

# Grand Prairie

— T E X A S —



## EMPLOYEE Benefits Guide 2024

# A MESSAGE FROM

## Human Resources

The City of Grand Prairie understands the path to making health care decisions for you and your family can be difficult. The city's goal is to offer competitive benefits and choices to make the decision process easy for you.

In the following pages, we highlight benefits available to you and guide you to tools and resources to help you make the best choices for your own budget, preferences and needs.

We also understand that life moves fast, which can change your needs and preferences. Each year, the city reviews our benefit plans and costs, and may make changes as well.

It is important that you review your benefits both as a new hire and again annually during enrollment to determine which choices fit your current needs.



Contact Human Resources at 972-237-8192 to receive assistance in Spanish.  
Comuníquese con Recursos Humanos al 972-237-8192 para recibir asistencia en español.

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# Eligibility



Full-time employees and eligible dependents may enroll in benefit plans. Eligible dependents include:

- Natural, step or adopted children under age 26 (they do not have to be full-time students) married or unmarried
- Legal spouse (common-law not allowed on benefits)
- Unmarried children of any age if mentally or physically incapable of self-care or self-support (requires annual review by carriers and proof of disability)
- Grandchildren are only eligible if the employee provides evidence of court appointed guardianship

**Not sure if all of your eligible dependents are listed in [Lawson ESS](#)?** Go to “Personal Information” and then click on the “Dependents” link. You may add dependent names that you plan to enroll in benefits. This keeps them listed in Lawson, should you need to enroll them in the future. To remove a dependent, you must contact Human Resources. Human Resources may require proof to demonstrate dependent relationship.

## Family Status Change

### What is a Family Status Change?

A family status change is a life event that allows you to make benefit changes that correspond with the event. A family status change does not allow you to change your medical, dental, or vision plan choices, but does allow certain qualifying changes to add or remove dependents. Family status changes are effective the date of the event if you notify Human Resources within 30 days of the event date. You must provide proof of the family status change and the documents must include details as to who gained or lost coverage, if applicable.

### Eligible Family Status Changes

- Birth, adoption, placement of a child in the home
- Child losing eligibility
- Child reaching age of 26\*
- Court or administrative order
- Death
- Divorce
- Marriage
- Spouse's loss or gain of coverage due to employment



\*Child is terminated from the system automatically on the last day of the month in which they turn 26.

# Enrolling in Benefits



The city offers the opportunity to enroll or change benefits only for the following reasons:

New Hire  
or Rehire

Annual  
Enrollment

Family Status  
Change

Promoting  
to Full Time

Deadline to Enroll	How to Change	Effective Date of Change
<b>Annual Enrollment</b>		
As communicated each year	Use Lawson	January 1 each year
<b>New Hire</b>		
30 days from hire	Use Lawson	1 <sup>st</sup> of month following hire, unless hired on 1st of the month
<b>Rehire</b>		
30 days from rehire	Contact Human Resources	1 <sup>st</sup> of month following hire, unless hired on 1st of the month
<b>Family Status Change</b>		
30 days from event	Contact Human Resources	Effective date of event
<b>Loss of Dependent Eligibility (reaching age 26, etc.)</b>		
30 days from event	Contact Human Resources	Effective date of event

**If you do not make your benefit selections within 30-days of eligibility as a new hire or rehire, benefits will be automatically defaulted. Defaulted plans include city provided Basic Life insurance, Long-term Disability, Employee Assistance Program (EAP), and Texas Municipal Retirement System (TMRS). All other plans, including medical, will be waived. Benefit selections, whether selected or defaulted, remain in effect for the remainder of the calendar year.**

Plans or dependents may not be changed during the year unless you experience a qualifying family status change and make your selections within 30-days of that event. Proof of the event is required.

Every year you must make enrollment choices during “Annual Enrollment.” This ensures you select the plans, options and covered dependents that you need on the plans each year. Also, if you are enrolled in the Flexible Spending Account or Health Savings Account, these require annual selections to continue participation.

# Medical Benefits Advisor



**Don't Understand Your Options?**

**Call Your Benefits Value Advisor**



BlueCross BlueShield of Texas

A Benefits Value Advisor is like a tour guide, helping to point you in the right direction.

## What can a Benefits Value Advisor (BVA) do?

A BVA can tell you about online educational tools, lower cost options and quality care. When needed, a BVA can also:

- Simplify complex benefit options, making them easier to understand
- Help you use your benefits more wisely and get a better value

## Maximize Your Benefits!

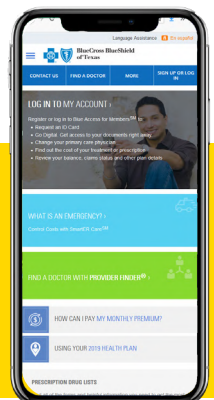
Receive guidance for benefits such as medical, pharmacy and other available coverage so you only need to make one call to get support. BVAs can also help you:

- Get cost estimates for various providers and procedures
- Help to schedule appointments
- Assist with referrals to clinical staff/programs
- Help with preauthorization

**To contact your Benefits Value Advisor, please contact Blue Cross Blue Shield at 855-357-5229.**

## Go Mobile with BCBSTX

At [bcbstx.com](http://bcbstx.com), log into or create your Blue Cross Blue Shield Member Account. You can stay linked to your claims activity, member ID card and coverage details. It's also where to see prescription refill reminders and health tips by text messages.



# Medical Plans



## Medical Plan Terms

What do these terms mean?

### Co-pay

A co-pay is the fixed amount you pay for covered services at the time care is provided. Under the EPO plan, doctor visits, specialist visits, urgent care visits, and prescriptions have a fixed co-pay so that you know exactly what you'll have to pay at the time of the visit.

### Out-of-Pocket Maximum

An out-of-pocket maximum is the most you will have to pay during the plan year (January through December) for medical costs before the plan covers everything for the rest of the calendar year at 100%. This is built-in protection for you.

### In-Network vs. Out-of-Network

Whether you choose the EPO or the HDHP, you can only use the doctors, hospitals, or facilities in the network for the plan to cover those costs (this network through Blue Cross Blue Shield of Texas is the same for both EPO and HDHP plans). *There is NO coverage if you go to a doctor or facility that is out-of-network. You will be responsible for the entire cost. Under BCBSTX, the network is the BlueChoice PPO.*

## Medical Plan Options

The city offers you the following plan options so that you may select the best fit for your financial and personal situation:

1. **HDHP** (High Deductible Health Plan)
2. **EPO** (Exclusive Provider Organization)
3. **Opting-Out** of the city's medical plan

If you have medical coverage under a different plan, you may choose to opt out of the city's medical plans. When you choose not to participate, you are "opting out." Other coverage could be your spouse's plan; a government insurance program (like Tricare); other group insurance; or an individual policy. If you opt out of the city's medical plans, you still have the choice of opting in for a Flexible Spending Account.

### Co-insurance

Co-insurance is a set percentage of medical costs for services that you must pay after you have paid your deductible.

### Deductible

A deductible is the amount you are responsible to meet before the city begins to pay any part of the cost. You are only required to meet the deductible once per calendar year. Once your deductible is met, you only pay the co-insurance. Under the EPO plan, only major medical expenses count toward your deductible (co-pays do not count). Under the HDHP plan, all eligible out-of-pocket expenses count toward your deductible.

# HDHP High Deductible Health Plan

The HDHP allows you to have the most control over your health care expenses. This plan is much different than an EPO because you are responsible for paying 100% of the cost of care and treatment you seek until you meet your deductible. This means most doctor visits, MRIs, and prescriptions will be your responsibility but will count towards your deductible. Once the deductible is met, the plan will share costs with you.

## HDHP Plan Highlights

**HIGHER**  
Deductible

**LOWER**  
Monthly Premium

**NO CO-PAYS**  
All services subject to deductible and coinsurance

**OUT OF POCKET MAXIMUM** Deductible & coinsurance will apply

## HSA Health Savings Account

If you choose the HDHP, you may elect to receive a Health Savings Account (HSA), which allows you to pay for eligible health care expenses with pre-tax dollars – money deducted from your paycheck before taxes are calculated. If you have HSA money in a different bank, you may transfer the funds to the city’s current HSA bank. Contact Human Resources for more information.



## HSA Account Highlights

All eligible health care expenses are tax-free.

You choose how much of your own money to deposit pre-tax from your paycheck up to allowable limits.

You can make additional post-tax deposits on your own, up to the total allowed maximum per year.

Balance rolls over each year.

The HSA is yours to keep—even if you leave employment with the city or retire.

You may elect to receive an HSA account when you sign up for the HDHP.

To be eligible for an HSA, you must be enrolled in an HDHP.

# HSA



## HSA IRS Guidelines

There are limits to how much money you can contribute to your HSA each year.

If you have a spouse enrolled in an HDHP with an HSA, even with another employer, the total includes his or her contributions and their employer's contribution as well. So, plan your deposits carefully.

**If you are over 55, you can put in an additional \$1,000 over the annual HSA limit.**

By Federal law, if you have an HSA, you cannot have a health care Flexible Spending Account (FSA) at the same time.

You cannot have secondary coverage with a High Deductible Health Plan (HDHP).

You cannot enroll in a HSA if you are enrolled in any government medical programs including: CHIPS, Medicare, Medicaid, or Tricare.

You cannot be claimed as a dependent on someone else's tax return.



## HSA Account Deposits *Annual limitations subject to change for 2024.*

Deposit Limits	Employee	Employee + Family Member
Annual Minimum	\$0	\$0
Annual Maximum Allowed	\$4,150	\$8,300

**For HSA account information**, please contact Wex Health Customer Service at, 1-866-451-3399 or [customerservice@wexhealth.com](mailto:customerservice@wexhealth.com)

# EPO Exclusive Provider Organization

An EPO plan has a higher monthly premium, but offers less risk, or “cost,” when you or your family seek care during the year. This is because things like doctor visits, specialist visits, urgent care visits, and prescriptions have a fixed co-pay so you know exactly what you’ll have to pay at the time of the visit. This plan also offers a lower deductible for you and your family. On an EPO plan, your co-pays do not apply toward your deductible. They will, however, go toward your out-of-pocket maximum.

## EPO Plan Highlights

<b>LOWER</b> Deductible	<b>HIGHER</b> Monthly Premium	<b>FIXED CO-PAYS</b> Copays do not apply toward deductible
<b>OUT OF POCKET MAXIMUM</b> Deductible & coinsurance will apply		

## FSA Flexible Spending Account *FSA carryover information subject to change for 2024.*

If you choose the EPO or if you have opted out of the city’s medical plans, you have the option of signing up for a Flexible Spending Account (FSA). An FSA allows you to pay for eligible health care expenses with pre-tax dollars — money deducted from your paycheck before taxes are calculated. For an expense to be eligible, you must receive the service in the same year that you made the contribution to the account and while you were actually participating. You will be issued a benefit card from TASC that works much like a debit card.

## FSA Account Highlights

All eligible health care expenses are tax-free.	You must re-enroll each year for this benefit if you want to continue participating.
You choose how much of your own money to deposit pre-taxed from your paycheck (the city does not contribute money into the account).	You cannot have an FSA if you have an HSA.
You may continue contributing to your FSA following separation of employment or retirement through the end of the year.	<b>*FSA Carry Over Update:</b> Due to the nature of the public health emergency posed by COVID-19, the City has opted to allow FSA participants to carry over unused FSA funds without penalty. The maximum unused amount from the plan year starting in 2023 allowed to be carried over to 2024 is \$610.

## FSA Account Deposits *Annual limitations subject to change for 2024.*

Deposit Limits	Flexible Spending Account
Annual Minimum	\$120 (\$5 per pay period)*
Annual Maximum	\$3,200 (individual or family)*

For FSA account information, please contact TASC Customer Service at 800-422-4661 or online [tasconline.com](https://tasconline.com).

# Dependent Care Account Option

A Dependent Care Account is a type of FSA that can be used to reimburse yourself for certain dependent care expenses.


## Dependent Care Account Eligible Expenses

Care for children under age 13 who qualify as dependents on your federal tax return

Care for your spouse or child of any age who is physically or mentally incapable of self-care

Care for other family members who are physically or mentally incapable of self-care and who qualify as dependents on your federal tax return

Expenses you submit for reimbursement must be for care provided so you (and your spouse, if you're married) can work, look for work, or attend school on a full-time basis



## Dependent Care Account Deposits

\*Minimum and maximum subject to change based upon federal guidelines

Deposit Limits	Dependant Care Account Deposits
Annual Minimum	\$120 (\$5 per pay period)*
Annual Maximum	\$5,000 (\$2,500 if married and filing seperate returns)*

For Dependent Care Account information, please contact TASC Customer Service at 800-422-4661 or online [tasconline.com](http://tasconline.com).

## Dependent Care Account Reimbursement Process

To pay for services with your FSA, you will need to submit claims electronically at [tasconline.com](http://tasconline.com) to receive reimbursement. Through direct deposit, TASC can provide reimbursement directly to your designated bank account after the claim is submitted.

# Summary of Plan Benefits

PLAN FEATURES	HDHP	EPO
<b>Deductible</b>	\$3,200 individual \$6,400 family	\$1,500 individual \$3,000 family
<b>What applies toward deductible?</b>	All eligible out of pocket expenses (medical & pharmacy)	Major medical expenses (hospital & surgeries)
<b>Co-insurance</b> (amount you pay after meeting deductible)	20%	20%
<b>Out-of-Pocket Maximum</b> (includes deductible)	\$6,000 individual \$12,000 family	\$6,000 individual \$12,000 family
<b>Preventive Services</b>	\$0	\$0
<b>Virtual Visit</b> (MDLive)	deductible & 20% co-insurance	\$25 co-pay
<b>Primary Care Office Visit</b>	deductible & 20% co-insurance	\$35 co-pay
<b>Specialist Office Visit</b>	deductible & 20% co-insurance	\$60 co-pay
<b>Lab / X-Ray (outpatient)</b>	\$0	\$0
<b>Urgent Care</b>	deductible & 20% co-insurance	\$75
<b>Emergency Services</b>	deductible & 20% co-insurance	\$300 co-pay & deductible or 20% co-insurance
<b>Out of Network benefits?</b>	No	No
<b>Pharmacy Deductible</b>	N/A	\$100 individual \$300 family
<b>Prescription Drugs Retail</b> (30-Day Supply)		
Generic	deductible & 20%	\$10
Preferred Brand	deductible & 20%	\$40
Non-Preferred Brand	deductible & 20%	\$65
Specialty High-cost	deductible & 20%	\$150
<b>Prescription Drugs Mail Order</b> (90-Day Supply)		
Generic	deductible & 20%	\$30
Preferred Brand	deductible & 20%	\$120
Non-Preferred Brand	deductible & 20%	\$195
Specialty High-cost	NOT COVERED	NOT COVERED

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions about the benefits, limitations or exclusions for your plan, please consult Human Resources.

# Medical Plan Rates



## HDHP High Deductible Health Plan

Coverage Level	Monthly Cost	Eligible Spending Account
Employee Only	\$35	<b>Health Savings Account (HSA)</b> for HDHP participants only You determine monthly amount up to maximums allowed
Employee + Spouse	\$210	
Employee + Child(ren)	\$125	
Employee + Family	\$345	

## EPO Exclusive Provider Organization

Coverage Level	Monthly Cost	Eligible Spending Account
Employee Only	\$85	<b>Flexible Spending Accounts (FSA)</b> for EPO participants only You determine monthly amount up to maximums allowed
Employee + Spouse	\$340	
Employee + Child(ren)	\$245	
Employee + Family	\$485	

## Nicotine or Tobacco Users

### Add \$30 to Monthly Medical Contribution

If you are a nicotine or tobacco user, and on the city's health plan, you will pay a monthly surcharge of \$30 added to your medical premium. Attestations are completed annually. If you fail to complete the annual attestation, the surcharge will automatically apply.






### Other resources available to help you become "Tobacco Free"

American Lung Association  
1-800-586-4872 or [lungusa.org](http://lungusa.org)

# SmartER Care Program



SmartER Care helps guide you to know where to go for medical care and can make a big difference in cost and time. The 24/7 Nurseline helps identify options when you or a family member has a health problem or concern.

How Your Options Compare	Average Wait Times	Examples of Health Issues	
<b>Virtual Visits</b> Convenient and lower cost	 20 mins or less	<ul style="list-style-type: none"> <li>•Allergies</li> <li>•Cold &amp; flu</li> <li>•Nausea</li> </ul>	<ul style="list-style-type: none"> <li>•Sinus infections</li> <li>•Asthma</li> <li>•Pinkeye</li> </ul>
<b>Your Doctor's Office</b> Your doctor knows your medical history best	 18 mins or less	<ul style="list-style-type: none"> <li>•Fever, sore throat</li> <li>•Minor burns</li> <li>•Stomach ache</li> </ul>	<ul style="list-style-type: none"> <li>•Ear or sinus pain</li> <li>•Physicals</li> <li>•Shots</li> </ul>
<b>Retail Health Clinic</b> Convenient, low-cost care in stores and pharmacies	 15 mins or less	<ul style="list-style-type: none"> <li>•Infections</li> <li>•Flu shots</li> <li>•Skin problems</li> </ul>	<ul style="list-style-type: none"> <li>•Sore &amp; strep throat</li> <li>•Minor injuries/pain</li> <li>•Allergies</li> </ul>
<b>Urgent Care Clinic</b> Immediate care for issues that are not life-threatening	 16-24 mins or less	<ul style="list-style-type: none"> <li>•Animal bites</li> <li>•Abdominal pain</li> <li>•Sprains or strains</li> </ul>	<ul style="list-style-type: none"> <li>•Cuts / Stitches</li> <li>•Urinary tract infection</li> <li>•Migraines or headaches</li> </ul>
<b>Hospital Emergency Room</b> For serious or life-threatening conditions	 4 hours, 7 mins	<ul style="list-style-type: none"> <li>•Chest pain, stroke</li> <li>•Seizures</li> <li>•Head or neck injuries</li> <li>•Severe pain</li> </ul>	<ul style="list-style-type: none"> <li>•Uncontrolled bleeding</li> <li>•Problem breathing</li> <li>•Broken bones</li> </ul>

For medical advice please contact the SmartER 24/7 Nurseline at 1-800-581-0393. On hand 24 hours a day, seven days a week; bilingual nurses available.

## Urgent Care or Freestanding Emergency Room

Urgent care centers and freestanding ERs can be hard to tell apart. Freestanding ERs treat most major injuries, except for trauma, but costs may be higher. Unlike urgent care centers, freestanding ERs are often out of network and may charge patients up to 10 times more for the same services.

Ways to know if you are at a freestanding ER:

- Look like urgent care centers, but have the word "Emergency" in their name or on the building
- Are open 24 hours a day, seven days a week
- Are not attached to and may not be affiliated with a hospital
- Are subject to the same ER member share which may include a copay, coinsurance and applicable deductible

**Need to find an Urgent Care?**

Text URGENTX to 33633.

# Pharmacy Benefits



## Local Pharmacy Benefit

Use this benefit to purchase a short-term or single 30-day prescription at a network pharmacy in your area such as Albertson's, Tom Thumb, Walgreens, etc. To see if a particular pharmacy is in the network, visit [bcbstx.com](http://bcbstx.com) and log into Blue Access for Members (BAM) for online pharmacy resources.

## Express Scripts Pharmacy

Express Scripts Pharmacy delivers your long-term (or maintenance) medicines right where you want them. No driving to the pharmacy. No waiting in line for your prescriptions to be filled.

## Online and Mobile

You have more than one option to fill or refill a prescription online or from a mobile device:

- Visit [express-scripts.com/rx](http://express-scripts.com/rx). Follow the instructions to register and create a profile. See your active prescriptions and/or send your refill order.
- Log in to [myprime.com](http://myprime.com) and follow the links to Express Scripts® Pharmacy.

## Over the Phone

Call 833-715-0942 24/7, to refill, transfer a current prescription or get started with mail order. Please have your member ID card, prescription information and your doctor's contact information ready.

## Through the Mail

To send a prescription order through the mail, visit [bcbstx.com](http://bcbstx.com) and log in to Blue Access for Members<sup>SM</sup> (BAM). Complete the mail order form. Mail your prescription, completed order form and payment to Express Scripts® Pharmacy.

## Talk to Your Doctor

Ask your doctor to write a prescription for up to a 90-day supply of each of your long-term medicines. You can ask your doctor to send your prescription electronically to Express Scripts® Pharmacy, call 888-327-9791 for faxing instructions or call the pharmacy at 833-715-0942. If you need to start your medicine right away, request a prescription for up to a one-month supply you can fill at a local retail pharmacy.

## Refills Are Easy

Refill dates are shown on each prescription label. You can choose to have Express Scripts® Pharmacy remind you by phone or email when a refill is due. Choose the reminder option that best suits you.



### To Enroll

Visit [bcbstx.com](http://bcbstx.com) or call the customer service phone number on the back of your member ID card.

# Specialty Medications



## Do you need Specialty Medications?

### Examples of Self-administered Specialty Medications

This chart shows some conditions self-administered specialty drugs may be used to treat, along with sample medications. This is not a complete list and may change from time to time. Visit [bcbstx.com](http://bcbstx.com) to see the up-to-date list of specialty drugs.

### Support in Managing Your Condition: Accredo

Accredo carries roughly 99% of specialty drugs, which means you're more likely to get all of your specialty drugs from one pharmacy. Through Accredo, you can have your covered, self-administered specialty drugs delivered straight to you. When you get your specialty drugs through Accredo, you get:

- One-on-one counseling from 500+ condition-specific pharmacists and 600+ nurses
- Simple communication, including refill reminders, by your choice of phone, email, text or web
- An online member website to order refills, check order status and track shipments, view order and medication history, set profile preferences and learn more about your condition
- A mobile app that lets you refill and track prescriptions, make payments and set reminders to take your medicine.
- Free standard shipping
- 24/7 support

### Ordering Through Accredo

You can order a new prescription or transfer your existing prescription for a self-administered specialty drug to Accredo. To start using Accredo, call 833-721-1619. An Accredo representative will work with your doctor on the rest.

Once registered, you can manage your prescriptions on [accredo.com](http://accredo.com) or through the mobile app.

### Receiving Specialty Medications

Since many specialty drugs have unique shipping or handing needs, shipments will be arranged with

Condition	Sample Medications
Autoimmune Disorders	Cosentyx, Enbrel, Humira, Xeljanz
Osteoporosis	Forteo, Tymlos
Cancer (oral)	Gleevec, Nexavar, Sprycel, Sutent, Tarceva
Growth Hormones	Norditropin Flexpro, Nutropin AQ, Omnitrope
Hepatitis C	Dakinzta, Eplclusa, Harvoni, Mavyret, Sovaldi, Vosevi
Multiple Sclerosis	Betaseron, Copaxone, Rebif

you through Accredo. Medications are shipped in plain, secure, tamper-evident packaging. Before your scheduled fill date, you will be contacted to:

- Confirm your drugs, dose and the delivery location
- Check any prescription changes your doctor may have ordered
- Discuss any changes in your condition or answer any questions about your health

### One-on-One Support

Accredo has 15 Therapeutic Resource Centers (TRCs), each focused on a specific specialty condition. Through your one-on-one counseling sessions, they'll discuss how to reduce your disease progression and achieve your treatment goals, manage any side effects from your drugs, help you stick to your regimen and monitor your progress. They can also offer support with any financial or insurance concerns you may have.

Certain coverage exclusions and limits may apply, based on your health plan. For some medicines, members must meet certain criteria before prescription drug benefit coverage may be approved. Check your benefit materials for details, or call the customer service number listed on your ID card with questions.



# Dental Coverage

You have two options for your city-sponsored dental coverage



## Cigna Dental HMO

The Cigna Dental HMO plan requires you to use an in-network dentist and offers the following:

- No deductible and no claims to file
- No annual or lifetime max
- Pay pre-determined co-pays only
- Orthodontia covered for children and adults
- Multiple copays per visit may apply for services performed

## Cigna Dental PPO

The Cigna Dental PPO plan allows you to use the dentist of your choice and offers the following:

- Preventive Services: 100% covered
- General Services: 80% covered
- Major Services: 50% covered
- Orthodontia: 50% covered
- Annual Max: \$1,500
- Ortho Lifetime Max: \$1,500
- Annual Deductible: \$50 individual/\$150 family

## Cigna Rates

Monthly Premiums	Dental HMO	Dental PPO
Employee Only	\$7.26	\$40.94
Employee + Spouse	\$13.78	\$80.88
Employee + Children	\$15.98	\$84.86
Employee + Family	\$23.60	\$146.74

For a list of Cigna providers, contact Cigna at 1-800-244-6224 or [mycigna.com](http://mycigna.com).



# Vision Coverage



Each eligible employee may elect to participate in a Superior Vision Plan. You can receive services from one of Superior’s in-network eye care professionals or choose to receive care outside of the Superior network (but you will save money when you use an in-network provider). The city offers two plans through Superior Vision.

## Basic Vision Plan

The Basic Superior Vision Plan includes one exam every 12 months.

## \*NEW\* Enhanced Buy-Up Vision Plan

The Buy-Up Superior Vision Plan includes exam and materials:

Benefits	In-Network	Copays	
Eye Exams (MD)	Covered In Full	Exams	\$10
Eye Exam (OD)	Covered In Full	Materials	\$25
Frames	\$150 Retail Allowance	Contact Lens Fitting	\$25
Contact Lens Fitting (Standard)	Covered In Full		
Contact Lens Fitting (Speciality)	\$50 Retail Allowance		
		<b>Services/ Frequency</b>	
Lenses (Standard) per pair		Exam	12 Months
Single Vision	Covered In Full	Frames	12 Months
Bifocal	Covered In Full	Contact Lens Fitting	12 Months
Trifocal	Covered In Full	Contact Lenses	12 Months
Progressive (Standard)	Covered In Full	Glass Lenses	12 Months
Polycarbonate for Dep.Children	Covered In Full		
Factory Scratch Coat	Covered In Full		
UV Coating	Covered In Full		
Contact Lenses	\$150 Retail Allowance		

## Vision Rates

Monthly Premiums	Basic Vision	Buy-Up Vision
Employee Only	\$1.98	\$6.52
Employee + Spouse	\$3.94	\$13.10
Employee + Children	\$3.58	\$11.45
Employee + Family	\$5.90	\$19.22



For a list of vision providers, contact Superior Vision at 1-800-507-3800 or [www.superiorvision.com](http://www.superiorvision.com).

# BlueCross BlueShield Resources

## Blue Access for Members (BAM)

BlueCross and BlueShield of Texas (BCBSTX) helps you get the most out of your health care benefits with Blue Access for Members (BAM). You and all covered dependents age 18 and up can create a BAM account.

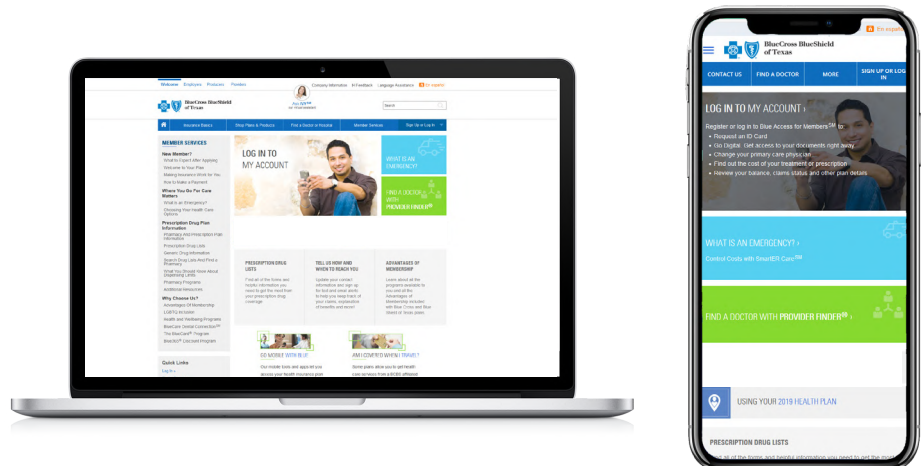
With BAM, you can:

- Use our Provider Finder® tool to search for a health care provider, hospital or pharmacy
- Request or print your ID card
- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Use our Cost Estimator tool to find the price of hundreds of tests, treatments and procedures
- Download an app
- Sign up for text or email alerts

### It's Easy to Get Started!

1. Go to [bcbstx.com/member](http://bcbstx.com/member)
2. Click Log Into My Account
3. Use the information on your BCBSTX ID card to sign up

Or, text BCBSTXAPP to 33633 to get the BCBSTX App that lets you use BAM while you're on the go.



## BAM Provider Finder®

Spend less time looking for a doctor and more time enjoying your life.

- Find in-network providers, hospitals, laboratories and more
- Search by specialty, ZIP code, language spoken, gender and more
- See clinical certifications and recognitions
- Estimate the out-of-pocket costs of more than 1,600 health care procedures, treatments and tests
- Use quality awards such as Blue Distinction® Center (BDC), BDC+, or Blue Distinction® Total Care to inform your choices
- See side-by-side provider or facility quality ratings and patient reviews

## Well onTarget Portal

The Well onTarget Member Wellness Portal at [wellontarget.com](https://wellontarget.com) provides you with tools to help you set and reach your wellness goals. The portal is user-friendly, so you can find everything you need quickly and easily.

Explore your wellness world to find a wide variety of health and wellness resources including:

### Health Tools and Trackers

The tracker lets you record how much sleep you get, your stress levels, your blood pressure readings and your cholesterol levels. It also offers a symptom checker and helps you decide if you should see a doctor.

### Fitness Tracking

You can see where you are today compared to where you were when you started. You can also read the latest health news, check your activity progress and more.

### Self-Management Programs

These programs are interactive and include learning activities and content that focus on behavioral changes to reinforce healthier habits. These educational programs inform about symptoms, treatment options and lifestyle changes.

## Blue Points Rewards

Well onTarget understands how hard it can be to maintain a healthy lifestyle. Sometimes, you may need a little motivation. That's why we offer the Blue Points program. This program may help you get on track and stay on track to reach your wellness goals.

With the Blue Points program, you will be able to earn points for regularly participating in many different healthy activities. You can redeem these points in the online shopping mall, which provides a wide variety of merchandise.

#### It's Easy to Get Started!

Contact Customer Service at 1-877-806-9380 or go to [www.wellontarget.com](https://www.wellontarget.com)



# Employee Benefits

Get the most out of your benefits and save money through our wellness programs.



## Free Preventive Maintenance

On both City medical plans, EPO and HDHP, preventive maintenance and some preventive medications are covered 100%. This type of care, including annual wellness visits, vaccinations, and certain preventive maintenance medications, won't cost you a dime as long as you stay in network, whether you've met your deductible or not.

To learn more about Free Preventive Maintenance, please contact Blue Cross Blue Shield at 1-800-521-2227 or [bcbstx.com/member](http://bcbstx.com/member).

## Virtual Visits

There's never a convenient time to get sick, but now you have access to a board-certified doctor around the clock for non-emergency health issues. Connect by mobile app, online video or telephone. Virtual visits typically cost less than going to the doctor.

To access Virtual Visits, register at [MDLIVE.com/bcbstx](http://MDLIVE.com/bcbstx) or by calling 1-888-680-8646.

## Surgery Plus

When your doctor recommends surgery, call Surgery Plus. They will help you find a board-certified surgeon with an extensive history of quality care, set up your initial consultation, and walk you through each step of the planning process. Surgery Plus negotiates all costs before you have surgery, then coordinates the payment for you. They offer pre-negotiated, bundled rates, ultimately lowering costs up to 50% of what you and the City might have paid. The bonus? Your co-insurance is waived if you use Surgery Plus!

To learn more about Surgery Plus, visit [gptx.surgeryplus.com](http://gptx.surgeryplus.com). Click "Register Now" and then complete all necessary fields along with the access code: Raving Fans!

## Airrosti

The city invites medical plan members who suffer from back, neck, or other chronic pain or injures to try Airrosti for aches, pains and muscle pulls. This may reduce the likelihood of surgery, pharmaceuticals, or injections. Airrosti is a non-surgical rapid recovery treatment designed to eliminate pain and soft tissue injuries in an average of three treatments (based on historical outcomes). For City of Grand Prairie employees, dependents and retirees on the BCBSTX health plan, Airrosti visits are set at a \$20 co-pay for EPO plan members and subject to deductible and co-insurance for HDHP members.

To learn more about Airrosti, call 1-800-404-6050 or visit [airrosti.com](http://airrosti.com).



# Employee Benefits

Get the most out of your benefits and save money through our wellness programs.



## Livongo for Diabetes

The Livongo for Diabetes program is a health benefit that combines advanced technology with coaching to support you with your diabetes. You will receive a connected glucose meter, unlimited strips, and lancets, personalized insights with each reading and access to Certified Diabetes Educators. The program is provided to you and your eligible family members with diabetes and coverage on the city's medical plan.

To learn more about Livongo for Diabetes, visit [livongo.com/diabetes](https://livongo.com/diabetes).

## Livongo for Hypertension

The Livongo for Hypertension program is a health benefit that helps you easily manager your high blood pressure with advanced technology and personalized coaching. You will receive a connected blood pressure monitor with a sleek carrying case, mobile application to keep track of all of your readings, personalized insights with each reading, and access to Livongo's expert health coaches when you need it. This program is provided to you and your eligible family members with high blood pressure and coverage on the city's medical plan.

To learn more about Livongo for Hypertension, visit [livongo.com/hypertension](https://livongo.com/hypertension).

## Omada

The Omada program helps you reduce your risk of prediabetes and chronic disease through nutrition guidance, weight loss, and customized health coaching. This program will help you build healthy routines around what you love to do and where you want the most support. You will receive a wireless smart scale, mobile application to track your health progress, access to peer groups, and a dedicated health coach for the support you need to get going and keep going. This program is provided to you and your eligible family members with coverage on the city's medical plan.

To learn more about Omada, visit [omadahealth.com/gptx](https://omadahealth.com/gptx).

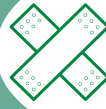
## Hinge Health

Say goodbye to traditional physical therapy with the Hinge Health program. Hinge Health goes beyond traditional physical therapy to help you take control of back and joint pain, recover from injuries, prepare for surgery, or stay healthy and pain free. You will receive app-guided exercise therapy that includes 15-minute sessions to reduce pain and increase strength and mobility, free tablet and wearable sensors that provide live feedback on your form in the Hinge Health app, and access to a personal health coach or physical therapist at any time. Your Hinge Health care plan can be done from anywhere, and whenever works best for your schedule in their convenient app. That means never rushing to an appointment or worrying about copays.

To learn more about Hinge Health, visit [hingehealth.com/gptx](https://hingehealth.com/gptx) or 855-902-2777 or email [hello@hingehealth.com](mailto:hello@hingehealth.com).

# Employee Benefits

Get the most out of your benefits and save money through our wellness programs.



## Deer Oaks EAP

Deer Oaks provides employee assistance program (EAP) services for you and your family. This benefit covers six confidential short-term counseling visits at no cost. Deer Oaks clinicians are well versed in helping clients of all ages, from young children up to elderly adults.

Besides counseling, these are the many areas of assistance Deer Oaks can offer to you, such as:

- Childcare and Eldercare Resources with Referrals
- Financial and legal issues
- Free Interactive online simple Will
- Retiree Assistance
- Moving Resources/Checklist
- ID Recovery
- Credit Report
- Reimbursed Ride (Cab, Uber, RideShare, Lyft)

Deer Oaks is available 24-hours a day, 365 days a year. For cases that are not EAP related, the Deer Oaks team will coordinate with city's medical plan if you require treatment under your medical benefit.

To learn more, visit [deeroakseap.com](http://deeroakseap.com) (login and password: GPTX) or 866-327-2400.

## Alliance Work Partners EAP – Police and Fire Personnel

Alliance Work Partners (AWP) provides employee assistance program (EAP) services for Police and Fire personnel and their families. This benefit covers six short-term counseling visits in a convenient location at no cost. AWP provides intake, counseling, guidance, assessment, referral, crisis intervention and follow-up services for employees and their family members who are experiencing problems which may affect work performance and personal wellbeing.

Problems to be addressed may include, but are not limited to, child and elder care resources, marital difficulties, parenting support, anger management, communication skills, grief and bereavement, alcohol/substance abuse, career management, self-improvement plans, and more.

Special efforts are made to use internal counseling resources and affiliates whenever possible. If outside care is required, AWP will refer the client to the treatment resources AWP deems appropriate. AWP counselors and affiliates have access to a database of over 8,000 community resources, in addition to working with the city's medical plans, to recommend quality and affordable services to clients that are covered by insurance if possible.

To learn more, visit [awpnow.com](http://awpnow.com) (registration code: AWP-CGPPF-5097) or 800-343-3822.

# Disability Coverage



## Long-Term Disability Coverage

Most illnesses or injuries prevent you from working for only a few days but more serious conditions could keep you out of work



for weeks, months or even years. Fortunately, the city provides you with a source of income during these difficult times. The Long-Term Disability (LTD) Plan helps protect you and your family.



### Monthly Benefit

50% of your monthly earnings (offset by other income, Social Security and TMRS). The monthly benefit is a minimum of \$100 or the greater of 10% of your gross monthly benefit, and the maximum is \$6,600.

### Benefit Eligibility

Eligibility begins after 60th day of employment. If your claim is approved, you may receive benefits for up to two years while you are disabled from working in your occupation. Your benefits may continue for a longer period if you are disabled from working in any occupation. Your case will be reviewed annually for continued benefits.

### Benefits Begin

Your benefits start after you've been unable to work for 180 days, and you've used up your sick and vacation leave once your claim is approved.

### Benefits End

Your benefits will end at age 65, if you become disabled before age 61. Benefits continue for a set period of time if you are disabled after age 61. Benefits also end when you are able to return to work, if your absence lasted one year or less.

If you have any questions about Long-Term Disability, call 972-237-8192, or visit [Raving Fans](#).



# Life Insurance



## Basic Life Insurance

Life insurance is an important financial benefit for your family in the event of your death. The city provides eligible employees with basic life insurance coverage equal to 2x your annual base pay.

<b>Election Option</b>	2x Base Salary	<b>Max Limit</b>	\$500,000	<b>Employee Cost</b>	City Paid	<b>Evidence of Insurability</b>	No
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## Employee Optional Life Insurance

You may purchase additional life insurance as a new hire or during annual enrollment. Optional life insurance premiums are paid by you on an after-tax basis and based on your age and salary as of January 1 each year. Any increase to employee optional life is not in effect until approved by the carrier and Human Resources has updated coverage and premiums.

<b>Election Option</b>	1x - 5x Base Pay	<b>Max Limit</b>	\$500,000	<b>Employee Cost</b>	Varies based on age and salary as of 1/1	<b>Evidence of Insurability</b>	<u>New Hire</u> any amount >\$350,000 <u>All Others</u> any increase in the multiplier 1x to 5x
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## Employee Accidental Death and Dismemberment

AD&D also provides some partial benefits if you are severely injured or die in an accident based on the nature of your qualifying injury in accordance with plan guidelines. You do not have to show proof of good health to elect this coverage as a new hire or to increase coverage during annual enrollment. You do not have to own Employee Optional Life to elect this benefit.

<b>Election Option</b>	1x - 5x Base Pay	<b>Max Limit</b>	\$500,000	<b>Employee Cost</b>	\$.02 per \$1,000	<b>Evidence of Insurability</b>	No
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## Child Life

Child Life Insurance is an additional benefit you may purchase that will pay you if your covered child dies. Child life applies to your eligible child(ren) (under 26 years of age). Additionally, if your spouse is also a City of Grand Prairie employee with children, only one of you may cover the child(ren) through the “Child Life” option. You cannot cover your child if they are also a city of Grand Prairie Employee.

<b>Election Option</b>	Increments of \$1,000	<b>Max Limit</b>	\$20,000	<b>Employee Cost</b>	\$.08 per \$1,000	<b>Evidence of Insurability</b>	No
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## Spouse Life Insurance

You may insure your eligible spouse for up to 100% of your combined basic + optional life, in increments of \$1,000 not to exceed \$350,000. Cost is based on your spouse's age as of January 1. Proof of good health is required when, as a new hire, you elect coverage over \$50,000 if you elect to increase spouse life insurance during annual enrollment. **If your spouse is also a City of Grand Prairie employee, you may not insure each other through "Spouse Life".**

<b>Election Option</b>	Increments of \$1,000	<b>Max Limit</b>	Lesser of 100% of Employee Basic + Optional Life election or \$350,000
<b>Employee Cost</b>	Varies based on age as of 1/1	<b>Evidence of Insurability</b>	<u>New Hire</u> any amount over \$50,000 <u>All Others</u> any increase to current election

## Spouse Accidental Death and Dismemberment

This benefit does not require Spouse Life or Employee Life coverage. It may be selected independently.

<b>Election Option</b>	Increments of \$1,000	<b>Max Limit</b>	\$350,000	<b>Employee Cost</b>	\$.02 per \$1,000	<b>Evidence of Insurability</b>	No
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### How to apply for increases in life insurance:

Any increase you request on optional life or spouse life (going from 1x to 2x, etc.) during enrollment requires completion of an Evidence of Insurability (proof of good health). Forms are sent to the carrier for review. Increase requests can be approved, denied or may require additional tests. You will be notified by the carrier if any additional information is needed to consider the request. Increases are not effective until approved by the insurance carrier and the city receives notification of the approval.

Any increase in premium is effective the first payroll check following notification. Additions or increases to Child Life or addition of AD&D do NOT require proof of good health. They will be effective on the eligibility date for which the coverage is elected.

### When does coverage end?

Life insurance coverage ends on the day in which your city employment ends. However, you may port or convert any or all of your life insurance coverage in order to take the coverage with you. You must contact the insurance company directly and arrange for this opportunity within 31 days of your separation date. The city cannot arrange this conversion to an individual policy for you.

### Does life insurance coverage decrease after a certain age?

Life insurance coverage reduces on January 1 following your 65th and 70th birthday.

<b>Age 65</b>	Reduces to 65% of eligible amount	<b>Age 70</b>	Reduces to 50% of eligible amount
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# Additional Options

Employees may elect for additional benefit insurance options.



## Accident Insurance

Most traditional insurance doesn't cover every medical expense, leaving you to pay out-of-pocket expenses such as deductibles, office visit co-payments, and transportation and lodging costs. Colonial's Accident Insurance is designed to help see you through the different stages of care. This plan provides benefits for initial care and treatment, in addition to the follow-up care you may need.



## Critical Illness Insurance

Colonial's Critical Illness Insurance pays a lump sum benefit upon diagnosis of a specified critical illness for you to use where it's needed most. Coverage is available for you, your spouse or your dependent children. Conditions include heart attack (myocardial infarction), transplant as the result of heart failure, stroke and bypass surgery as the result of coronary artery disease.



## Cancer Care Insurance

You can help protect yourself and your family from the high cost of cancer treatment with Group Cancer Insurance from Colonial Life & Accident Insurance Company (Colonial) so that you can concentrate on what is most important—your care. Indirect costs associated with cancer care that Colonial may help cover:

- Loss of wages or salary
- Deductibles or co-insurance
- Child care
- Travel expenses to and from treatment centers
- Lodging and meals

To learn more about Colonial Insurance options, please contact Colonial Insurance at 817-992-0262.

# Retirement and Saving



## Texas Municipal Retirement System (TMRS)

The city participates in TMRS, a statewide retirement system, effective the first day of employment for employees who are scheduled to work in a position budgeted to work more than at least 1,000 hours annually. Employees are required to contribute 7% of salary on a pre-tax basis. The city's plan provides five-year vesting and 2-to-1 matching of contributions (the city's contribution is 14%).



### Retirement at Any Age

with 20 years of creditable service (or age 60 with at least 5 years of creditable service)



### Partial Lump-Sum

distribution at retirement



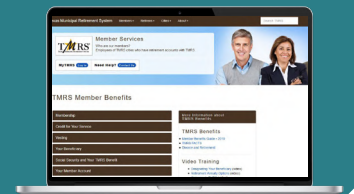
### Disability Retirement

for those disabled from their position

[www.tmr.com](http://www.tmr.com)



- See the balance of your TMRS account (does not include city contribution)
- View and update your beneficiaries
- See date you are eligible to retire
- See your total months of service
- View and update your address



## Medical Benefits for Retirees

Medical benefits are only available to employees and their spouses under the age of 65 at the time of retirement. Upon attainment of age 65, the retiree or covered spouse must move off of the city's medical benefits and onto Medicare. Dental or vision benefits may be continued by retirees regardless of age as long as premiums are paid. If the covered spouse of a retiree is not yet 65, he/she may continue on the city's plan but will pay the appropriate rate at that time. The spouse must then move off the plan at the time he/she reaches age 65. Eligibility for retiree benefits requires the employee be eligible for retirement through TMRS at the time of separation.

***NOTE:*** Retiree rates, rules, structures and eligibility are subject to change at any time as deemed necessary by the city. Plans/rates are considered each year as are all other benefits as part of the budget process. ***For dependents to be eligible on retiree insurance, they must have been covered under the employee's plan for at least two full years prior to the retirement date.***

## Turning 65

### I am a current City of Grand Prairie employee and turning 65. What do I need to do?

You need to register for Medicare at least 3 months before turning 65. Your insurance with the city will continue to be primary until you retire and then you will no longer be covered under the city's medical plan. If you wait to enroll in Part B you may be eligible for a Special Enrollment Period once you leave employment.

### What about my covered spouse and dependents?

As long as you are employed by the City of Grand Prairie and in a position eligible for benefits, your spouse and dependent children may be covered for as long as you carry them on your plan. Your children, however, lose coverage when they reach age 26 and will have the option of continuing benefits through COBRA.

## Dependents

It is very important that if you are considering covering dependents in retirement, that you ensure they are covered on the plan AT LEAST two years prior to your retirement date. If that is not met, coverage will only be continued for retirees who meet the other eligibility guidelines. Ineligible dependents who did not meet this rule will have the option to continue their benefits at COBRA rates and within COBRA guidelines.



## Planning for Retirement

When you plan on retiring, contact Human Resources for a retirement packet and to obtain the current retiree rates. You may apply for retirement up to 90 days in advance of your expected retirement date. To review your TMRS retirement options, visit at [tmrs.com](http://tmrs.com) or call 1-800-924-8677 to request an estimate.



## Deferred Compensation Plans (457)

You may also choose to save for the future with a 457 deferred compensation retirement plan. Employees may choose from two different deferred compensation plans including Nationwide Retirement Solutions and MissionSquare Retirement Corporation. Packets of information about these plans are available in the Human Resources Department.

### Nationwide Retirement Solutions

With nearly 30 years experience in group retirement, Nationwide Retirement Solutions provides variable and fixed tax-deferred group annuities, mutual funds and stable value options for public employees.

To learn more about Nationwide Retirement, call Will Angus, Retirement Specialist at [angusw1@nationwide.com](mailto:angusw1@nationwide.com). Nationwide Customer Service: 1-877-677-3678 or visit [nrsforu.com](http://nrsforu.com).

### MissionSquare Retirement

MissionSquare Retirement is a non-profit independent financial services corporation providing retirement plans and related services for more than a million public sector participant accounts. Their mission is to help build retirement security for public employees.

With your MissionSquare Retirement 457 plan, you're in control of how much you save and where you invest those savings while enjoying tax advantages. A smart addition to any pension or Social Security benefits you may receive, this plan offers simple and flexible ways to increase your retirement savings for a more secure and confident financial future.

- Contributions are made during your employment, and you can change, stop, and restart them at any time.
- Your account's value is based on those contributions and subsequent investment returns.
- Earnings are not subject to tax until withdrawn.
- You have control over:
  - How your money in the account is invested
  - How funds are withdrawn following separation from service
  - Who receives any remaining assets upon your death

ICMA-RC is now

**MissionSquare**  
RETIREMENT

To learn more about MissionSquare Retirement, visit [msqplanservices.org/myplan/300087](https://msqplanservices.org/myplan/300087) or contact Erica Rodriguez, Retirement Plans Specialist, at 202-941-9242 or email [erodriguez@missionsq.org](mailto:erodriguez@missionsq.org). MissionSquare Retirement Customer Service: 1-800-669-7400.

## MissionSquare Retirement - VantageBroker

The VantageBroker program provides you with access to additional investment options, including more than 13,000 mutual funds. Your plan sponsor may make available specific types of investments in your retirement plan. Please contact MissionSquare Retirement - if you have questions. Brokerage services are provided by TD Ameritrade, a registered broker-dealer and member of FINRA/SIPC.

### Eligibility Requirements

Before you can open a VantageBroker account, you must have a total account balance (across all of your MissionSquare Retirement plans combined) of at least \$35,000. This total balance, which excludes any assets you may have invested in VantageBroker, is referred to as your “core” account balance.

### Opening an Account

Enroll online through the MissionSquare Retirement website:

- Log in to your account at [www.icmarc.org/login](http://www.icmarc.org/login)
- Select your account from the Access my Accounts menu option at the top of the page
- Click Investments from the left-hand menu
- Click on Brokerage and then Open a Brokerage Account

TD Ameritrade will provide you with an account number and you’ll create a Personal Identification Number (PIN) to use when you establish a TD Ameritrade user ID and password for accessing your new brokerage account online. If you’re unable to enroll, contact TD Ameritrade and request the Account Agreement Form for Self-Directed Brokerage Accounts for Plan Participants.

### Funding your account

Fund your VantageBroker account by making transfers from your core account balance.

- The initial transfer must be at least \$5,000.
- Subsequent transfers must be at least \$1,000.
- Following a transfer, your core account balance must be at least \$30,000.

For example, if your core account balance is \$36,000, the maximum amount you’re eligible to transfer to your VantageBroker account is \$6,000.

You can transfer money to your brokerage account through Account Access in the same way you transfer money to other available investments.

#### MissionSquare fees/charges

A one-time \$50 setup fee is charged when your VantageBroker account is established. The fee is deducted directly from your core account.

#### TD Ameritrade fees/charges

For a complete list of brokerage account fees and charges, please refer to the TD Ameritrade Commissions and Service Fees document. All fees are deducted directly from your brokerage account.

# COBRA

(Consolidated Omnibus Budget Reconciliation Act)

The city offers continuation of coverage (COBRA) to employees or dependents that experience a COBRA qualifying event resulting in a loss of city provided benefits.

These may include medical, dental, vision, Employee Assistance Program, and health Flexible Spending Account. COBRA benefits are the same as your active employee benefits, but the cost is much more, because you do not receive the city's contribution. You pay the full cost, plus a two percent fee.

An initial notice is provided to you upon hire or rehire to notify you of your COBRA rights.

Upon experiencing a COBRA event, you and/or your affected dependent will receive a notification letter to advise you of your options, guidelines and costs at that time.

You have 60 days from the date of notification to make elections and 45 days from the election date to make your first payment. COBRA benefits are not reinstated until the election and first payment are received. Costs vary annually and are provided at the time of the event in the letter, and COBRA annual enrollment.

There may be other coverage options for you and your family. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible, such as a spouse's plan, even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.





# Benefits Contacts

Contact Human Resources:  
972-237-8192 | [benefits@gptx.org](mailto:benefits@gptx.org)

## **Airrosti**

1-800-404-6050 or [airrosti.com](http://airrosti.com)

## **Alliance Work Partners EAP (PD/FD Only)**

800-343-3822 or [awpnow.com](http://awpnow.com)

## **Benefits Value Advisor**

Blue Cross Blue Shield 1-855-357-5229

## **Blue Cross Blue Shield**

Call the # on the back of your insurance ID card

## **Cigna**

1-800-244-6224 or [mycigna.com](http://mycigna.com)

## **COBRA**

866-451-3399 or [cobraadmin@wexhealth.com](mailto:cobraadmin@wexhealth.com)

## **Colonial Insurance**

214-392-5259

## **Deer Oaks EAP**

866-327-2400 or [deeroakseap.com](http://deeroakseap.com)

## **Dependant Care Account**

800-422-4661 or [tasconline.com](http://tasconline.com)

## **Flexible Spending Account (FSA)**

800-422-4661 or [tasconline.com](http://tasconline.com)

## **Hinge Health**

855-902-2777 or [hingehealth.com/gptx](http://hingehealth.com/gptx) or  
[hello@hingehealth.com](mailto:hello@hingehealth.com)

## **Health Savings Account (HSA)**

1-866-451-3399 or

[customerservice@wexhealth.com](mailto:customerservice@wexhealth.com)

## **MissionSquare Retirement Corporation**

1-800-669-7400 or [erodriguez@missionsq.org](mailto:erodriguez@missionsq.org)

## **Life Insurance (Basic, Optional, AD&D) Questions**

[benefits@gptx.org](mailto:benefits@gptx.org)

## **Livongo**

800-945-4355 or [livongo.com](http://livongo.com)

## **Long-Term Disability Questions**

[benefits@gptx.org](mailto:benefits@gptx.org)

## **Nationwide Retirement Solutions**

1-877-677-3678 or [www.nrsforu.com](http://www.nrsforu.com)

## **Omada**

888-987-8337 or [omadahealth.com/gptx](http://omadahealth.com/gptx)

## **Superior Vision**

1-800-507-3800 or [www.superiorvision.com](http://www.superiorvision.com)

## **Surgery Plus**

Visit [gptx.surgeryplus.com](http://gptx.surgeryplus.com)

Access Code: Raving Fans!

## **Texas Municipal Retirement System (TMRS)**

1-800-924-8677 or [tmrs.com](http://tmrs.com)

## **Virtual Visits**

1-888-680-8646 or [www.mdlive.com/bcbstx](http://www.mdlive.com/bcbstx)

