

# Benefits & Guide



**2025–2026**

October 1, 2025 - September 30, 2026



# Welcome

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

## Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following or coincident with 30 days of employment.
- ▶ If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective October 1, 2025 - September 30, 2026.

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse or child
- ▶ You lose coverage under your spouse's plan
- ▶ You gain access to state coverage under Medicaid or The Children's Health Insurance Program

## Making Changes

**To change your benefit elections, you must contact Human Resources within 31 days of the qualifying life event.** Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

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**Required Information**—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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# Enrollment

Go to <https://cityoftexarkana.benefitconnector.com/>. There, you will find detailed information about the plans available to you and instructions for enrolling.

# Medical

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

## UHC HDHP HSA

The High-Deductible Health Plan (HDHP) works similarly to a traditional PPO:

- ▶ You may see any health care provider and still receive coverage, but will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.
- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the annual deductible. **NOTE:** *If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL deductible (up to the family limit) before the plan starts to pay expenses for that individual.*
- ▶ Once you meet the deductible, you pay a percentage of your health care expenses (**coinsurance**) and the plan pays the rest.
- ▶ Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year. **NOTE:** *If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL out-of-pocket maximum (up to the family limit) before the plan starts to pay covered services at 100% for that individual.*

## Health Savings Account

The HDHP comes with a type of savings account called a health savings account (HSA). The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

### Here's how the HSA works:

- ▶ You may contribute pre-tax funds to the HSA through automatic payroll deductions.
- ▶ In addition, we will contribute to your HSA; company contribution amounts can be found on the medical overview grid.
- ▶ Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2025	2026
Employee Only	\$4,300	\$4,400
Family (employee + 1 or more)	\$8,550	\$8,750
Catch-up (age 55+)	\$1,000	\$1,000

- ▶ You can withdraw HSA funds, tax free, to pay for qualified health care expenses now or in the future. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

### Important Notes:

- ▶ Your HSA will be automatically opened for you, and you'll receive contributions directly into your account.
- ▶ You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, visit [www.irs.gov/forms-pubs/about-publication-969](http://www.irs.gov/forms-pubs/about-publication-969).
- ▶ For a complete list of qualified health care expenses, visit [www.irs.gov/forms-pubs/about-publication-502](http://www.irs.gov/forms-pubs/about-publication-502).
- ▶ Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

## UHC POS Buy-Up Copay Plan

With the POS plan, you select a primary care physician (PCP) from the participating network of providers who will coordinate your health care needs. Services received outside of the POS network may be covered but it's your responsibility to work with that office and your carrier.

## UHC PPO Base Copay Plan

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

- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the **annual deductible**. You may also have to pay a fixed dollar amount (**copay**) for certain services.
- ▶ Once you meet the deductible, you pay a percentage of certain health care expenses (**coinsurance**) and the plan pays the rest.
- ▶ Once your deductible, copays and coinsurance add up to the **out-of-pocket maximum**, the plan pays the full cost of all qualified health care services for the rest of the year.



# Medical (Continued)

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

Key Medical Benefits	UHC HDHP HSA		UHC Buy-Up Copay Plan POS		UHC Base Copay Plan - (PROformance) PPO	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar)						
Individual / Family	\$3,300 / \$6,600	\$7,800 / \$15,600	\$1,500 / \$3,000	\$5,000 / \$10,000	\$6,000 / \$15,800	\$10,000 / \$20,000
<b>Out-of-Pocket Maximum</b> (per calendar)						
Individual / Family	\$8,050 / \$16,100	\$15,000 / \$30,000	\$5,000 / \$10,000	\$10,000 / \$20,000	\$8,150 / \$16,300	\$20,000 / \$40,000
<b>Company Contribution to Your Health Savings Account (HSA)</b> (per calendar year; prorated for new hires/newly eligible employees)						
Individual / Family	\$1,000 / \$1,500		N/A		N/A	
<b>Covered Services</b>						
Office Visits (physician/specialist)	30%* / 30%*	50%*	\$25 copay / \$50 copay	50%*	\$35 copay / \$70 copay	50%*
24/7 Virtual Visits <sup>2</sup>	No charge	50%*	No charge	50%*	No charge	50%*
Routine Preventive Care	No charge	50%*	No charge	50%*	No charge	50%*
Outpatient Diagnostic (lab/X-ray)	30%*	50%*	20%*	50%*	30%*	50%*
Complex Imaging	30%*	50%*	20%*	50%*	30%*	50%*
Emergency Room	30%*	30%*	\$500 copay	\$500 copay*	\$500 copay	\$500 copay
Urgent Care Facility	30%*	50%*	\$50 copay	50%*	\$75 copay	50%*
Inpatient Hospital Stay	30%*	50%*	20%*	50%*	30%*	50%*
Outpatient Surgery	30%*	50%*	20%*	50%*	30%*	50%*
<b>Prescription Drugs</b> N/A						
Retail Pharmacy (30-day supply)	\$10 / \$40 / \$85	N/A	\$10 / \$40 / \$85	N/A	\$10 / \$40 / \$85	N/A
Mail Order (90-day supply)	\$25 / \$100 / \$212.50	N/A	\$25 / \$100 / \$212.50	N/A	\$25 / \$100 / \$212.50	N/A

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

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

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Only visits titled "24/7 Virtual visits" on the app are \$0. If you click the first option there will be a \$90 charge.

# Dental

We are proud to offer you a dental plan.

## UHC DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the UHC network.

The following is a high-level overview of the coverage available.

Key Dental Benefits	UHC DPPO	
	In-Network	
<b>Deductible</b> (per calendar year)		
Individual / Family	\$50 / None	
<b>Benefit Maximum</b> (per calendar year; preventive, basic and major services combined)		
Per Individual	\$2,000	
<b>Covered Services</b>		
Preventive Services	No charge	
Basic Services	20%	
Major Services	50%	
Orthodontia (Child Only)	50%	

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

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

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

# Vision

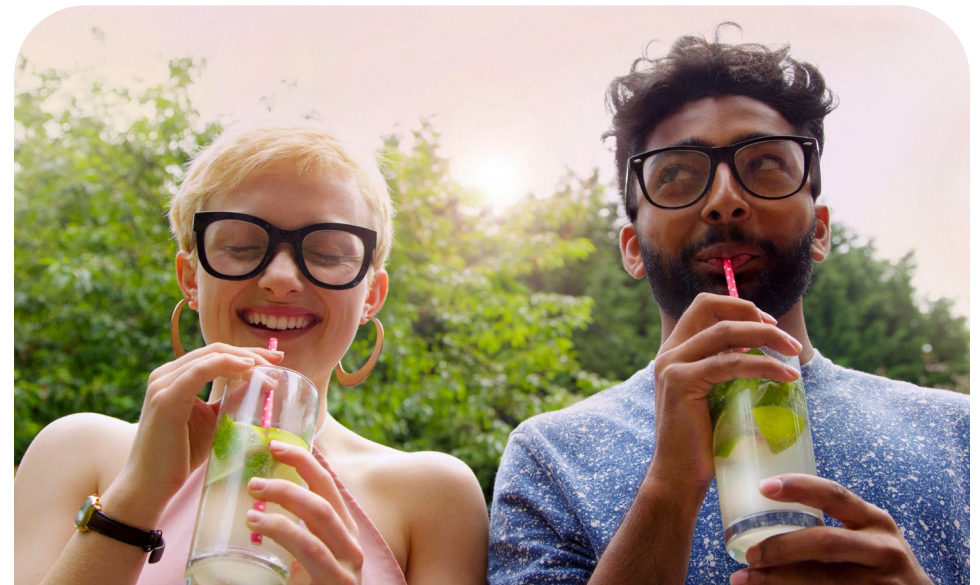
We are proud to offer you a vision plan.

## UHC

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

The following is a high-level overview of the coverage available.

Key Vision Benefits	UHC	
	In-Network	Out-of-Network Reimbursement
<b>Exam</b> (once every 12 months)	\$20 copay	Up to \$40
<b>Lenses</b> (once every 12 months)	\$20 copay	Up to \$40
Single Vision		Up to \$60
Bifocal		Up to \$80
Trifocal		
<b>Frames</b> (once every 24 months)	\$150	Up to \$45
<b>Contact Lenses</b> (once every 12 months; in lieu of glasses)	\$150	Up to \$125



# Life and AD&D

**Life insurance** provides your named beneficiary(ies) with a benefit after your death.

**Accidental death and dismemberment (AD&D) insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

## Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through OCHS - Securian Life Insurance Company.

Benefit Amount	
Employee	1 times annual earnings, up to \$250,000 Maximum

## Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through OCHS - Securian Life Insurance Company for yourself and your eligible family members.

	Benefit Option	Guaranteed Issue <sup>1</sup>
Employee	\$10,000 increments to a maximum of \$750,000	\$250,000
Spouse	\$10,000 increments, 100% of employees benefit, to maximum of \$250,000	\$20,000
Child(ren)	Live birth to age 26 - \$10,000 or \$15,000	N/A

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.



# Disability

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

## Voluntary Short-Term Disability

Provided at an affordable group rate through OCHS - Securian Life Insurance Company

Benefit Percentage	60%
Weekly Benefit Maximum	\$1,500
When Benefits Begin	After 8th day of disability
Maximum Benefit Duration	12 Weeks

## Voluntary Long-Term Disability

Provided at an affordable group rate through OCHS - Securian Life Insurance Company

Benefit Percentage	60%
Monthly Benefit Maximum	\$8,000
When Benefits Begin	90 Days
Maximum Benefit Duration	Social Security Retirement Age

# Employee Assistance Program

Life is full of challenges, and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The EAP is provided at **NO COST** to you through Alliance Work Partners.

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

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

## EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to twelve (12) in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

# Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Sun Life are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

## Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500<sup>1</sup>. And it's not only broken limbs—an average non-fatal injury could cost you \$6,620 in medical bills<sup>2</sup>. When your medical bill arrives, you'll be relieved you have accident insurance on your side.

## Critical Illness

Most of us don't have an extra \$7,000 ready to spend—and even if we do, we don't want to spend it on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: \$7,000<sup>3</sup>. But with critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use this benefit however you like, including to help pay for: treatments, prescriptions, travel, increased living expenses and more.

## Hospital Indemnity Insurance

When you or a dependent need to be hospitalized, your family deserves to focus on their well-being, not the stress of the average three-day hospital stay, which can cost you \$30,000<sup>1</sup>. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered hospitalization.

1. Why health insurance is important: Protection from high medical costs. HealthCare.gov
2. Average medical cost of fatal and non-fatal injuries by type in the USA, December 2019. National Library of Medicine.
3. MetLife Accident and Critical Illness Impact Study.

# Valuable Extras

We also offer the following additional benefits:

- ▶ **Vacation & Sick Leave:** The City of Texarkana, Texas provides three weeks of sick leave and three to four weeks of vacation leave based on longevity.
- ▶ **Free Gym Access:** The City of Texarkana and Texarkana College are partners in providing free access to all the Pinkerton Health & Recreation Complex for all city employees. This facility provides full weight lifting options, exercise machines, exercise/aerobics/yoga/dance studio, multi-use basketball gym, ½ mile jogging track, racquetball courts, and pickle ball and tennis courts.
- ▶ **Tuition Reimbursement:** The City of Texarkana provides reimbursement for up to six hours of tuition, books and half of fees each semester after the first year of employment. Please contact Human Resources for additional rules and requirements.
- ▶ **Employee Scholarships:** Texas A&M University Texarkana offers a 33% tuition discount through a university partnership scholarship. For new TAMUT students the first class is free.
- ▶ **Spot Pet Insurance:** Pet Insurance helps you protect your pets and your wallet by covering unexpected veterinary expenses. Plans are flexible, allowing you to choose your coverage level, annual limit, and reimbursement rate. Coverage includes accidents, illnesses, and optional preventive care for routine checkups, vaccinations, and dental cleanings. You can visit any licensed veterinarian in the U.S. or Canada, and claims are simple to file online or through the Spot app.
- ▶ **ARAG Legal:** In need of legal assistance? You have the option of enrolling in the voluntary legal plan, which offers access to both in- and out-of-network attorneys who can assist you with a range of legal, family and real estate matters, including wills and trusts, matrimonial, real estate, debt collection and family matters.
- ▶ **Alight Benefit Solutions** Alight Benefit Solutions provides employees with an easy-to-use online platform to manage and navigate their benefits. Through Alight's secure portal and mobile app, you can review plan options, enroll in coverage, update personal information, and access important benefit documents anytime, anywhere. The platform also offers personalized tools and resources to help you compare plans, estimate costs, and make informed decisions about your healthcare, retirement, and other workplace benefits.



# Cost of Benefits

October 1, 2025 - September 30, 2026

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

## Medical

Coverage Tier	City Contribution		Employee Contribution	
	Monthly	HSA Funding	Monthly	Per Pay Period
<b>UHC HDHP HSA</b>				
Employee Only	\$597.15	\$1,000	\$66.36	\$33.18
Employee + Spouse	\$1,209.57	\$1,500	\$396.12	\$198.06
Employee + Child(ren)	\$946.48	\$1,500	\$254.46	\$127.23
Family	\$1,602.02	\$1,500	\$607.44	\$303.72
<b>UHC Base Copay Plan PPO</b>				
Employee Only	\$597.15		\$100.28	\$50.14
Employee + Spouse	\$1,209.57		\$478.22	\$239.11
Employee + Child(ren)	\$946.48		\$315.86	\$157.93
Family	\$1,602.02		\$720.44	\$360.22
<b>UHC Buy-Up Copay Plan POS</b>				
Employee Only	\$597.15		\$312.28	\$156.14
Employee + Spouse	\$1,209.57		\$991.24	\$495.62
Employee + Child(ren)	\$946.48		\$699.56	\$349.78
Family	\$1,602.02		\$1,480.36	\$740.18

## Dental

Coverage Tier	City Contribution	Employee Contribution	
	Monthly	Monthly	Per Pay Period
<b>UHC DPPO</b>			
Employee Only	\$23.15	\$4.08	\$2.04
Employee + Spouse	\$56.47	\$26.30	\$13.15
Employee + Child(ren)	\$60.73	\$29.14	\$14.57
Family	\$82.93	\$43.94	\$21.97

## Vision

Coverage Tier	Employee Contribution	
	Monthly	Per Pay Period
<b>UHC Vision Plan</b>		
Employee Only	\$6.38	\$3.19
Employee + Spouse	\$15.08	\$7.54
Employee + Child(ren)	\$15.08	\$7.54
Family	\$15.08	\$7.54

## Supplemental Life/AD&D

Deductions for supplemental Life/AD&D are taken from your paycheck after taxes. Rates are available during enrollment.

To encourage a healthier lifestyle and proactive care, the following surcharges will be implemented starting October 2026 if the requirements below are not completed during the 2025 calendar year:

**Tobacco Surcharge:** \$100 – Applies if you are a tobacco user.

**Spousal Surcharge:** \$100 – Applies if your spouse has access to other group coverage but is enrolled in this plan.

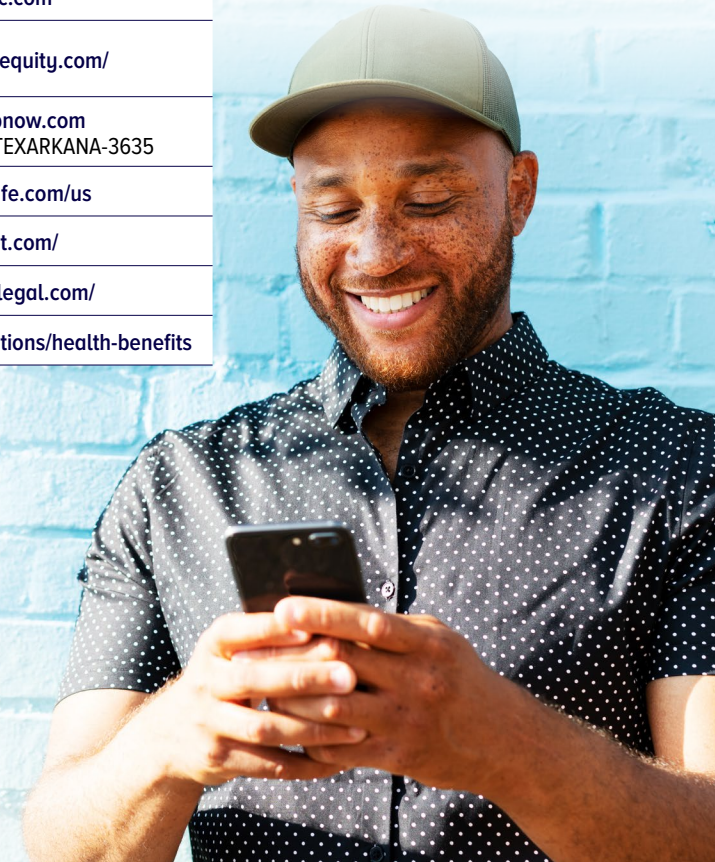
**Annual Physical Surcharge:** \$100 – Applies if you do not complete your annual physical in 2025

# Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	United Healthcare	1-866-801-4409	<a href="http://www.myuhc.com">www.myuhc.com</a>
Prescription Drug Coverage	Optum Rx	1-888-658-0539	<a href="http://www.myuhc.com">www.myuhc.com</a>
Dental	United Healthcare	1-866-801-4409	<a href="http://www.myuhc.com">www.myuhc.com</a>
Vision	United Healthcare	1-866-801-4409	<a href="http://www.myuhc.com">www.myuhc.com</a>
Life/AD&D	Ochs	1-800-392-7295	<a href="mailto:ochs@ochsinc.com">ochs@ochsinc.com</a>
Disability	OCHS - Securian Life Insurance Company	1-800-392-7295	<a href="mailto:ochs@ochsinc.com">ochs@ochsinc.com</a>
Health Savings Account (HSA) & Flexible Spending Account (FSA)	Health Equity	HSA: 1-866-346-5800 FSA: 1-877-924-3967	<a href="https://www.healthequity.com/">https://www.healthequity.com/</a>
Employee Assistance Program (EAP)	AWP - Alliance Work Partners	1-800-343-3822	<a href="https://www.awpnow.com">https://www.awpnow.com</a> Registration Code: AWP-TEXARKANA-3635
Voluntary Benefits	Sun Life Financial	1-800-247-6875	<a href="https://www.sunlife.com/us">https://www.sunlife.com/us</a>
Pet Insurance	Spot	1-800-905-1595	<a href="https://spotpet.com/">https://spotpet.com/</a>
Legal Insurance	ARAG	1-800-247-4184	<a href="https://www.araglegal.com/">https://www.araglegal.com/</a>
Health Benefit Solutions	Alight	1-800-247-4184	<a href="https://www.alight.com/solutions/health-benefits">https://www.alight.com/solutions/health-benefits</a>

## Benefits Website

Our benefits website <https://cityoftexarkana.benefitconnector.com/> can be accessed anytime you want additional information on our benefits programs.



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

