan covers the named member, named member's spouse or domestic partner and up to 10 dependent children under the age of 18. Certain benefits are only available with a 3Bureau Plan. For complete terms, coverage, and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Protection Plan ("Plan") is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. This covers certain identity fraud expenses and legal costs as a result of a covered identity fraud event, with the amount of coverage dependent on the type of identity theft plan. See a Plan for complete terms, coverage, conditions, limitations, and family members who are eligible under the Plan.

Life comes with challenges. Your Assistance Program is here to help.

Your Assistance Program can help you reduce stress, improve mental health, and make life easier by connecting you to the right information, resources, and referrals.

All services are free, confidential, and available to you and your family members. This includes access to short-term counseling and the wide range of services listed below:

Mental Health Sessions

Manage stress, anxiety, and depression, resolve conflict, improve relationships, and address any personal issues. Choose from in-person sessions, video counseling, or telephonic counseling.

Life Coaching

Reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and achieve greater balance.

Financial Consultation

Build financial wellness related to budgeting, buying a home, paying off debt, resolving general tax questions, preventing identity theft, and saving for retirement or tuition.

Legal Referrals

Receive referrals for personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.

Work-Life Resources and Referrals

Obtain information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.

Personal Assistant

Save time with referrals for travel and entertainment, seeking professional services, cleaning services, home food delivery, and managing everyday tasks.

Medical Advocacy

Get help navigating insurance, obtaining doctor referrals, securing medical equipment, and planning for transitional care and discharge.

Member Portal

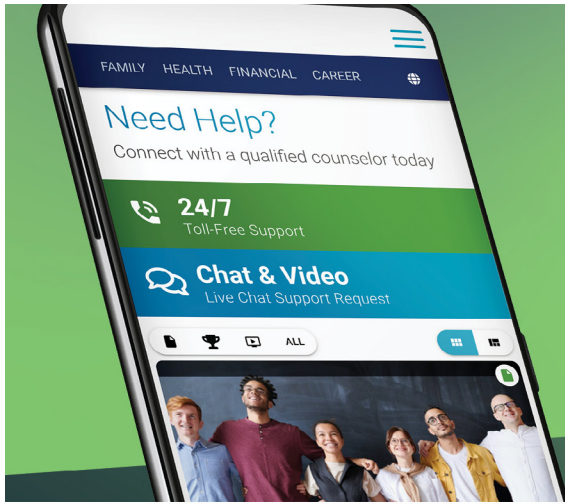
Access your benefits 24/7/365 through your member portal with online requests and chat options. Explore thousands of self-help tools and resources including articles, assessments, podcasts, and resource locators.

Specific offerings may vary depending on your organization's assistance program plan design.



Contact AllOne Health
Call: 1-888-993-7650
Visit: allonehealth.com/deeroaks

ALLONE[®]
HEALTH



Introducing Your Member Portal

Browse benefits. Request services. Enjoy 24/7/365 access.

Your Assistance Program offers a wide range of benefits to help improve mental health, reduce stress and make life easier—all easily accessible through your member portal.

Request a Mental Health Session

Request counseling by submitting an online form or live chat. Choose from in-person or virtual counseling options to meet your needs.

Request Referrals & Resources

Submit a request for family care and lifestyle support including childcare and eldercare referrals, legal referrals and financial consultation, personal assistant referrals and medical advocacy consultation.

Explore Thousands of Self-Care Articles & Resources

Health and lifestyle assessments, interactive checklists, soft skills courses, podcasts, resource locators, exclusive discounts, and expansive articles on whole health and well-being.

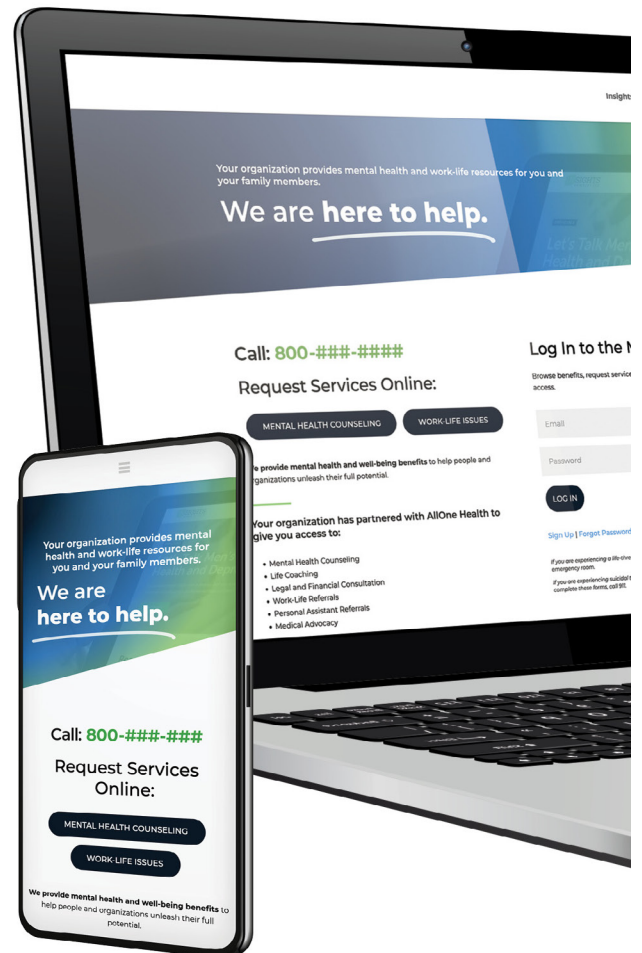
Visit Your Online Financial Center

Featuring worksheets, calculators, and a wide range of financial resources and tools to help reach personal goals and build financial wellness.

Getting Started Is Easy

1. Visit allonehealth.com/deeroaks and click on "Sign Up" below the login form
2. Enter your email address and the company code provided by your organization to create an account and sign in
3. For login assistance, select "Email Support"

** You can always call to access services, without needing to create an account or log in to the portal.*



Contact AllOne Health
 Call: 1-888-993-7650
 Visit: allonehealth.com/deeroaks



CITY OF ROSENBERG FORT BEND C

Get to Know Your 457(b) Plan



It's Easy to Contribute

- Contributions are made through a payroll deduction.



Get Tax Benefits Along the Way

- Pre-tax contributions lower your tax bill while earnings grow tax deferred.
- Delay all taxes, until you take the money out.



A Range of Investments Are Available

- Create your own mix of investments choosing from available options or consider a target date fund.



Flexible Withdrawal Options

- Only 457(b) plans have no early withdrawal penalty regardless of your age.*

Start Saving Today

The sooner you save, the more time your money can grow — see how at www.missionsq.org/costofdelay.

Already enrolled? Aim to save more — see how at www.missionsq.org/savingsboost.

*The penalty may apply to non-457(b) plan assets rolled into 457(b) plan and subsequently withdrawn prior to age 59 ½. MissionSquare does not provide tax advice. Please consult a tax advisor in your state regarding your specific situation

All investing is subject to risk, including the possible loss of principal.

Questions? Contact your MissionSquare Plans Specialist for more information.



Tiffany Taylor
Retirement Plans Specialist
(202) 759-7098
tstaylor@missionsq.org



Scan the QR code to schedule a meeting

457(b) Plans

A Tax-Deferred Way to Help



It's likely you will not be able to depend solely on Social Security to deliver all of the money you'll need for retirement; consequently, the onus is on you to help supplement your retirement income. The good news is that if you work for a state or local government you have an excellent opportunity to set aside money for your retirement by contributing to your employer's 457(b) retirement plan.

A 457(b) plan (named for the section of the Internal Revenue Code that authorized these plans) gives you the opportunity to grow your retirement nest egg faster by offering significant tax advantages on both your contributions and earnings.

Features and Benefits of a 457(b) Plan

Contributions

Contributions to a 457(b) plan are made with pre-tax income. As a result, these contributions are excluded from your current federal taxable income, which means you'll pay less in federal income taxes and most states' income tax.

In addition, you do not pay taxes on the earnings from the investments in your 457(b) plan until you retire or withdraw them, providing the potential for faster growth.

Year	Maximum annual contribution if under age 50	Over 50 Catch-up Limits (may not be offered in all plans)
2020	\$19,500	\$6,500
2021	\$19,500	\$6,500

Withdrawals

Unlike most retirement plans, you will not have to pay a 10% penalty if you withdraw money from your 457(b) plan before you reach age 59½, but you will be taxed on the amount you withdraw from the plan. You are required to start making minimum withdrawals when you turn age 72 unless you are still employed.

Rollovers

To maintain the tax deferral of your 457(b) plan assets when you retire or leave your job for another employer, you can roll the assets over to another defined contribution plan, such as a 401(k), 403(b) or IRA.

Your 457(b) assets will then become subject to the rules of the new plan. For example, if you roll over your 457(b) assets into a 401(k) plan and you make withdrawals before you turn age 59½, you will incur the 10 percent early withdrawal penalty that applies to 401(k) plans.

Effective January 1, 2020, the SECURE Act increases the required minimum age for mandatory distributions to age 72 up from age 70½, provided the retiree turned 70½ after December 31, 2019. Those who turned 70½ prior to December 31, 2019 must take RMDs as previously scheduled.

457(b)

A Tax-Deferred Way to Help



Setting up a 457(b) Plan

Participating in your employer's 457(b) plan is one of the smartest financial decisions you can make today to help achieve the retirement you envision tomorrow. Your financial professional can help you set up a 457(b) plan account that offers:

- » **Personalized Investment Counseling Services** — Your financial professional will work with you to define your financial situation and objectives, make investment and contribution recommendations and answer any questions you may have.
- » **Asset Allocation Strategies** — We offer Asset Management programs from leading investment strategists to diversify* your assets among different classes (stocks/bonds/cash) and help reduce your investment risk.

- » **Broad Range of Investment Options** — As an independent, full-service broker-dealer, we offer a large selection of mutual funds appropriate for 457(b) plans.
- » **Consolidated Investment Program** — Our consolidated investment program, Retirement Solutions Premier, provides access to more than 3,000 mutual funds and several Asset Management strategists. In addition, your accounts, account activity and performance all appear on one consolidated, easy-to-understand statement for ease of recordkeeping.

We can help

Our specialized retirement planning knowledge can help you decide whether a 457(b) plan is right for you. We will be happy to explore this opportunity with you and help provide the financial roadmap you need to live the retirement of your dreams.

**There is no assurance that a diversified portfolio will produce better results than an undiversified portfolio, nor does diversification assure against market loss. A 457(b) plan is not subject to the age 59½ withdrawal rule. This means there is no 10% penalty for early withdrawal at retirement or upon termination of employment. Note: This benefit applies only to public (governmental) plans. Private plan participants generally will pay federal income taxes when funds are made available to them. They may, however, defer receiving funds and instead be taxed when they actually take a distribution.*

Prior to rolling over assets from an employer-sponsored retirement plan into an IRA, it's important that you understand your options and do a full comparison on the differences in the guarantees and protections offered by each respective type of account as well as the differences in liquidity/loans, types of investments, fees and any potential penalties.

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P (281)-277-6400

F (281) 277-1616

77 Sugar Creek Center Blvd., Suite 590

Sugar Land, TX 77478

Plan now for a more comfortable retirement



You might be thinking that you have a lot of time before you need to think about retirement. You're right. But you may need to put that time to work.

Here's why:

- ✓ Your pension might not cover all your living expenses in retirement
- ✓ You want to save more so you can enjoy your time in retirement
- ✓ The more time you have, the easier it is to fill a potential income gap

The sooner you start, the easier it can be.

If you wait, it could take much more per pay period to achieve the same goal.

IT'S TIME TO GET STARTED

DEFERRED COMPENSATION MAKES IT EASY

Through your employer's 457(b) deferred compensation plan, you:

Contribute to your account each pay period

Invest that money so it can potentially grow into a lot more

Use tools to monitor your account and make adjustments as needed

This material is not a recommendation to buy or sell a financial product or to adopt an investment strategy. Investors should discuss their specific situation with their financial professional.



Scan this code to enroll online.



To schedule an individual appointment, scan this code.

Syria Cribbs
(323) 360-3602
Cribbs3@nationwide.com

Retirement Resource Group
(877) 677-3678
nrsforu@nationwide.com

NRM-9461AO.10 (06/24)



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HEALTH COVERAGE NOTICES

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: GENERAL INFORMATION

Since key parts of the health care law took effect in 2014, there is another way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

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. You may also be eligible for a tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace's annual Open Enrollment period or if you experience a qualifying life event.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax 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 meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than (TBD for plans that start in 2025) of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution — as well as your employee contribution to employer-offered coverage — is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Ashley Barnes at abarnes@rosenbergtx.gov or 832-595-3320.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

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

3. Employer name: City of Rosenberg		4. Employer Identification Number (EIN): 74-6002014	
5. Employer address: 2110 4th Street		6. Employer phone number: 832-595-3320	
7. City: Rosenberg		8. State: Texas	9. ZIP code: 77471
10. Who can we contact about employee health coverage at this job? Ashley Barnes			
11. Phone number (if different from above): 832-595-3328		12. E-mail address: abarnes@rosenbergtx.gov	

- As your employer, we offer a health plan to some employees. Eligible employees are: all full-time employees and auxiliary employees that meet the requirements as reflected in the Patient Protection and Affordable Care Act. Refer to plan document for eligibility questions.
- With respect to dependents, We do offer coverage. Eligible dependents are: Your lawful spouse; and any child of yours who is less than 26 years old. *26 or more years old, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a Dependent under this plan. Proof of the child's condition and dependent must be submitted within 31-days after the date the child ceases to qualify above. See plan document for details.

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, www.healthcare.gov will guide you through the process.

CITY OF ROSENBERG NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

OUR COMPANY'S PLEDGE TO YOU

This notice is intended to inform you of the privacy practices followed by the *City of Rosenberg* (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on *January 1, 2026*.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We

want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. *City of Rosenberg* requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your

health information for purposes of treatment, payment, and health care operations.

As permitted or Required by Law. We may also use or disclose your protected health information without your written authorization for other reasons as *permitted* by law. We are *permitted* by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when *required* by law, for example, in order to prevent serious harm to you or others.

Pursuant to Your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor. We may disclose protected health information to certain employees of City of Rosenberg for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Your Rights

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

IMPORTANT NOTICE FROM CITY OF ROSENBERG ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Rosenberg and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. City of Rosenberg has determined that the prescription drug coverage offered by City of Rosenberg plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Rosenberg coverage will be affected. If you do decide to join a Medicare drug plan and drop your current City of Rosenberg coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of Rosenberg and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Rosenberg changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare Prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

January 1, 2026

COBRA RIGHTS NOTICE

This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains Public Sector COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may

be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of one of the following qualifying events:

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

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of one of the following qualifying events:

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

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;

- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When Is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: City of Rosenberg.

How Is COBRA CONTINUATION COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of

hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, **Children's Health Insurance Program (CHIP)**, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation

coverage. You can learn more about many of these options at www.healthcare.gov.

CAN I ENROLL IN MEDICARE INSTEAD OF COBRA CONTINUATION COVERAGE AFTER MY GROUP HEALTH PLAN COVERAGE ENDS?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later.

If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

IF YOU HAVE QUESTIONS

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act,

and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

For more information about the Marketplace, visit www.healthcare.gov.

PLAN CONTACT INFORMATION

OTHER NOTICES

EXPANDED COVERAGE FOR WOMEN'S PREVENTIVE CARE

Under the Affordable Care Act, City of Rosenberg provides female plan participants with expanded access to recommended in-network preventive services, including contraceptives, without cost sharing.

Additional women's preventive services that will be covered without cost sharing requirements include:

- Well-woman visits
- Gestational diabetes screening
- HPV DNA testing
- STI counseling, and HIV screening and counseling
- Contraception and contraceptive counseling
- Breastfeeding support, supplies, and counseling
- Domestic violence screening

For a description of what these items include, visit <https://www.healthcare.gov/preventive-care-women/>.

60-DAY SPECIAL ENROLLMENT PERIOD

In addition to the qualifying events listed in the enrollment guide, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you decline enrollment in medical coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in City of Rosenberg medical coverage 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 request enrollment no more than 31 days after your or your dependent's other coverage ends (or after the employer stops contributing to the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in City of Rosenberg medical coverage as long as you request enrollment by contacting the benefits manager no more than 31 days after the marriage, birth, adoption or placement for adoption. For more information, contact City of Rosenberg's Human Resources Department.

NEWBORN & MOTHERS HEALTH PROTECTION NOTICE

For maternity hospital stays, in accordance with federal law, the Plan does not 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 delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the

mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

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 consultations 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
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact the City of Rosenberg Human Resources Department or your medical 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 July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/df/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofa/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah’s Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, 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 ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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

CONTACTS

Coverage	Phone Number	Website/Email
Medical and Prescription BlueCross BlueShield	(800) 521-2227	www.bcbstx.com
Dental Accident Critical Illness Hospital Indemnity Cancer Whole Life Short Term Disability MetLife	DHMO: (800) 880-1800 DPPO: (800) 942-0854 For all other: (800) 638-5433	www.metlife.com
Vision EyeMed	(866) 800-5457	www.eyemedvisioncare.com
Flexible Spending Account / COBRA Navia	(800) 669-3539	www.naviabenefits.com Employer Code: CYE
Life Insurance Minnesota Life	(800) 392-7295	www.ochsinc.com
Long Term Disability Coverage Madison National	(800) 392-7295	www.ochsinc.com
457 and Roth Plan MissionSquare Retirement	(800) 669-7400	www.icmarc.org
Nationwide 457 Retirement Plan	(877) 677-3678	www.nationwide.com
Dearborn & Creggs Investments (457 & Roth)	(281) 277-6400	www.dearborncreggs.com
Pet Insurance Pet Benefit Solutions	(888) 913-7387	www.petbenefits.com
EAP AllOne Health	(888) 993-7650	www.allonehealth.com/deeroaks
Identity Theft Protection LegalShield	(832) 672-7509	Contact Shobi Raj at shobi@legalshieldassociate.com
Texas Municipal Retirement System (TMRS)	(800) 924-8677 or (512) 476-7577	www.tmrs.com
City of Rosenberg Human Resources	(832) 595-3320	

Professional Enrollment Concepts

Benefits Service Center

888-302-5766

Monday - Friday: 8:00 am - 7:00 pm (CST)

Saturday: 9:00 am - 3:00 pm (CST)

Before you speak with a Benefit Counselor, please have the following information ready: dependents' names, birth dates, social security numbers, addresses, and phone numbers.

