

2020 - 2021

employee

BENEFITS

guide



Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. 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 domestic partner (DP) and/or his/her children, where applicable by state law
- ▶ Your children who are 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 your date of hire.

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- ▶ **Open Enrollment:**
Changes made during Open Enrollment are effective
October 1, 2020 - September, 2021.

Choose Carefully!

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

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, DP or child
- ▶ You lose coverage under your spouse's/DP's plan
- ▶ You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). 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.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, 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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Go to <https://www.leaguecity.com/3760/Employee-Benefits>

There, you will find detailed information about the plans available to you and instructions for enrolling.

Medical Plans

We are proud to offer you a choice among three different 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.

BCBS PPO

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the BCBS network. The calendar-year deductible must be met before certain services are covered.

BCBS HSA

Like the PPO plans, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the BCBS network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars¹ to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Here's how the plan works:

- ▶ **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. **NOTE:** *If you enroll one or more family members, you must meet the full FAMILY deductible before the plan starts to pay expenses for any one individual.*
- ▶ **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 85 percent and you may pay 15 percent.
- ▶ **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. **NOTE:** *If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100 percent for any one individual.*
- ▶ **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. In addition, we will contribute \$1,500 annually to your HSA if you enroll in employee-only coverage and \$2,000 annually if you enroll yourself and one or more family members. **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.**



Important: Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2020	2021
Employee Only	\$3,500	\$3,550
Family (employee + 1 or more)	\$7,000	\$7,100
Catch-up (age 55+)	\$1,000	\$1,000

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans², retire or leave the company. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

¹ Tax free under federal tax law; state taxation rules may apply

² You must be enrolled in a qualified health plan to contribute to an HSA.

Medical Plans (Cont'd.)

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	BCBS HDHP / HSA		BCBS Mid Plan - PPO		BCBS Buy Up - PPO	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)						
Individual / Family	\$2,800 / \$5,200	\$5,200 / \$10,600	\$1,000 / \$2,000	\$5,000 / \$10,000	\$500 / \$1,000	\$2,000 / \$4,000
Out-of-Pocket Maximum (per calendar year)						
Individual / Family	\$5,200 / \$10,600	\$10,600 / \$20,000	\$3,500 / \$6,000	\$15,000 / \$30,000	\$2,000 / \$4,000	\$10,000 / \$20,000
Company Contribution to Your Health Savings Account (HSA) (per calendar year; prorated for new hires/newly eligible)						
Individual / Family	\$1,500 / \$2,000		N/A		N/A	
Covered Services						
Office Visits (physician/specialist)	15%*	40%*	\$20 copay / \$35 copay	40%*	\$20 copay / \$25 copay	40%*
Routine Preventive Care	No charge	40%*	No charge	40%*	No charge	40%*
Outpatient Diagnostic (lab/X-ray)	15%*	40%*	15%*	40%*	15%*	40%*
Complex Imaging	15%*	40%*	15%*	40%*	15%*	40%*
Chiropractic	15%*	40%*	15%*	40%*	15%*	40%*
Ambulance	15%*	40%*	15%*	40%*	15%*	40%*
Emergency Room	15%*	40%*	\$150 copay	40%*	\$150 copay	40%*
Urgent Care Facility	15%*	40%*	\$50 copay	40%*	\$50 copay	40%*
Inpatient Hospital Stay	15%*	40%*	15%*	40%*	15%*	40%*
Outpatient Surgery	15%*	40%*	15%*	40%*	15%*	40%*
Prescription Drugs (Tier 1a / Tier 1b / Tier 2 / Tier 3 / Tier 4)						
Retail Pharmacy (30-day supply)	\$4 / \$35 / \$60 / 15%	40%*	\$4 / \$35 / \$60 / 15%	40%*	\$4 / \$25 / \$50 / 15%	40%*
Mail Order (90-day supply)	\$8 / \$70 / \$120 / 15%	40%*	\$8 / \$70 / \$120 / 15%	40%*	\$8 / \$50 / \$100 / 15%	40%*

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.

Dental Plans

We are proud to offer you a choice between three different dental plans.

Cigna DHMO: With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.

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

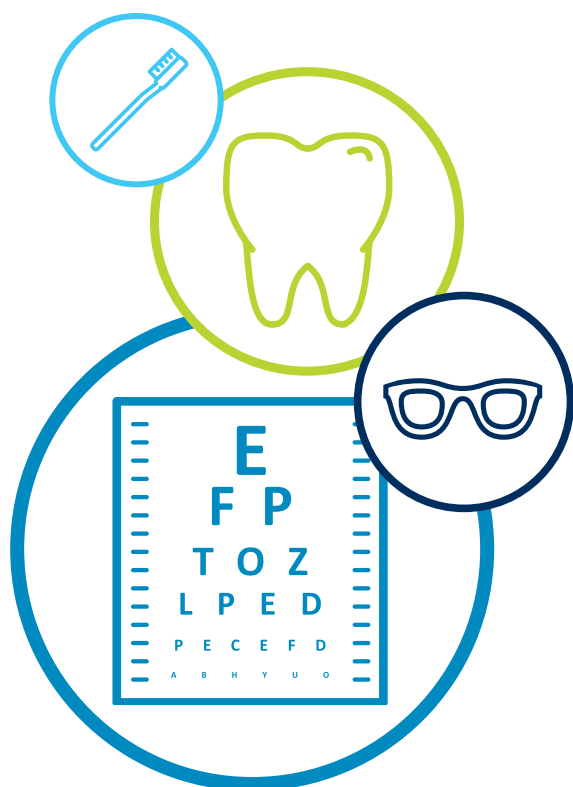
Following is a high-level overview of the coverage available.

Key Dental Benefits	DHMO	High-PPO		Low-PPO	
	In-Network Only	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)					
Individual / Family	None	\$50 / \$150	See Summary of Benefits	\$50 / \$150	See Summary of Benefits
Benefit Maximum (per calendar year; preventive, basic, and major services combined)					
Per Individual	None	\$2,000	See Summary of Benefits	\$2,000	See Summary of Benefits
Covered Services					
Preventive Services	See Schedule	No charge	See Summary of Benefits	No charge	See Summary of Benefits
Basic Services	See Schedule	10%		20%	
Major Services	See Schedule	40%		50%	
Orthodontia (Child)	\$2,000*	\$2,000		\$2,000	

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

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

*Orthodontia is available for child and adult under the DHMO plan.



Vision Plan

We are proud to offer you a vision plan.

The **Davis Vision** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Davis Vision network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$40
Materials Copay	\$25	N/A
Lenses (once every 12 months)		
Single Vision		Up to \$40
Bifocal	\$25	Up to \$60
Trifocal		Up to \$80
Frames (once every 12 months)	\$150	Up to \$45
Contact Lenses (once every 12 months; in lieu of glasses)	\$150	Up to \$150

Pre-Tax Accounts

We provide you with an opportunity to participate in up to three different flexible spending accounts (FSAs) administered through Flores. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2020, you may contribute up to \$2,750 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye exams/eyeglasses
- ▶ Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Dependent Care FSA

For 2020, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers.
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

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

Health Care FSA: Unused funds of up to \$500 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$500 will **NOT** be returned to you or carried over to the following year.

Dependent Care FSA: Unused funds will **NOT** be returned to you or carried over to the following year.

Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.

Life and AD&D Insurance

Life insurance provides your named beneficiary(ies) with a benefit in the event of 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 Mutual of Omaha.

Benefit Amount	\$100,000
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Supplemental Life/AD&D (Employee-paid)

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

	Benefit Option	Guaranteed Issue*
Employee	\$500,000 in increments of \$5,000	\$200,000
Spouse/DP	\$250,000	\$50,000
Child(ren)	\$10,000 or \$15,000	\$10,000

*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 Insurance

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 Mutual of Omaha.

Benefit Percentage	60%
Weekly Benefit Maximum	\$1,250
When Benefits Begin	After the 7 th day of disability
Maximum Benefit Duration	26 weeks

Long-Term Disability

Provided at **NO COST** to you through Mutual of Omaha.

Benefit Percentage	60%
Monthly Benefit Maximum	\$6,000
When Benefits Begin	After the 180 th day of disability
Maximum Benefit Duration	Social Security normal retirement age (SSNRA)

Employee Assistance Program (EAP)

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

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 six (6) 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 Colonial 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.

Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000¹? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

Cancer Indemnity

The Cancer Indemnity Plan pays a flat dollar amount to you when a covered person is diagnosed with internal cancer. Other benefits include payments, directly to you, for hospital confinement, medical imaging, radiation and chemotherapy, immunotherapy, transportation and lodging. The plan also includes a cancer screening wellness benefit.

1. MetLife Accident and Critical Illness Impact Study, October 2013

Valuable Extras

We also offer the following additional benefits:

- ▶ TMRS Retirement
- ▶ Retirement Planning
- ▶ 457 Deferred Compensation Plan
- ▶ Financial Planning
- ▶ Roth IRA
- ▶ Investment Consulting

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	BCBS	800-521-2227	www.bcbstx.com
Dental	Cigna	800-244-6224	www.mycigna.com
Vision	Davis Vision	800-999-5431	www.davisvision.com
Flexible Spending Accounts (FSAs)	Flores	800-532-3327	www.flores247.com
Life/AD&D	Mutual of Omaha	800-775-8805	www.mutualofomaha.com
Disability	Mutual of Omaha	800-775-8805	www.mutualofomaha.com
Employee Assistance Program (EAP)	UT Employee Assistance Program	800-346-3549	www.uteap.com
Voluntary Benefits	Colonial	800-325-4368	www.coloniallife.com

Benefits Website

Our benefits website

<https://www.leaguecity.com/3760/Employee-Benefits>

Employee-Benefits

can be accessed anytime you want additional information on our benefits programs.

Questions?

If you have additional questions, you may also contact:

HR Team

281-554-1010

lcbenefits@leaguecitytx.gov



Cost of Benefits

Medical

Coverage Tier	Employee Contribution (Monthly)		
	Buy Up Plan	Mid Plan	Core HSA Plan
Employee Only	\$82.67	\$10.00	\$0.00
Employee + Spouse	\$404.17	\$240.73	\$119.63
Employee + Child(ren)	\$334.72	\$190.89	\$93.79
Family	\$622.78	\$397.62	\$200.97

Dental

Coverage Tier	Employee Contribution (Monthly)		
	DHMO Dental Plan	Low Dental Plan	High Dental Plan
Employee Only	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$14.89	\$44.77	\$56.05
Employee + Child(ren)	\$9.92	\$25.78	\$31.51
Family	\$27.37	\$78.53	\$97.48

Vision

Coverage Tier	Employee Contribution (Monthly)
Employee Only	\$0.00
Employee + Spouse	\$5.44
Employee + Child(ren)	\$4.91
Family	\$10.58

Supplemental Life/AD&D

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