

CITY OF GRAPEVINE

Employee Benefits Guide

2025-2026

Fiesta of Wellness



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The City of Grapevine is proud to support our employees' overall wellbeing with a variety of benefit options. This guide offers details on our 2025-2026 offerings for you and your family. Contact the Human Resources department with any questions.

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See [34](#) for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to The City of Grapevine. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

Eligibility and Enrollment

The City of Grapevine's benefits are designed to support your unique needs.

The City of Grapevine appreciates the hard work and dedication you bring to our team every day. To do our part, we are committed to keeping your benefits affordable and beneficial for you and your eligible family members.

The City of Grapevine strives to provide benefits that meet your needs, are easy to understand, to use, and provide excellent value for affordable costs.

To be your healthiest and help keep costs down, we ask that you take advantage of the wellness program and onsite preventive screenings.

This guide is designed to assist you and your family in making the best choices for your needs. It contains explanations of each benefit, contact information for benefits vendors, and costs you can expect for each benefit. Please review this guide in its entirety and keep as a resource throughout the year.

Who Is Eligible

Full-time, regular part-time employees, and elected officials are eligible for benefits. Employees are eligible for all benefits on the first of the month following date of hire. Your eligible dependents may also be enrolled for coverage. Eligible dependents include:

- Your legal spouse (or common-law spouse where recognized), if they don't have an offering of coverage elsewhere.
- Your dependent children under age 26

Coverage Dates

The coverage you choose during this period will begin October 1, 2025, and remain effective until September 30, 2026. Benefits cannot be changed until the next enrollment period unless you experience a Qualifying Life Event (QLE). If you experience a QLE, you must alert Human Resources within 60 days.

Spousal Coverage

If your spouse is eligible to participate in or be covered by another health plan (excluding Medicare and Medicaid), they are not eligible for The City of Grapevine's medical plan. Spouses can enroll in all other voluntary insurances. If you are adding a spouse to the medical plan, you will be required to complete an affidavit showing eligibility in the plan.

Opt-Out Credit

If you have other medical coverage and choose to opt-out of The City of Grapevine medical plan, you will receive \$500 into a Flexible Spending Account. Proof of other coverage is required. This money can be used to pay for eligible healthcare expenses not covered by another medical insurance plan.

Details on the Flexible Spending Account program are available on 19.

Required Dependent Documentation

The City of Grapevine requires employees enrolling dependents to submit documentation to substantiate their eligibility. A marriage license is required for a spouse and birth certificate(s) for any child(ren). Documents should be uploaded into Paycom.



Now's the Time to Enroll!

You can update your benefits when you start a new job or during Open Enrollment each year. Changes in your life called Qualifying Life Events (QLEs), as determined by the IRS, can allow you to enroll in health insurance or make changes outside of these times.

When a Qualifying Life Event occurs, you have **60 days** to request changes to your coverage. Your change in coverage must be consistent with your change in status.

Reach out to Human Resources with questions regarding specific life events and your ability to request changes. Don't miss out on a chance to update your benefits! To submit a Qualifying Life Event request, log in to Paycom at paycomonline.com within 60 days of the event date.

What are Qualifying Life Events?

- A change in the number of dependents (through birth or adoption or if a child is no longer an eligible dependent)
- A change in your legal marital status (marriage, divorce, or legal separation)
- A change in a spouse's employment status (resulting in a loss or gain of coverage)



- Entitlement to Medicare or Medicaid
- Eligibility for coverage through the Marketplace (Healthcare.gov)
- Changes in address or location that may affect coverage
- Turning 26 and losing coverage through a parent's plan

- A change in employment status from full-time to part-time, or part-time to full-time, resulting in a gain or loss of eligibility
- Death in the family (leading to change in dependents or loss of coverage)
- Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)



Ready for Open Enrollment?

The City of Grapevine covers a significant amount of your benefit costs. Your contributions for medical, dental, and vision benefits are deducted on a pre-tax basis, which reduces the amount you're required to pay taxes on. Employee contributions vary depending on the level of coverage you select — typically, the more coverage you have, the more you'll pay up-front for it.

Open Enrollment Action Items



Update your personal information.

Confirm your mailing address and phone number are up to date.



Double-check covered medications.

If you make any changes to your plan, consider how it affects your prescriptions (i.e., will their costs go up or down?).



Review available plans' deductibles.

Think you may have more medical needs than usual this year? You might want a lower deductible. If not, you could switch to a higher deductible plan and enjoy lower biweekly premiums.



Consider your HSA or FSA.

An HSA or FSA can help cover healthcare costs, including dental and vision services and prescriptions. Adding one of these accounts to your benefits can help with your long-term financial goals.



Check your networks.

Receiving care by in-network providers often saves you money. Check for any plan changes to make sure your go-to providers and pharmacy are still your best bet.



Medical Benefits

Medical benefits are provided through UMR, who participates in the United Healthcare Choice Plus Network. Consider the physician networks, premiums, and out-of-pocket costs for each plan when making a selection. Keep in mind, your choice is effective for the entire 2025-2026 plan year unless you have a Qualifying Life Event.

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your contributions.



TRADITIONAL

PREMIER

CONTRIBUTIONS

	WELLNESS CREDIT		NON-WELLNESS CREDIT		WELLNESS CREDIT		NON-WELLNESS CREDIT	
	MONTHLY	BI-WEEKLY	MONTHLY	BI-WEEKLY	MONTHLY	BI-WEEKLY	MONTHLY	BI-WEEKLY
EMPLOYEE ONLY	\$62.74	\$28.96	\$112.74	\$52.03	\$0	\$0	\$78.15	\$36.07
EMPLOYEE + SPOUSE	\$112.93	\$52.12	\$162.93	\$75.20	\$50.67	\$23.39	\$100.67	\$46.46
EMPLOYEE + CHILD(REN)	\$106.66	\$49.23	\$156.66	\$72.30	\$47.86	\$22.09	\$97.86	\$45.17
EMPLOYEE + FAMILY	\$163.12	\$75.29	\$213.12	\$98.36	\$73.19	\$33.78	\$123.19	\$56.86

For more information on the wellness credit, see page "Wellness" on page 13.

How to Find a Provider

Visit umr.com or call Customer Care at 877-360-4503 for a list of UMR (Network: UHC Choice Plus) network providers.

Medical Plan Summary

This chart summarizes the 2025-2026 medical coverage provided by UMR, who participates in the United Healthcare Choice Plus Network. All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network coverage is excluded.

TRADITIONAL

PREMIER (HSA ELIGIBLE)

	IN-NETWORK	IN-NETWORK
PLAN YEAR DEDUCTIBLE		
INDIVIDUAL	\$1,000 (copays excluded)	\$3,300
FAMILY	\$2,000 (copays excluded)	\$5,300
COINSURANCE (PLAN PAYS)	80%*	80%*
ANNUAL OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)		
INDIVIDUAL	\$2,000	\$3,800
FAMILY	\$4,000	\$6,300
COPAYS/COINSURANCE (WHAT YOU PAY)		
PREVENTIVE CARE	Covered in full	Covered in full
PRIMARY CARE	\$25 copay	20%*
SPECIALIST SERVICES	\$25 copay	20%*
DIAGNOSTIC CARE	20%*	20%*
INPATIENT SURGERY	20%*	20%*
OUTPATIENT SURGERY	20%*	20%*
URGENT CARE	\$25 copay + 20%*	20%*
EMERGENCY ROOM	\$250 copay + 20%*	20%*

*After deductible

Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through Optum RX. You may find information on our benefits coverage and search for network pharmacies by logging on to optumrx.com or by calling 877-559-2955. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, Non-Preferred, or Specialty Drugs.



	TRADITIONAL	PREMIER
RX OUT-OF-POCKET MAXIMUM	Individual: \$3,000 Family: \$6,000	Included in Medical Out-of-Pocket Maximum
RETAIL RX (34-DAY SUPPLY)		
GENERIC	\$4 copay	\$4 copay*
PREFERRED	20% (min. \$15)	20% (min. \$15)*
NON-PREFERRED	30% (min. \$30)	30% (min. \$30)*
SPECIALTY DRUGS	Generic: \$4 copay Preferred: 20% (min. \$40) Non-Preferred: 40%	Generic: \$4 copay* Preferred: 20% (min. \$40)* Non-Preferred: 40%*
MAIL ORDER RX (90-DAY SUPPLY)		
GENERIC	\$8 copay	\$8 copay*
PREFERRED	20% (min. \$30)	20% (min. \$30)*
NON-PREFERRED	30% (min. \$60)	30% (min. \$60)*

*After deductible

Critical Drugs

The City of Grapevine covers the cost of five critical drug categories. The City pays 100% with no cost to the member regardless of the medical plan you are enrolled in. Medical necessity and Prior Authorization rules may apply. Please note this is for Generic and Acute Preferred Brands only.

- Insulin
- Inhaled Bronchodilators
- Epinephrine
- Naloxone
- Glucagon

Prescription Drug Plan

UMR's medical plans include coverage for prescription drugs through Optum Rx. You may fill your prescriptions at participating retail pharmacies or through the mail-order service. The Traditional plan includes coverage for prescription drugs and those costs go towards the prescription drugs out-of-pocket maximum. Prescriptions on the Premier plan will have a prescription copay after the plan deductible is met.

Mail Order

If you are taking a maintenance medication such as high blood pressure, asthma, or diabetes medication, you will save money and save time if you utilize the mail-order service offered through Optum Rx. Some benefits include free delivery, on demand pharmacists via phone, and reduced copays. Call 877-559-2955 or visit optumrx.com for details.

Generic Drugs

Want to save money on meds? Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety, and strength. Because they are the same medicine, generic drugs are just as effective as brand-name drugs, and they are held to the same rigid FDA standards. If you request a brand-name drug when a generic is available, you will be required to pay the difference between the cost of the generic and the formulary/non-formulary brand-name drug plus the applicable copayment. To find out there is a generic equivalent to your brand-name drug, visit www.fda.gov.

UMR Additional Benefits

Ongoing Care

Living with an ongoing chronic condition is difficult. Navigating treatment shouldn't be. If you have been diagnosed with one or more of the following conditions, get in touch with a UMR nurse coach to help manage treatment options.

- Neuromuscular/Autoimmune Disorders
- Cardiovascular Disorders
- Respiratory Disorders
- Behavioral Health Disorders
- Blood Disorders
- Gastrointestinal Disorders
- Oncology
- Endocrine Disorders
- Genitourinary Disorders

You'll receive a **\$100 gift card** for completing these programs. To enroll, visit umr.com or call 866-494-4502. Your participation is voluntary, but highly encouraged, and all resources are available to you at no cost to you. It's free and confidential!

Maternity Management

Maternity Management helps expectant mothers understand and manage pregnancy. The program provides one-on-one phone calls with a nurse who will guide you through your full pregnancy.

- Comprehensive pre-pregnancy and prenatal assessments
- Educational information before you become pregnant and throughout your pregnancy
- Calls after your delivery to see how you and your baby are doing
- Nurses available for questions or concerns



The City of Grapevine is excited to introduce a new advocacy program for our employees — Medefy! Medefy is your personal guide to smart, cost-effective healthcare.



Medefy's Care Guides ensure you get the most out of your healthcare benefits while saving time and money. Whether you're trying to understand your coverage, seeking care, or managing expenses, the Medefy app is your personal all-in-one solution.

Expert Benefits Navigation

Medefy breaks down your health coverage details and discovers cost-efficient, top-tier specialists in your area. Your path to better health starts here.

Direct Access To Guides

Care Guides are your go-to resource. Enjoy fast, free, and confidential text-based support for finding care, understanding benefits, and resolving billing matters, with 24/7 access.

Smart Tools For Your Benefits

Your benefits package is now right at your fingertips. With Medefy, you can easily view your health benefits ID cards, open enrollment documents, and plan details anytime, anywhere.

Download Medefy today and transform the way you manage your health!



Preventive Care

Routine checkups and screenings are considered preventive, so they're often paid at 100% by your insurance. Some common covered services include:

Wellness visits, physicals, and standard immunizations



Screenings for blood pressure, cancer, cholesterol, depression, obesity, and diabetes



Pediatric screenings for hearing, vision, obesity, and developmental disorders



Anemia screenings, breastfeeding support, and pumps for pregnant and nursing women



Iron supplements (for infants at risk for anemia)



It's important to take advantage of these covered services. Just remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.

What Vaccines Are Covered 100% Under Preventive Care?

Many vaccines are covered under preventive care when delivered by a doctor or provider in your plan's network. These include chickenpox, flu, shingles, and tetanus. For a full list, visit www.healthcare.gov/preventive-care-adults.

Where to Go for Care

You're feeling sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new prescription, but the pharmacy is closed, or you're on vacation and are under the weather. Instead of rushing to the emergency room or relying on questionable information from the internet, consider all of your site-of-care options.

 Virtual Medicine (\$)	 Primary Care Center (\$)	 Urgent Care Center (\$\$)	 Emergency Room (\$\$\$)
WHEN TO USE			
You need care for minor illnesses and ailments but would prefer not to leave home. These services are available by phone and online (via webcam).	You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.	You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.	You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.
TYPES OF CARE*			
<ul style="list-style-type: none"> ▪ Cold & flu symptoms ▪ Bronchitis ▪ Urinary tract infection ▪ Sinus problems 	<ul style="list-style-type: none"> ▪ Routine checkups ▪ Immunizations ▪ Preventive services ▪ Managing your general health 	<ul style="list-style-type: none"> ▪ Strains, sprains ▪ Minor broken bones (e.g., finger) ▪ Minor infections ▪ Minor burns 	<ul style="list-style-type: none"> ▪ Heavy bleeding ▪ Chest pain ▪ Major burns ▪ Severe head injury
COSTS AND TIME CONSIDERATIONS**			
<ul style="list-style-type: none"> ▪ Usually a first-time consultation fee and a flat fee or copay for any visit thereafter ▪ Typically immediate access to care ▪ Prescriptions through telemedicine or virtual visits not allowed in all states 	<ul style="list-style-type: none"> ▪ Often requires a copay and/or coinsurance ▪ Normally requires an appointment ▪ Short wait time with scheduled appointment 	<ul style="list-style-type: none"> ▪ Copay and/or coinsurance usually higher than an office visit ▪ Walk-in patients welcome, but urgency determines order seen and wait time 	<ul style="list-style-type: none"> ▪ Often requires a much higher copay and/or coinsurance ▪ Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first ▪ Ambulance charges, if applicable, will be separate and may not be in-network

*This is a sample list of services and may not be all inclusive.

**Costs and time information represent averages only and are not tied to a specific condition or treatment.

Virtual Medicine

When you're under the weather, there's no place like home, and if you're busy with work and family, scheduling an in-person doctor's appointment can be a pain. Virtual medicine is a convenient and easy way to connect with a doctor on your time.



Access Virtual Visits

The City of Grapevine provides a virtual medicine benefit through Teladoc for you and your dependents. Teladoc offers on-demand access to board-certified doctors through online video, telephone, or secure email. General health issues can be addressed at home for a copay of \$25 on both the Traditional Plan and Premier Plan.

Teladoc doctors can share information with your primary care physician with your consent. Please note that some states do not allow physicians to prescribe medications via telemedicine.

Teladoc doctors can treat many medical conditions, including:

- Cold & flu
- Allergies
- Bronchitis
- Respiratory infection
- Bladder infection/urinary tract infection
- Pink eye
- Sore throat
- Stomachache
- Sinus problems

You can also see a Teladoc virtual doctor for behavioral health, and dermatologist visits.

Visit TeladocHealth.com or call 800-835-2362 to request a virtual visit. You can also download the Teladoc app on your phone or tablet device. After you register and request an appointment, you'll pay your portion of the service costs and enter a virtual waiting room. During your visit, you can talk to a doctor about your health concerns, symptoms, and treatment options.

The City of Grapevine Employee and Family Clinic Program

The City has partnered with Texas Health Resources to provide fast, quality care to all employees and dependents. You do not have to be full-time to access this benefit. All providers are also in network with United Healthcare Choice Plus and can be your primary care physician for routine care throughout the year.

- Clinic ID card must be presented at the time of service.
- An eligible dependent is defined as a spouse and/or dependent children under the age of 26.
- Walk-in for a same day office visit; call ahead for same day appointment, if possible.
- \$25 fee for acute care includes coughs, colds, flu, sinus infections, sore throats, ear aches, and other minor illnesses.



<p>Texas Health Family Care 200 Emery Street Denton, Texas 76201 940-484-4424</p>	<p>Texas Health Family Care 4001 Long Prairie Road, #125 Flower Mound, Texas 75028 972-539-3030</p>	<p>Texas Health Internal Medicine 1615 Hospital Parkway, #103 Bedford, Texas 76022 817-354-2680</p>
<p>Texas Health Family Care 1600 W Northwest Highway, #100 Grapevine, Texas 76051 817-912-0442</p>	<p>Texas Health Family Care 1280 S Main Street, #100 Grapevine, Texas 76051 817-310-8098</p>	<p>Texas Health Family Care 100 Bourland Road, #100 Keller, Texas 76248 817-379-5100</p>
<p>Texas Health Family Care 5009 Thompson Terrace, #103 Colleyville, Texas 76034 817-310-0898</p>	<p>Texas Health Family Care 580 Denton Tap Road, #123 Coppell, Texas 75019 972-462-0762</p>	<p>Do not see the doctors above for workers' compensation injuries.</p>

Wellness

Do you make your good health a priority every day? The City of Grapevine is here to help with all aspects of Wellness. Our goal is to help you find balance in life by strengthening body, mind, and community. The City of Grapevine's Wellness Program is through Personify. All employees and medical enrolled spouses are welcome to participate, and the program is completely confidential.

Log in to Personify to participate in:

- Company-wide challenges
- Activity and nutrition trackers
- Health screenings
- Personalized coaching and chronic-condition management tools
- Convenient and secure storage of medical records
- Mental and financial wellbeing resources
- Helpful reminders about preventive exams
- All members of Personify get a FREE membership to Noom (See page 16 for Noom)

Visit Personify at <https://personifyhealth.com> today.

Wellness Discount

The City of Grapevine Wellness Program provides employees and eligible spouses the opportunity to earn a reward when they engage in key activities. To qualify, visit the Wellness portal to learn more!

Because preventive care is essential to good health, The City of Grapevine provides onsite biometric screenings for employees and eligible spouses. The screening consists of measurements for blood pressure, height, weight, waist circumference, blood lipids (total cholesterol, HDL cholesterol, LDL cholesterol, and triglycerides), and glucose. Not able to participate in the onsite biometric screenings? Get your screening form directly through Personify or your physician.

A biometric screening provides insight into your long-term health risks to help make better long-term decisions. If you and/or your eligible spouse complete a biometric screening and the other wellness program requirements, you may be eligible for a wellness discount on your medical premium.

Personify Health

888-671-9395

support@personifyhealth.zendesk.com

Wellness Requirements (MUST BE COMPLETED BY 7/31/26)

- 1. Health Check Survey:** Complete the self-assessment through Personify Health.
- 2. Nicotine-Free Agreement or Tobacco Cessation Journey:** Complete the agreement or join a smoke-free "journey" through Personify Health.
- 3. Biometrics Screening:** Download the "Quest Diagnostic form" from the benefits page of Personify. You can take it with you to your physical appointment to have your doctor complete and return. The City of Grapevine will also offer onsite screenings that do not require the form.
- 4. Annual Physical:** Complete a physical with your primary care physician. No form required, the doctor's office must use CPT code 99381-99429. Once UMR pays the claim, it will show complete in Personify Health.

Privacy Reminder: The City of Grapevine does not have access to individual health information. The City of Grapevine statistics referenced in this communication are aggregate. Personal health information is always treated privately.

Your Reward

It's easy to earn points by making healthy decisions! For every level you hit, instantly earn Pulse Cash in addition to working toward your premium discount for 2027!

Earn up to \$100 in Pulse Cash and complete your checklist by 7/31/2026 to earn your premium incentive! Pulse cash can be redeemed for popular gift cards or used to shop in the Personify Health store.



Mental Health

You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong. Your mental health is just as important. What do you do to stay healthy mentally? Do you know where you can go when you need help? The City of Grapevine has many resources available to help you out.

Employee Assistance Program

We're here for you when you need help. Our Employee Assistance Program (EAP) helps you and your family manage your total health, including mental, emotional, and physical. And there's no cost to you — whether or not you're enrolled in a company-sponsored medical plan. Our EAP is through Optum.

Through Optum EAP, you have access to mental health assistance and legal and financial help from professionals. You also have 24-hour access to helpful resources by phone and eight face-to-face visits with a licensed professional, for free. All services provided are confidential and will not be shared with The City of Grapevine. You may access information, benefits, educational materials, and more by phone or online.

The Program provides help with:

- Emotional health and wellbeing
- Alcohol or drug dependency
- Marriage or family problems
- Job pressures
- Stress, anxiety, depression
- Grief and loss
- Financial or legal advice
- Legal services
- ID theft services

Optum

866-248-4096

liveandworkwell.com

Access code:
grapevine

Mental Health and Your Medical Plan

When your covered EAP services run out, the medical plan covers behavioral and mental health services. The cost is based off the medical plan you are enrolled in. Coverage includes virtual therapy from Teladoc. Via video or telephone, you can receive confidential 1-on-1 counseling from the privacy and convenience of your home. Your licensed virtual therapist may provide a diagnosis, treatment, and medication if needed. You can see the same therapist with each appointment and establish an ongoing relationship. See plan documents for specifics on coverage for inpatient and outpatient services. Teladoc behavioral healthcare can be accessed for a \$25 fee on both medical plans.

Note

According to the National Institute of Mental Health, it is estimated that more than one in five U.S. adults live with a mental illness.



Mental Health Services

Self Care by AbleTo | ableto.com
(formerly Sanvello)

Get the support you need to improve your mental health. From on-demand self care to therapy and coaching, AbleTo makes it easy to put your wellbeing first. Using tools backed by science, you'll learn coping skills to help build better habits. You get flexible mental health care that fits into your schedule, personalized, science-backed tools and skill-building activities, curated content to help manage feelings of stress, anxiety, and depression and 24/7 access to tools, activities, and content. AbleTo is available through the Optum Employee Assistance Program.

Talkspace | talkspace.com

Talkspace is a confidential and convenient way to access therapy. You can message your provider whenever, no appointment needed. You can start therapy online within hours of choosing a provider. Talkspace is covered under your Employee Assistance Program benefits as a participating provider.

Teladoc | teladoc.com | 800-835-TELADOC (2362)

Talk to a doctor or psychiatrist and get prescribed medication anywhere by phone or video. Fully credentialed network of doctors and psychiatrists that are available for virtual appointments 7am to 9pm.

Other Mental Health Resources

No matter your problem, whether you're a manager or entry-level employee, don't be afraid to ask for help. There are resources available 24/7.



988 Suicide & Crisis Lifeline

Dial 988 to be connected with 24/7/365 emotional support.

Free, confidential crisis counseling, including appropriate follow-up services, is available no matter where you live in the United States.



Crisis Text Line

Text "HOME" to 741741

Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply. .



War Vet Call Center

Veterans and their families can call 877-WAR-VETS (877-927-8387) to talk about their military experience and/or readjustment to civilian life.

Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.

Nutrition and Weight Management

NOOM | [noom.com](https://www.noom.com)

We're changing how the world thinks about weight loss. Noom uses science and personalization to help you lose weight and keep it off for good. We'll help you better understand your relationship with food, how to be more mindful of your habits, and give you the knowledge and support you need for long-lasting change. Access your Noom benefit through Personify Health to create a free account.

Noom supports every person in their goals of losing weight and living healthier. Through behavior change programs that include personalized lessons, fitness nutrition guidance, paired with 1:1 coaching and peer support, Noom can help you achieve last health.

With Noom, you also have access to the Body Scan feature, which uses AI to deliver precise body composition metrics — including body fat percentage, fat mass, lean mass, and waist-to-hip ratio. Body Scan delivers personalized insights to empower you to make informed health decisions, ultimately improving your overall health.

NOOM



Real Appeal | [realappeal.com](https://www.realappeal.com)

Real change with Real Appeal. Experienced coaches, on-demand workouts, and a science-backed approach — all designed to help you set practical goals and reach them. Because getting healthy doesn't mean you have to change everything about your life. Get started now at enroll.realappeal.com. Real Appeal is available to those enrolled in The City of Grapevine's medical insurance.

Support Coaching Sessions — Get personalized guidance from a coach who leads collaborative weekly group sessions.

Making Behavior Change Possible — Together, we will address topics like emotional eating, mindset and motivation, and more.

Resources to Stay Motivated — Your Success Kit gives you access to online fitness classes, scales, a portion plate, and more.



Health Savings Account

Want funds handy to help cover out-of-pocket healthcare expenses? A Health Savings Account (HSA) with HSA Bank is a personal healthcare bank account used to pay for qualified medical expenses. HSA contributions and withdrawals for qualified healthcare expenses are tax-free. You must be enrolled in the Premier Plan to participate.



Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in a HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

HSA Bank will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses — no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, personal protective equipment (PPE), over-the-counter medications, and more. Visit IRS Publication 502 on www.irs.gov for a complete list.

Eligibility

You are eligible to contribute to an HSA if:

- You are enrolled in the Premier Plan.
- You are not covered by your spouse's or parent's non-HDHP.
- You do not, or your spouse does not, have a Healthcare Flexible Spending Account or Health Reimbursement Account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)



Pre-tax Paycheck Contributions



Employer Pre-tax Contributions

HSA



Tax-free Payments
(for qualified medical expenses)



Unused Funds Roll Over Annually

Note

Because HSA funds never expire, contributing your annual maximum to your HSA can help you save to pay for healthcare expenses tax-free after retirement.



You Own Your HSA

Your HSA is a personal bank account that you own and manage. You decide how much you contribute, when to use the money for medical services and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements (you own all contributed HSA funds immediately) or forfeiture provisions (you keep all HSA funds whether you leave the company or retire).

How to Enroll

To enroll in The City of Grapevine's HSA, you must elect the Premier Plan with The City of Grapevine. Submit all HSA enrollment materials and choose the amount to contribute on a pre-tax basis. The City of Grapevine will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified.

HSAs and Taxes

HSA contributions are made through payroll deduction on a pre-tax basis when you open an account with HSA Bank. The money in your HSA (including interest and investment earnings, if any) grows tax-free. When the funds are used for qualified medical expenses, they are spent tax-free.*

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax. This is why it's important to know what medical expenses qualify for HSA use and to keep track of where you spend your HSA funds.

*State income taxes are also waived on HSA contributions in almost all states.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For the 2025-2026 plan year, contributions (which include any employer contribution) are limited to the following:

2025 ANNUAL HSA FUNDING LIMITS

EMPLOYEE	\$4,300
FAMILY	\$8,550
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000

2026 ANNUAL HSA FUNDING LIMITS

EMPLOYEE	\$4,400
FAMILY	\$8,750
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000

The City of Grapevine provides an HSA employer contribution that will be deposited on a bi-weekly basis. Employer contribution amounts are prorated.

2025-2026 PLAN YEAR EMPLOYER HSA CONTRIBUTION

EMPLOYEE	\$1,000
FAMILY	\$2,000

HSA contributions over the IRS annual contribution limits are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

- Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed but won't have to pay a penalty tax.
- Leave the excess contributions in your HSA and pay 6% excise tax on them. Next year, consider contributing less than the annual limit to your HSA.

The City of Grapevine HSA is established with HSA Bank. You may be able to roll over funds from another HSA. For more enrollment information, contact Human Resources or visit hsabank.com.

Flexible Spending Accounts

Take control of your spending! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

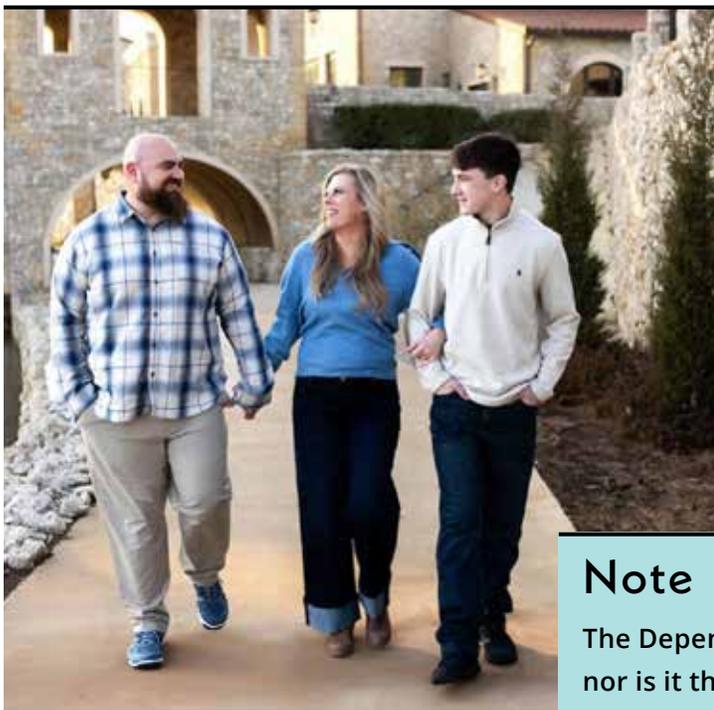
Healthcare Flexible Spending Account (Must be enrolled in Traditional Plan)

With a Healthcare FSA, you can contribute up to \$3,300 annually for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. The minimum amount you must contribute to participate is \$120.

You can even pay for eligible expenses with an FSA debit card at the same time you receive them — no waiting for reimbursement.

Limited Use Flexible Spending Account (Must be enrolled in Premier Plan)

A Limited Use Flexible Spending Account (LUFSA) works with a Health Savings Account (HSA) and allows for reimbursement of eligible dental and vision expenses. The maximum contribution limit is \$3,300. The minimum amount you must contribute to participate is \$120.



Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — even if you don't elect any other benefits. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently deposited in your account.

- With the Dependent Care FSA, you can set aside up to \$5,000 to pay for child or elder care expenses on a pre-tax basis. The minimum amount you must contribute to participate is \$120.
- Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the employee for more than half the year.
- You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent daycare expenses that are necessary for you and your spouse to work or attend school full-time. Eligible expenses include:

- In-home babysitting services (not provided by a dependent)
- Care of a preschool child by a licensed nursery or daycare provider
- Before- and after-school care
- Day camp
- In-house dependent daycare

Note

The Dependent Care FSA is not to be used for medical expenses, nor is it the same as electing medical coverage for dependents.

Using the Account

Use your FSA debit card at doctor and dentist offices, pharmacies, and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you use the card at an ineligible location.

Submit a claim form along with the required documentation. Contact UMR with reimbursement questions. If you need to submit a receipt, UMR will notify you. Always save receipts for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges in case you need to prove an expense was eligible. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.

General Rules

The IRS has the following rules for Healthcare and Dependent Care FSAs:

- Expenses must occur during the 2025-2026 plan year. For the fiscal year 2026, you must incur all eligible expenses by December 15, 2026.
- For the fiscal year 2026, you must submit all reimbursement requests by December 31, 2026.
- You must “use it or lose it” — any unused funds will be forfeited. Unused funds do not roll over into the next plan year.
- Funds cannot be transferred between FSAs.
- You are not permitted to claim the same expenses on both your federal income taxes and Dependent Care FSA.
- You cannot change your FSA election in the middle of the plan year without a Qualifying Life Event.
- Those considered highly compensated employees (family gross earnings were \$160,000 or more last year) may have different FSA contribution limits. Visit www.irs.gov for more info.



Uploading Documentation Online

1. Log in to www.umar.com.
2. Select Account Balances under the myMenu tab on the left.
3. Click on your specific account type.
4. From the Consumer Accounts page, click on the green view account button.
5. In the center of the following page, there will be tasks which allow you to identify the item(s) in question and take appropriate action.

Supplemental Health Benefits

The City of Grapevine offers several ways to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and offered at discounted group rates.

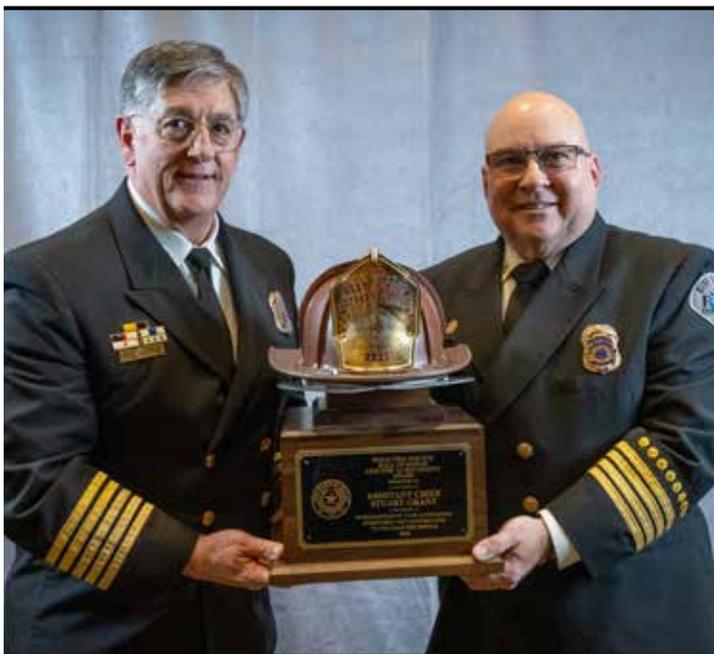


Accident Coverage

Accident insurance through The Hartford provides you with a cushion to help cover expenses and living costs when you get hurt unexpectedly. This plan complements your health insurance by providing benefits to help cover direct or indirect costs that can arise with a serious or minor injury that occurs off the job. You may end up paying out of your own pocket for things like deductibles, copays, transportation, over-the-counter medicine, daycare or sitters, and extra help around the house. With accident insurance, the benefits you receive can help take care of these extra expenses and anything else that comes up.

Highlights

- You will receive a cash benefit for covered injuries and related services for accidents that occur outside of work.
- Benefits are paid on a schedule of benefits regardless of any other coverage you have, and you may spend it any way you choose.
- Accident coverage is especially helpful for families with young children and those who are active.



ACCIDENT COVERAGE

BRIEF SUMMARY OF BENEFITS*

INITIAL CARE (ER/UC/PCP)	\$250/\$250/\$75
HOSPITAL ADMISSION/ CONFINEMENT	\$1,500 + \$300/day
ICU ADMISSION/ CONFINEMENT	\$3,000 + \$600/day
OPEN FRACTURES	Up to \$5,000
OPEN DISLOCATIONS	Up to \$6,000
AMBULANCE (AIR/GROUND)	\$1,000/\$500

*This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits.

CLAIMS EXAMPLE

John's daughter broke her wrist falling off her bike.

EMERGENCY ROOM	\$250
IMAGING	\$300
BROKEN WRIST	\$1,500
MEDICAL APPLIANCE	\$100
FOLLOW-UP VISIT	\$75
TOTAL BENEFIT PAYOUT:	\$2,225

CONTRIBUTIONS

	MONTHLY	BI-WEEKLY
EMPLOYEE ONLY	\$5.26	\$2.43
EMPLOYEE + SPOUSE	\$7.32	\$3.38
EMPLOYEE + CHILD(REN)	\$9.67	\$4.46
EMPLOYEE + FAMILY	\$11.70	\$5.40

Critical Illness Coverage

No one knows what lies ahead on the road through life. Will you be diagnosed with cancer? Will you suffer a stroke or the complete loss of hearing? The signs pointing to a critical illness are not always clear and may not be preventable, but critical illness coverage helps offer financial protection in the event you are diagnosed. Critical illness insurance through The Hartford pays you cash to use in any way you need if you are diagnosed with a covered condition.

Highlights

- Critical illness provides you a lump-sum benefit upon diagnosis of a covered illness.
- You have the choice of \$5,000 to \$30,000 in guaranteed issue coverage. Spouses can be covered at 100% and children at 50% of your elected amount.
- Rates are age-banded, based on employee's age. Please refer to the benefit summary for a full rate table.
- Children are covered at no additional cost.

Wellness Benefit: A \$150 wellness benefit is payable for each covered member annually for completing certain wellness screenings such as a pap smear, cholesterol test, mammogram, colonoscopy, or stress test.



CRITICAL ILLNESS COVERAGE

PLAN BENEFITS*

ALZHEIMER'S	100%
BENIGN BRAIN TUMOR	50%
CANCER (INVASIVE)	100%
CANCER (NON-INVASIVE)	25%
CHILDHOOD CONDITIONS	100%
COMA	100%
CORONARY ARTERY DISEASE	25%
HEART ATTACK	100%
LOSS OF HEARING/SIGHT/ SPEECH	100%
LOU GEHRIG'S DISEASE/ALS	100%
MAJOR ORGAN FAILURE	100%
PARALYSIS	100%
PARKINSON'S	100%
SKIN CANCER	\$250
STROKE	100%
WELLNESS BENEFIT (payable once per year for each covered family member whom completes certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test)	\$150

*This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits. Note: Early diagnosis can reduce benefit amount.

CLAIMS EXAMPLE

Tom elected \$20,000 Critical Illness benefit and has a heart attack while the coverage is in place. He would receive a one-time cash payment of \$20,000. Then, 6 months later, Tom experienced a stroke. He would receive another \$20,000 payout.

TOTAL BENEFIT PAYOUT

\$40,000

CRITICAL ILLNESS COVERAGE (CONTRIBUTIONS)

AGE	MONTHLY		BI-WEEKLY	
	EE/EE+CH PER \$1,000 OF COVERAGE	EE + SP/EE + FAM PER \$1,000 OF COVERAGE	EE/EE+CH PER \$1,000 OF COVERAGE	EE + SP/EE + FAM PER \$1,000 OF COVERAGE
<30	\$0.66	\$0.66	\$0.30	\$0.30
30-39	\$0.65	\$0.65	\$0.30	\$0.30
40-49	\$1.00	\$1.00	\$0.46	\$0.46
50-59	\$2.00	\$2.00	\$0.92	\$0.92
60-69	\$3.37	\$3.37	\$1.56	\$1.56
70-79	\$3.22	\$3.22	\$1.49	\$1.49
80+	\$5.41	\$5.41	\$2.50	\$2.50



NEW! Hospital Indemnity Coverage

You already know the importance of living well and staying well. But life is unpredictable — expenses associated with a hospital stay can be financially difficult if you are not prepared. Hospital indemnity insurance through The Hartford pays cash benefits directly to you if you have a covered stay in a hospital or critical care unit (ICU).

Highlights

- Hospital indemnity pays a cash benefit for hospital admissions due to a covered accident, illness, or pregnancy.
- Popular with those planning to have children, who are older, or have conditions that subject them to a higher risk of hospitalization, and/or are covered by an HDHP.
- Pre-existing conditions are waived!
- Benefits are payable for both admissions and additional days spent in the hospital.

Wellness Benefit: A \$50 wellness benefit is payable for each covered member annually for completing certain wellness screenings such as a pap smear, cholesterol test, mammogram, colonoscopy, or stress test.

HOSPITAL INDEMNITY COVERAGE

BRIEF SUMMARY OF BENEFITS*

HOSPITAL ADMISSION	\$1,000
HOSPITAL CONFINEMENT	\$200 per day
MAXIMUM DAYS PAYABLE	30 days
HOSPITAL ICU ADMISSION	\$2,000
HOSPITAL ICU CONFINEMENT	\$400 per day
MAXIMUM DAYS PAYABLE	15 days
WELLNESS BENEFIT (payable once per year for each covered family member whom completes certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test)	\$50

*This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits.

CLAIMS EXAMPLE

Maria is enrolled in Hospital Indemnity coverage. She is admitted to the hospital and stayed 3 days in confinement to deliver her healthy newborn.

HOSPITAL ADMISSION	\$1,000
HOSPITAL CONFINEMENT	\$600
TOTAL BENEFIT PAYOUT:	\$1,600

CONTRIBUTIONS

	MONTHLY	BI-WEEKLY
EMPLOYEE ONLY	\$16.72	\$7.72
EMPLOYEE + SPOUSE	\$39.83	\$18.38
EMPLOYEE + CHILD(REN)	\$33.83	\$15.61
EMPLOYEE + FAMILY	\$59.77	\$27.59

Dental Benefits

Like brushing and flossing, visiting your dentist is an essential part of your oral health. The City of Grapevine offers affordable plan options from Cigna for routine care and beyond.



Stay in Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Cigna at mycigna.com.

Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your premium.

Dental Plan Summary

This chart summarizes the dental coverage provided by Cigna for 2025-2026. No ID card is necessary to use your dental benefits.

DENTAL

CONTRIBUTIONS		MONTHLY	BI-WEEKLY
EMPLOYEE ONLY		\$0	\$0
EMPLOYEE + SPOUSE		\$15.00	\$6.92
EMPLOYEE + CHILD(REN)		\$15.00	\$6.92
EMPLOYEE + FAMILY		\$20.00	\$9.23
IN-NETWORK & OUT-OF-NETWORK			
PLAN YEAR DEDUCTIBLE			
	INDIVIDUAL	\$0	
	FAMILY	\$0	
PLAN YEAR MAXIMUM			
	PER PERSON	\$2,000	
COVERED SERVICES (WHAT YOU PAY)			
	PREVENTIVE SERVICES Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications (children only), Sealants, Space Maintainers, Panoramic X-rays	0%	
	BASIC SERVICES Full Mouth X-rays, Fillings, Oral Surgery, Simple Extractions	10%	
	MAJOR SERVICES Oral Surgery, Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy, Periodontics, Crowns, Dentures, Bridges	40%	
	ORTHODONTICS Adult and Child(ren)	50%	
	ORTHODONTIC LIFETIME MAXIMUM	\$2,500	

Note

According to the CDC, untreated cavities can lead to abscess (a severe infection) under the gums which can spread to other parts of the body and have serious, and in rare cases fatal, results.

Vision Benefits

Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through VSP.



Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your premium.

Vision Plan Summary

This chart summarizes the vision coverage provided by VSP for 2025-2026. No ID card is necessary to use your vision benefits. When utilizing benefits, provide your Social Security number and date of birth to your provider's office.

CONTRIBUTIONS			
	MONTHLY	BI-WEEKLY	
EMPLOYEE ONLY	\$0	\$0	
EMPLOYEE + SPOUSE	\$10.00	\$4.62	
EMPLOYEE + CHILD(REN)	\$10.00	\$4.62	
EMPLOYEE + FAMILY	\$15.00	\$6.92	
	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
EXAMS			
COPAY	\$0 copay	Up to \$45	Once every 12 months
LENSES			
SINGLE VISION	\$0 copay	Up to \$30	Once every 12 months
BIFOCAL	\$0 copay	Up to \$50	
TRIFOCAL	\$0 copay	Up to \$65	
LENTICULAR	\$0 copay	Up to \$100	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
FITTING AND EVALUATION	Up to \$60	Not covered	Once every 12 months
ELECTIVE	\$135 allowance	Up to \$105	
MEDICALLY NECESSARY	Covered in full	Up to \$210	
FRAMES			
RETAIL	\$150 allowance + 20% off balance	Up to \$70	Once every 12 months
FEATURED	\$170 allowance + 20% off balance	Up to \$70	
WALMART/SAM'S CLUB	\$150 allowance	Up to \$70	
COSTCO	\$80 allowance	Up to \$70	

What's Included With Essential Medical Eye Care?

- Fully covered retinal screening for members with diabetes. These high-resolution image of the inside of the eye are a noninvasive way to monitor diabetes.
- Exams and services to treat immediate issues like pink eye and sudden changes in vision. Urgent care for your eyes!
- Treatment options to monitor ongoing health conditions such as dry eye, diabetic eye diseases, glaucoma, and more.

Contact your VSP network doctor to schedule an appointment.

Survivor Benefits

It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection for your loved ones in the event of an unexpected event.



Basic Life and Accidental Death & Dismemberment Insurance

The City of Grapevine provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through The Hartford, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death.

Your Basic Life and AD&D insurance benefit is 2x annual base salary, up to \$350,000. If you are a full-time employee or regular part-time employee, you automatically receive Life and AD&D insurance even if you waive other coverage.

Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under the The Hartford insurance.

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact Human Resources or your own legal counsel with any questions.



Voluntary Life and AD&D Insurance

You may wish for extra coverage for more peace of mind. Eligible employees may purchase additional Voluntary Life and AD&D insurance. Premiums are paid through payroll deductions. Please note: To enroll dependents, you must select coverage for yourself.

VOLUNTARY EMPLOYEE LIFE/AD&D	
COVERAGE AMOUNT	Increments of \$10,000
WHO PAYS	Employee
BENEFITS PAYABLE	To your designated beneficiary
MAXIMUM BENEFIT	\$500,000
GUARANTEE ISSUE	\$200,000 or 5x annual earnings, whichever is lesser
VOLUNTARY SPOUSE LIFE/AD&D	
COVERAGE AMOUNT	Increments of \$5,000
WHO PAYS	Employee
BENEFITS PAYABLE	To you
MAXIMUM BENEFIT	\$250,000
GUARANTEE ISSUE	\$50,000
VOLUNTARY CHILD LIFE/AD&D	
COVERAGE AMOUNT	Increments of \$5,000
WHO PAYS	Employee
BENEFITS PAYABLE	To you
MAXIMUM BENEFIT	\$25,000
GUARANTEE ISSUE	Equal to Benefit Amount

Note: Benefits are subject to an age reduction schedule of 35% at age 70, and 50% at age 75.

VOLUNTARY LIFE/AD&D INSURANCE	
MONTHLY RATE PER \$1,000 COVERAGE	
AGE AS OF OCTOBER 1, 2025*	EMPLOYEE/SPOUSE
< 35	\$0.12
35-39	\$0.16
40-44	\$0.23
45-49	\$0.35
50-54	\$0.56
55-59	\$0.93
60-64	\$1.24
65-69	\$1.90
70+	\$3.86
Child	\$0.12

*Age rates based on employee's age

Income Protection

You and your loved ones depend on your regular income. That's why The City of Grapevine offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury or illness. A portion of your income is protected until you can return to work or you reach retirement age.



Basic Long-Term Disability (LTD) Insurance

LTD benefits are paid by The City of Grapevine for all full-time employees. This insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

MONTHLY MAXIMUM BENEFIT	\$10,000
ELIMINATION PERIOD	90 days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.

Voluntary Short-Term Disability (STD) Insurance

STD benefits are available for purchase on a voluntary basis. This insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

WEEKLY MAXIMUM BENEFIT	\$1,000
ELIMINATION PERIOD	7 days
MAXIMUM BENEFIT PERIOD	11 weeks



Retirement Planning

No matter what point of your career you're in, it's never a bad time to think about your future and save for retirement.

Contributing to a 457(b) retirement plan now can help keep you financially secure later in life. The City of Grapevine 457(b) retirement plans provides you with the tools you need to prepare. We offer two vendors to choose from with comparable investment options.

Your 457(b) Retirement Plan Options

Mission Square Retirement

To enroll or view your plan's features and investment options, visit: <https://www.icmarc.org>. All you need to get started is your plan number: 302089.

Nationwide

To enroll or view your plan's features and investment options, visit: <https://www.nrsforu.com>. You can also text the word "READY" to 877-697 to enroll in the plan.

How Much Should I Save?

Industry standards suggest saving at least 12% to 15% of your income. If you can't afford to save that much, make sure to save up to the matching amount so you don't leave free money behind.

Consolidating Your Retirement Savings

If you have an existing qualified retirement plan (pre-tax) with a previous employer, you may transfer that account into the plan any time. Contact Mission Square or Nationwide for details.

Regardless of which retirement account you choose or how much you contribute, remember to think of it as a long-term strategy. Dipping into the account early will jeopardize the quality of your retirement, and you may be subject to early withdrawal penalties from the IRS.

Investing in the Plan

It's up to you how to invest the assets. The City of Grapevine 401(k) plan offers a selection of investment options for you to choose from. You may change your investment choices any time.



The City of Grapevine Resources

Grapevine Public Library

City employees are entitled to a FREE library card regardless of your city residence. Your card gives you access to:

- Books and ebooks
- Print and digital magazines
- Graphic novels and manga
- DVDs and streaming movies
- Audiobooks on Playaway, CD, or downloadable to your device
- Wi-Fi hotspots
- Board games
- STEM, literacy, and health kits
- Access to ABC Mouse, BookFlix, and TumbleBooks
- Storytimes, book clubs, and special events
- Study rooms, Create It Maker Tools, Esports Academy, Frances Malcom Genealogy Room, literacy resources, education collection, seed library, and more!

Please visit the Grapevine Public Library to get your library card!

library.grapevintexas.gov

The Rec

Join The Rec!

Individual Membership

- FREE yearly membership for employees only
- Full building and pool access

Family Combo Membership

- Full building and pool access for up to six family members (includes employee)
- Movement Monday — class for employees only
- \$190/year

To receive a membership, call The Rec at x3450 or take your employee ID to the front desk.



Additional Benefits

If your family ever needs a hand, The Hartford is ready to help. The Hartford's life and disability insurance can help protect the financial future of your loved ones. Your coverage includes valuable services that can help you and your family.

Funeral Planning

The Hartford's planning services offers a suite of online tools to help you guide you through key decisions. It allows for pre-planning and entails a step-by-step checklist, an expert care team, will preparation and burial arrangements.

Will Preparation

Whether you have a few assets or many, help protect your family's future by creating a will. Our online will preparation service is backed by online support from licensed attorneys. Just follow the instructions to create a will that's customized and legally binding.

Bereavement

Bereavement services provide a personalized bereavement solution built to help families deal with the many challenges that loss can bring. Empathy provides high-quality, complimentary, on-demand support for every group life beneficiary anticipating or dealing with loss, so that they and their families have everything they need during this difficult time.

To access these services:

Visit: empathy.com/partner/thehartford

Register: join.empathy.com/hartfordcare

Via digital app, use Access Code: EMP-HART

Contact: hartford@empathy.com

For questions, call: 270-681-1364

Travel Assistance with Identity Theft Support Services

Travel Assistance is available when traveling more than 100 miles from home and for 90 days or less. Services include but are not limited to:

- Medical assistance, including worldwide medical referrals, medical monitoring, prescription transfer, replacement of medical devices and corrective lenses.
- Emergency transports, medical repatriations and evacuations and repatriations of mortal remains.
- Pre-trip information, lost luggage/document assistance and legal referrals.

In the event of a life-threatening emergency, call local emergency authorities first for immediate assistance. Then, contact Travel Assistance via phone:

- U.S. and Canada: 800-243-6108 (toll-free)
- Outside U.S.: 202-828-5885
- Or email: assist@imglobal.com

Ability Assist Counseling Services & HealthChampion

Ability Assist counseling services offers 24/7 access to master's level clinicians and includes three face-to-face visits per occurrence per year for emotional concerns and unlimited phone consultations for financial, legal and work-life concerns.

HealthChampion offers health care navigation support if you've become disabled or are diagnosed with a critical illness. You'll receive guidance on care options, helpful resources, and help with timely and fair resolution of issues.

To access Ability Assist and HealthChampion:

- Call toll-free: 800-964-3577
- Register online: www.guidanceresouces.com
- Use Company Code: HLF902
- Use Company Name: ABILI
- Selection "Ability Assist Program" to create your own confidential username and password.

Glossary

Balance Billing – When you are billed by a provider for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

Deductible – The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you’ve paid \$1,000 for covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer’s decision.



Flexible Spending Accounts (FSAs) – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You’ll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are “use it or lose it,” so funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or rollover into the next plan year.

- **Healthcare FSA** – A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren’t covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- **Dependent Care FSA** – A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.
- **Limited Use FSA** – Designed to complement a Health Savings Account, a Limited Use FSA allows for reimbursement of eligible dental and vision expenses.

Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

Health Savings Account (HSA) – A personal healthcare bank account funded by your or your employer’s tax-free dollars to pay for qualified medical expenses. You must be enrolled in a HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable if you change jobs.

High Deductible Health Plan (HDHP) – A plan option that provides choice, flexibility, and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, and all qualified employee-paid medical expenses count toward your deductible and out-of-pocket maximum.

Minimum Essential Coverage Plan – Covers 100% of the cost of certain preventive services, when delivered by a network provider. Helps cover the costs of certain medical expenses incurred due to an accident or sickness at a specified benefit amount for a limited number of days per year.



Network – A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan’s members at discounted costs.

- **In-Network** – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- **Out-of-Network** – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered by this plan.
- **Non-Participating** – Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage.

Out-of-Pocket Maximum – The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn’t cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.

- **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- **Preferred Drugs** – Brand-name drugs on your provider’s approved list (available online).
- **Non-Preferred Drugs** – Brand-name drugs not on your provider’s list of approved drugs. These drugs are typically newer and have higher copayments.
- **Specialty Drugs** – Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered. These medications are usually required to be filled at a specific pharmacy.
- **Prior Authorization** – A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- **Step Therapy** – The goal of a Step Therapy Program is to guide employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before “stepping up” to a non-preferred brand.

Reasonable and Customary Allowance (R&C) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.

Required Notices

Important Notice From The City of Grapevine About Your Prescription Drug Coverage and Medicare Under the UMR Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The City of Grapevine 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. The City of Grapevine has determined that the prescription drug coverage offered by the UMR plan(s) 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 The City of Grapevine coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current 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 The City of Grapevine 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 at the end of these notices 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 The City of Grapevine 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 the "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 Medicare Part D 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).

Date:	October 1, 2025
Name of Entity/Sender:	The City of Grapevine
Contact—Position/Office:	Human Resources
Address:	200 S Main Street Grapevine, TX 76051
Phone Number:	817-410-3127

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- » All stages of reconstruction of the breast on which the mastectomy was performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- » Prostheses; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 817-410-3127.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 817-410-3127.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 60 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 817-410-3127.

Notice Regarding Wellness Program

The Wellness Program is voluntary and available to all benefits-eligible employees and medical-enrolled spouses. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve participant health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health check survey that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening or annual preventive exam, which may include a blood test for total cholesterol, HDL, LDL, triglycerides, glucose, and cotinine screening. Your blood pressure, height, weight, and waist circumference may also be measured. You are not required to complete the health check survey or to participate in the blood test or other medical examinations.

However, individuals who choose to participate in the wellness program may qualify for the \$50 premium discount per month by earning program credit by completing a Health Check Survey, Annual Physical, Biometrics Screening, Nicotine-Free Agreement, or Tobacco Cessation Journey.

Although you are not required to participate in the blood test or other medical examinations or complete the health check survey, only participants who do so may qualify for the \$50 premium discount per month.

Additional incentives may be available for participants who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting 888-671-9395.

The information from your health check survey or blood test or other medical examinations may be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as wellness programming and content. You also are encouraged to share your results or concerns with your own doctor.

Protections From Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and The City of Grapevine may use aggregate information it collects to design a program based on identified health risks in the workplace, Personify will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. In order to provide you with services under the wellness program, your personally identifiable health information may be shared with one or more of the following: Lockton Companies, Personify.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact 888-671-9395.

Important Contacts

Medical

UMR
877-360-4503
umr.com
UHC Choice Plus
Policy #: 76-411024

Pharmacy

Optum RX
877-559-2955
optumrx.com

Supplemental Health (Accident, Critical Illness, Hospital Indemnity)

The Hartford
866-547-4205
www.thehartford.com

Telemedicine

Teladoc
800-835-2362
TeladocHealth.com

Wellness

Personify Health
888-671-9395
support@personifyhealth.zendesk.com

Dental

Cigna
800-244-6224
mycigna.com
Policy #: 3214292

Vision

VSP
800-877-7195
vsp.com

Health Savings Account

HSA Bank
800-357-6246
hsabank.com

Flexible Spending Accounts

UMR
800-826-9781
umr.com

Life and AD&D

The Hartford
888-563-1124
www.thehartford.com

Disability

The Hartford
888-277-4767
www.thehartford.com

Employee Assistance Program

Optum
866-248-4096
liveandworkwell.com
Access code: grapevine

The City of Grapevine Human Resources

200 S Main Street
Grapevine, TX 76051
817-410-3127
HRsupport@grapevinetexas.gov



