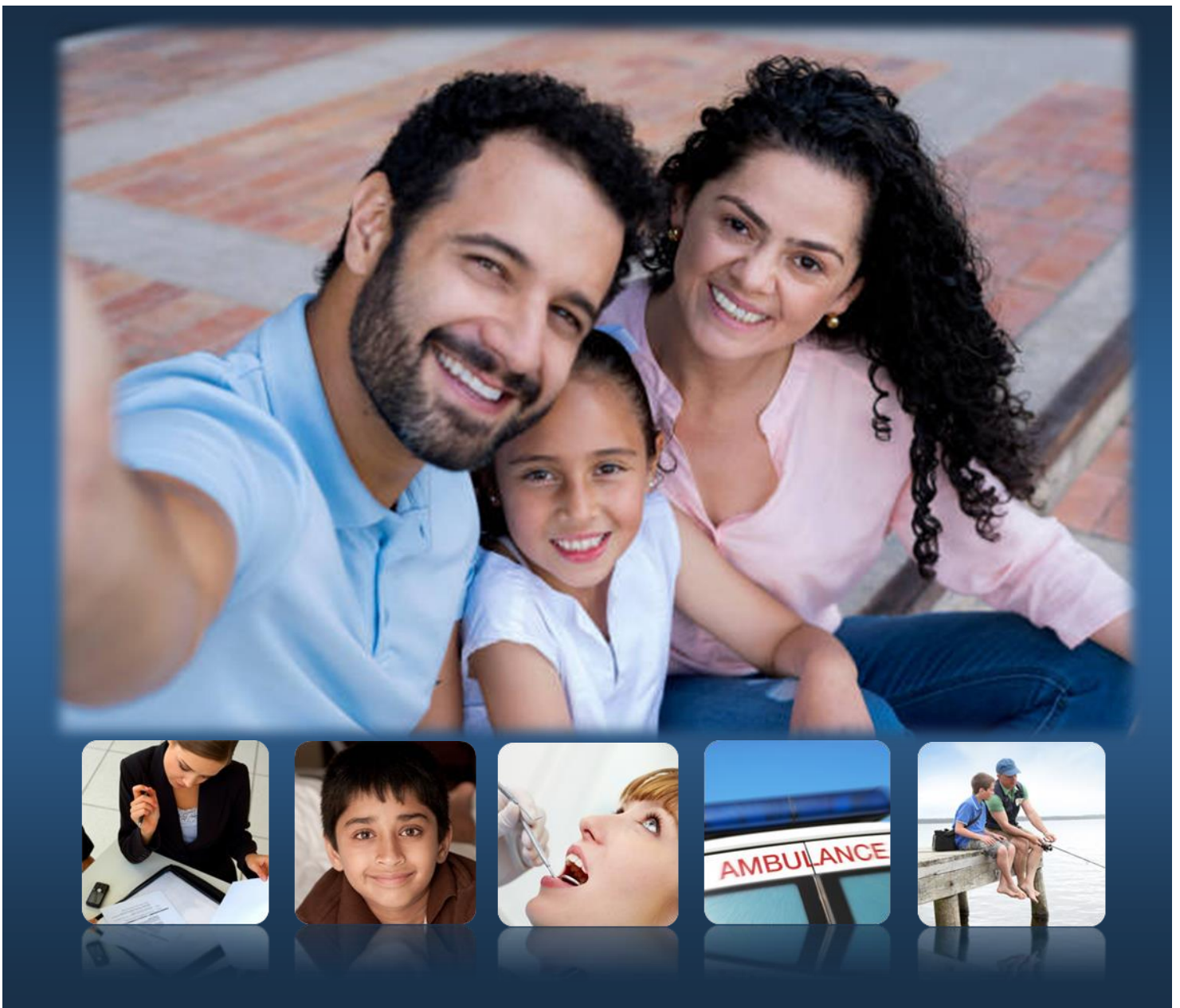




SHEPARD & WALTON
EMPLOYEE BENEFITS
Austin • Rio Grande Valley • Sugar Land

Employee Benefits Enrollment Guide

Plan Year: October 1, 2023 – September 30, 2024





Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources.

MEDICAL: TX HEALTH BENEFITS POOL

Group Policy Numbers: #MSOUTHPO
Member Services Phone Number: 800-282-5385
Provider Web Address: <https://txhb.gov>
PPO Network: Blue Choice PPO

DENTAL: BLUE CROSS BLUE SHIELD OF TEXAS

Group Policy Numbers: #065808
Member Services Phone Number: 1-800-521-2227
Provider Web Address: www.bcbstx.com
Network: BlueCare Dental

VISION: TX HEALTH BENEFITS POOL

Group Policy Numbers: #MSOUTHPO
Member Services Phone Number: 800-282-5385
Provider Web Address: <https://txhb.gov>
Network: EyeMed

GROUP LONG TERM & VOLUNTARY SHORT TERM DISABILITY: DEARBORN NATIONAL

Group Policy Number: # G35175
Provider Phone Number: 1-800-348-4512
Provider Web Address: www.DearbornNational.com

VOLUNTARY TERM LIFE AND AD&D: DEARBORN NATIONAL

Group Policy Number: # G35175
Provider Phone Number: 1-800-348-4512
Provider Web Address: www.DearbornNational.com

GROUP TERM LIFE/AD&D INSURANCE: DEARBORN NATIONAL

Group Policy Number: # G35175
Provider Phone Number: 1-800-348-4512
Provider Web Address: www.DearbornNational.com

ACCIDENT, CRITICAL ILLNESS, & HOSPITAL INDEMNITY: GUARDIAN

Group Policy Number: #024030
Provider Phone Number: 1-800-541-7846
Provider Web Address: www.guardiananytime.com



EMPLOYEE BENEFITS

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SWEB Team Contacts

CLAIMS DEPARTMENT

Include Provider Bill & EOB
stxclaims@sweb.com
956-423-8755

MEMBERSHIP DEPARTMENT

Order ID Cards, Address change
stxmembership@sweb.com
956-423-8755

Eligibility and Enrollment

The Open Enrollment period for eligible employees will be July 31st through August 11th, 2023. The benefit plans will be effective October 1st, 2023.

Elections you make during open enrollment will become effective October 1st, 2023.

City of South Padre Island offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

New full-time employees of City of South Padre Island are eligible for benefits effective 1st of the month following date of hire.





Who is Eligible?

- You are eligible if you are an employee regularly scheduled to work at least 40 hours a week
- Individuals may make changes or add dependents without having to provide proof of insurability during the open enrollment period
- Open enrollment applies to Medical, Dental, Vision, LTD/STD, Voluntary Life/AD&D, Basic Life/AD&D, & Worksite
- Your Health Plan will not include any pre-existing medical limitations, so a HIPAA Certificate of Creditable Coverage is not required



How to Enroll

The first step is to review your current benefit elections. Verify your personal information and make any changes if necessary. Choose your benefit elections. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status (Qualifying Event).



When to Enroll

The open enrollment period runs from July 31st through August 11th. The benefits you elect during open enrollment will be effective from October 1st, 2023 – September 30th, 2024. New full-time eligible employees electing coverage will be effective 1st of the month following date of hire. All eligible employees are required to complete paperwork to either elect or waive all coverage options.



How to Make Changes

Unless you have a qualified change in status (Qualifying Event), you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include:

- Marriage, divorce or legal separation
- Birth or adoption of a child, court order, disability, death, reaching the dependent child age limit 26
- Significant changes in employment or employer-sponsored benefit coverage that affect you or your spouse's benefit eligibility

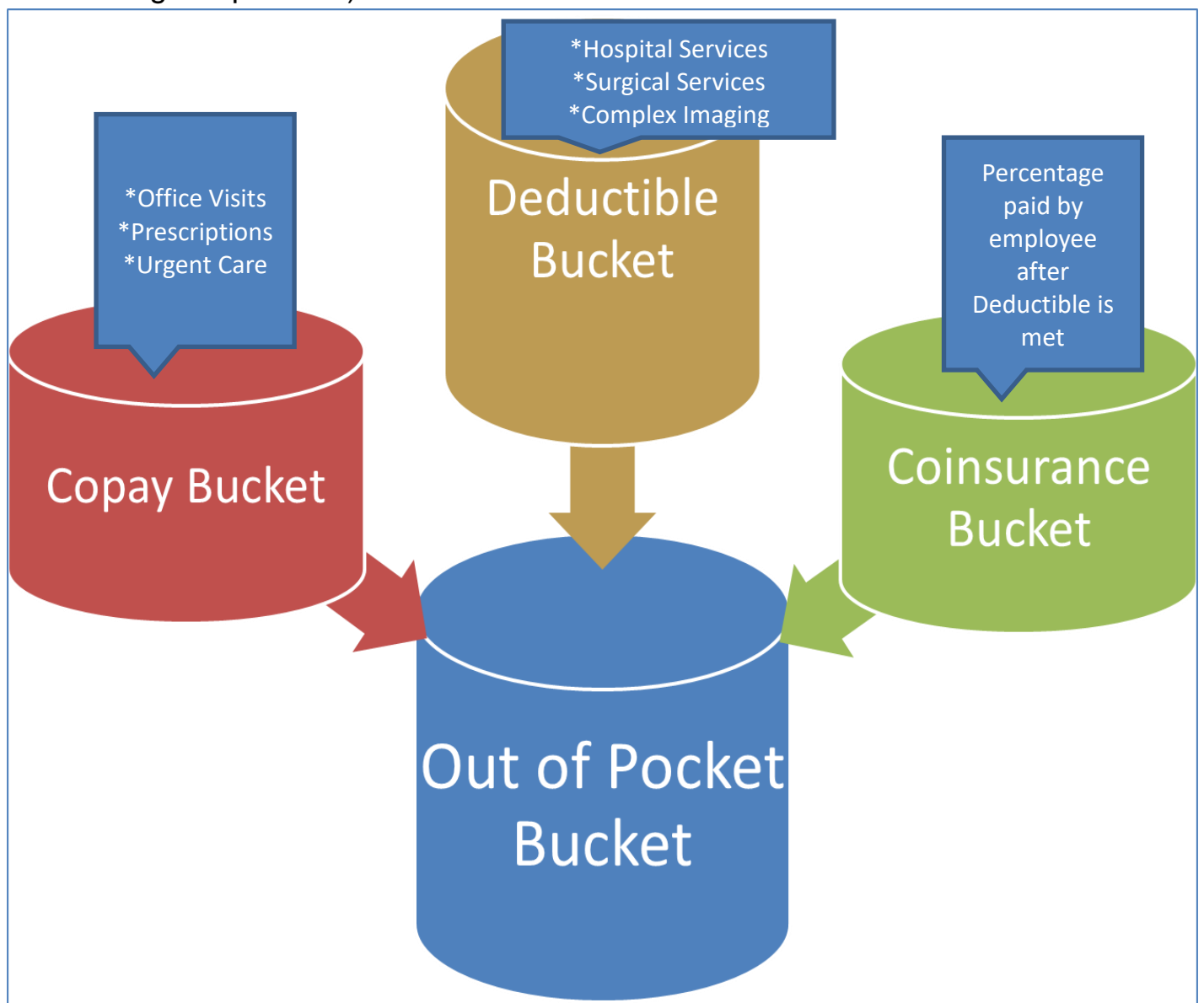
****Please note that any enrollment changes must be submitted within 30 days of the qualifying event. Contact your Human Resources office for these forms****

Changes after **October 1st will not be permitted unless you have a qualifying events such as:**

- Change in the Employee's legal marital status
- Newborn
- Change in employment status that affects benefit eligibility
- Dependent satisfies or ceases to satisfy dependent eligibility requirements
- HIPAA Special Enrollment Rights
- Judgements, Decrees or Orders
- COBRA Events
- Entitlement to Medicare or Medicaid
- Significant changes in coverage under the plan of the Employer of a spouse or dependent

How do your benefits accumulate towards your Out-of-Pocket Maximum?

- Copay – a fixed amount required by a health insurer to be paid by the covered individual for each outpatient visit or drug prescription.
- Deductible – the amount you have to pay out-of-pocket for expenses before the insurance carrier will cover at the coinsurance level.
- Coinsurance – the percentage the covered individual will pay out-of-pocket after the deductible has been satisfied.
- Plan Year – Deductible, copays and out-of-pockets are Plan Year (October through September)



Medical and Prescription Drugs – TX Health Benefits Pool

City of South Padre Island is pleased to offer a medical plan through TX Health Benefits Pool. This plan has In-Network and Out-of-Network benefits. Please select In-Network providers to get the most savings. To find a network provider in your area, log on www.txhb.gov. The TX policy will pay a \$150 wellness benefit for Completing Wellness Challenges. Please refer to your Summary of Benefits Coverage Documents in your Benefit Packet.

Services	Copay-750-3k ER Plan			
	In- Network		Out-of-Network	
PPO Network: Blue Choice				
Physician Visit	\$30 Copay Primary \$60 Copay Specialist		Deductible, then 50% coinsurance	
Virtual Visits (MD Live)	\$0 Copay		Not applicable	
Prescription Drugs (Illustrating 30 day supply ONLY)	Retail	Mail Order	Retail	Mail Order
Disease Management Maintenance (Generic)	\$0 Copay		Not applicable	
Tier 1 (Lower-Cost Generic-Some Brand Name)	\$10 copay		Not applicable	
Tier 2 (Most Brands-Some Higher Cost Generic*)	\$45 Copay		Not applicable	
Tier 3 (Non-Preferred Brand*)	\$90 Copay		Not applicable	
Tier 4 (Specialty)	\$150 Copay		Not applicable	
Tier 5 (Cost Share)	\$175 Copay		Not applicable	
Urgent Care	\$75 Copay		Deductible, then 50% coinsurance	
Preventive Care	0% - Deductible Waived		Deductible, then 50% coinsurance	
Deductible (Plan year)	\$750 Individual \$1,500 Family		\$1,500 Individual \$3,000 Family	
Coinsurance (after deductible)	20%		50%	
Lab & X-Ray	Included with PCP Copay		Deductible, then 50% coinsurance	
Complex Imaging	Deductible then 20% Coinsurance		Deductible then 50% Coinsurance	
Hospital Services	Deductible then 20% Coinsurance		Deductible then 50% Coinsurance	
Emergency Room (Facility Only)	\$500 / Visit, then 20% Coinsurance		\$500 / Visit, then 20% Coinsurance	
Lifetime Maximum	Unlimited		Unlimited	
Plan Year Out-of-Pocket Maximum	\$3,000 Individual \$6,000 Family		Unlimited Individual Unlimited Family	

*Dependent Age Limit: 26

Your Cost for Medical Insurance in 2023-2024

City of South Padre Island is pleased to offer our employees a comprehensive medical plan and contributes \$660.56 monthly towards the employees' premium. In addition, employees can elect to cover dependents at their own cost.

The premiums for the 2023-2024 plan year are illustrated below.

EMPLOYEE BI-WEEKLY DEDUCTIONS				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
TX Health Copay-750-3K ER Plan \$750 Deductible	\$0.00	\$335.19	\$245.99	\$639.00

*Dependent Age Limit: 26



Virtual Visits with MDLIVE–Blue Cross Blue Shield of Texas

VIRTUAL VISITS WITH MDLIVE

The Virtual Visits benefit it with MDLIVE (provided through the BCBSTX network) allows you to remotely connect with a board-certified doctor via online video, mobile app, or phone, anytime, anywhere! Download the app and register today.

Virtual Visits can address a variety of non-emergency care issues, ranging from the cold and flu to pink eye. It even is a great tool for behavioral health concerns as well. MDLIVE doctors can also send prescriptions to nearby pharmacies for many common medical conditions.



MDLIVE[®]

Dental – Blue Cross Blue Shield of Texas

Network: BlueCare Dental



City of South Padre Island is pleased to contribute 100% of the employee premium for dental coverage through Blue Cross Blue Shield of Texas. Employees also have the option to cover dependents at their own cost. The plan highlights and employee premiums are found below. Please refer to your employee benefits enrollment packet for more details.

Covered Services - D702 – In Network				
Deductible Three month Deductible carryover applies	\$50 Individual / \$150 Family			
Predetermination Amount	\$300			
Maximum Calendar Year Benefits per Participant for Categories I, II, III, IV, V, VI, VII, VIII, IX, X Does not apply to orthodontic Services	\$1,500			
Diagnostic & Preventive Care Services Calendar Year Deductible does not apply	100%			
Miscellaneous Services	80%			
Restorative Services	80%			
General Services	50%			
Endodontic Services	50%			
Periodontal Services	50%			
Oral Surgery Services	50%			
Crowns, Inlays/Onlays Services	50%			
Prosthodontic Services	50%			
Implant Services	50%			
Orthodontic Services All Participants \$1,500 maximum lifetime benefit	50% of Allowable Amount			
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Bi-Weekly Deduction	\$0.00	\$16.65	\$19.91	\$38.65

*Dependent Age Limit: 26

Vision – TX Health Benefits Pool

Network: EyeMed



City of South Padre Island is pleased to contribute 100% of the employee premium for vision coverage through TX Health Benefits Pool. Employees also have the option to cover dependents at their own cost. Please refer to your TX Health Benefits enrollment packet for complete details about your plan.

VISION SUMMARY		
In-Network Benefits		
Exam with dilation as necessary <ul style="list-style-type: none"> ▪ Retinal Imaging 	\$0 Copay Up to \$39	
Contact lens exam options <ul style="list-style-type: none"> ▪ Standard contact lens fit and follow-up ▪ Premium contact lens fit and follow-up 	Up to \$40 10% off retail	
Frames	\$175 allowance 20% off balance over \$175	
Standard Plastic Lenses <ul style="list-style-type: none"> ▪ Single Vision ▪ Bifocal - Lined ▪ Trifocal - Lined ▪ Standard Progressive Lens ▪ Premium Progressive Lens 	<ul style="list-style-type: none"> ▪ \$10 Copay ▪ \$10 Copay ▪ \$10 Copay ▪ \$65 Copay ▪ Tier 1- \$95, Tier 2- \$105, Tier 3- \$120, Tier 4- \$185 	
Covered Lens Options <ul style="list-style-type: none"> ▪ UV coating ▪ Tint (solid and gradient) ▪ Standard scratch-resistance ▪ Standard polycarbonate - adults ▪ Standard polycarbonate - children <19 ▪ Standard anti-reflective coating ▪ Premium anti-reflective coating ▪ Photochromatic / Transition – Plastic 	<ul style="list-style-type: none"> ▪ \$15 Copay ▪ \$15 Copay ▪ \$15 Copay ▪ \$40 Copay ▪ \$0 Copay ▪ \$45 Copay ▪ Tier 1-\$57, Tier 2-\$68, Tier 3-\$85 ▪ \$75 Copay 	
Contact Lenses <ul style="list-style-type: none"> ▪ Elective Contact lenses ▪ Medically Necessary 	\$175 Allowance Covered in full	
Frequency <ul style="list-style-type: none"> ▪ Examination ▪ Lenses or contact lenses ▪ Frame 	Once every plan year	
	Employee Only	Employee & Family
Bi-Weekly Deduction	\$0.00	\$5.26

*Dependent Age Limit: 26

Voluntary Short Term Disability Income Benefits – Dearborn

City of South Padre Island also provides eligible full-time employees with the option to elect Short-Term Disability Income Benefits. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

Short Term Disability Benefit Highlights

Elimination Period	15 th Day Accident / 15 th Day Illness
Benefits Payable	60%
Maximum Benefit Duration	Up to 11 weeks after Elimination Period
Maximum Benefit	\$1,000 / Weekly



Long Term Disability Income Benefits – Dearborn

City of South Padre Island also provides eligible full-time employees with Long-Term Disability Income Benefits. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

Long Term Disability Benefit Highlights

Elimination Period	90 days
Benefits Payable	60%
Maximum Benefit Duration Own Occupation Following Own Occupation	24 Months To Age 65
Maximum Benefit	\$5,000 / Month

Group Term Life & AD&D Insurance – Dearborn

City of South Padre Island provides eligible employees with group life and accidental death and dismemberment (AD&D) insurance and pays the full cost of this benefit.

Employee Life & AD&D Benefits	
Eligible Full Time Employee Life Benefit	\$50,000
Age Reductions *the life benefit will be reduced by the respective percentage amounts once an individual has attained the ages listed*	35% at age 70, and further reduced to 40% of the original amount at age 75, to 25% of the original amount at age 80, to 15% of the original amount at age 85, and to 10% of the original amount at age 90
Accidental Death & Dismemberment (AD&D) Included	



Voluntary Life and AD&D Insurance – Dearborn

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through bi-weekly payroll deductions.

Employee Voluntary Life Benefits	
Maximum Benefit	\$500,000
Increments	\$10,000
Guarantee Issue Amount**	\$150,000
Accidental Death & Dismemberment	Equal to Life Benefit
Spouse Voluntary Life Benefits	
Maximum Benefit***	\$250,000
Increments	\$5,000
Guarantee Issue Amount**	\$25,000
Accidental Death & Dismemberment	Equal to Life Benefit
Child Voluntary Life Benefits	
Benefit Amount (6 months to 26 years old)	\$10,000
Increments	\$5,000
Eligible children under 6 months of age are eligible for a \$100 benefit	
Age Reductions (Employee & Spouse Life Benefits)	
Reduce by 35% at age 65; and an additional 15% at age 70	
The life benefit will be reduced by the respective percentage amounts once an individual has attained the ages listed above	

***You may insure unmarried financially dependent children age 14 days to 20 years (to 26 years if full-time student).**

**** Evidence of Insurability Required above Guarantee Issue Amount.**

***** Cannot exceed 50% of Employee Benefit amount**

Voluntary Life and AD&D Insurance – Dearborn (Rate Grids)

Employee

Benefit Amount	ATTAINED AGE											
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$10,000	\$0.48	\$0.48	\$0.48	\$0.56	\$0.67	\$0.95	\$1.38	\$2.07	\$3.31	\$4.33	\$6.95	\$11.39
\$20,000	\$0.95	\$0.95	\$0.95	\$1.11	\$1.33	\$1.89	\$2.75	\$4.14	\$6.62	\$8.65	\$13.90	\$22.78
\$30,000	\$1.43	\$1.43	\$1.43	\$1.67	\$2.00	\$2.84	\$4.13	\$6.21	\$9.93	\$12.98	\$20.85	\$34.17
\$40,000	\$1.90	\$1.90	\$1.90	\$2.22	\$2.66	\$3.78	\$5.50	\$8.28	\$13.24	\$17.30	\$27.80	\$45.56
\$50,000	\$2.38	\$2.38	\$2.38	\$2.78	\$3.33	\$4.73	\$6.88	\$10.35	\$16.55	\$21.63	\$34.75	\$56.95
\$60,000	\$2.85	\$2.85	\$2.85	\$3.33	\$3.99	\$5.67	\$8.25	\$12.42	\$19.86	\$25.95	\$41.70	\$68.34
\$70,000	\$3.33	\$3.33	\$3.33	\$3.89	\$4.66	\$6.62	\$9.63	\$14.49	\$23.17	\$30.28	\$48.65	\$79.73
\$80,000	\$3.80	\$3.80	\$3.80	\$4.44	\$5.32	\$7.56	\$11.00	\$16.56	\$26.48	\$34.60	\$55.60	\$91.12
\$90,000	\$4.28	\$4.28	\$4.28	\$5.00	\$5.99	\$8.51	\$12.38	\$18.63	\$29.79	\$38.93	\$62.55	\$102.51
\$100,000	\$4.75	\$4.75	\$4.75	\$5.55	\$6.65	\$9.45	\$13.75	\$20.70	\$33.10	\$43.25	\$69.50	\$113.90
\$110,000	\$5.23	\$5.23	\$5.23	\$6.11	\$7.32	\$10.40	\$15.13	\$22.77	\$36.41	\$47.58	\$76.45	\$125.29
\$120,000	\$5.70	\$5.70	\$5.70	\$6.66	\$7.98	\$11.34	\$16.50	\$24.84	\$39.72	\$51.90	\$83.40	\$136.68
\$130,000	\$6.18	\$6.18	\$6.18	\$7.22	\$8.65	\$12.29	\$17.88	\$26.91	\$43.03	\$56.23	\$90.35	\$148.07
\$140,000	\$6.65	\$6.65	\$6.65	\$7.77	\$9.31	\$13.23	\$19.25	\$28.98	\$46.34	\$60.55	\$97.30	\$159.46
\$150,000	\$7.13	\$7.13	\$7.13	\$8.33	\$9.98	\$14.18	\$20.63	\$31.05	\$49.65	\$64.88	\$104.25	\$170.85
\$200,000	\$9.50	\$9.50	\$9.50	\$11.10	\$13.30	\$18.90	\$27.50	\$41.40	\$66.20	\$86.50	\$139.00	\$227.80
\$250,000	\$11.88	\$11.88	\$11.88	\$13.88	\$16.63	\$23.63	\$34.38	\$51.75	\$82.75	\$108.13	\$173.75	\$284.75
\$300,000	\$14.25	\$14.25	\$14.25	\$16.65	\$19.95	\$28.35	\$41.25	\$62.10	\$99.30	\$129.75	\$208.50	\$341.70
\$350,000	\$16.63	\$16.63	\$16.63	\$19.43	\$23.28	\$33.08	\$48.13	\$72.45	\$115.85	\$151.38	\$243.25	\$398.65
\$400,000	\$19.00	\$19.00	\$19.00	\$22.20	\$26.60	\$37.80	\$55.00	\$82.80	\$132.40	\$173.00	\$278.00	\$455.60
\$450,000	\$21.38	\$21.38	\$21.38	\$24.98	\$29.93	\$42.53	\$61.88	\$93.15	\$148.95	\$194.63	\$312.75	\$512.55
\$500,000	\$23.75	\$23.75	\$23.75	\$27.75	\$33.25	\$47.25	\$68.75	\$103.50	\$165.50	\$216.25	\$347.50	\$569.50

Spouse

Benefit Amount	ATTAINED AGE											
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$5,000	\$0.24	\$0.24	\$0.24	\$0.28	\$0.33	\$0.47	\$0.69	\$1.04	\$1.66	\$2.16	\$3.48	\$5.70
\$10,000	\$0.48	\$0.48	\$0.48	\$0.56	\$0.67	\$0.95	\$1.38	\$2.07	\$3.31	\$4.33	\$6.95	\$11.39
\$15,000	\$0.71	\$0.71	\$0.71	\$0.83	\$1.00	\$1.42	\$2.06	\$3.11	\$4.97	\$6.49	\$10.43	\$17.09
\$20,000	\$0.95	\$0.95	\$0.95	\$1.11	\$1.33	\$1.89	\$2.75	\$4.14	\$6.62	\$8.65	\$13.90	\$22.78
\$25,000	\$1.19	\$1.19	\$1.19	\$1.39	\$1.66	\$2.36	\$3.44	\$5.18	\$8.28	\$10.81	\$17.38	\$28.48
\$30,000	\$1.43	\$1.43	\$1.43	\$1.67	\$2.00	\$2.84	\$4.13	\$6.21	\$9.93	\$12.98	\$20.85	\$34.17
\$35,000	\$1.66	\$1.66	\$1.66	\$1.94	\$2.33	\$3.31	\$4.81	\$7.25	\$11.59	\$15.14	\$24.33	\$39.87
\$40,000	\$1.90	\$1.90	\$1.90	\$2.22	\$2.66	\$3.78	\$5.50	\$8.28	\$13.24	\$17.30	\$27.80	\$45.56
\$45,000	\$2.14	\$2.14	\$2.14	\$2.50	\$2.99	\$4.25	\$6.19	\$9.32	\$14.90	\$19.46	\$31.28	\$51.26
\$50,000	\$2.38	\$2.38	\$2.38	\$2.78	\$3.33	\$4.73	\$6.88	\$10.35	\$16.55	\$21.63	\$34.75	\$56.95
\$55,000	\$2.61	\$2.61	\$2.61	\$3.05	\$3.66	\$5.20	\$7.56	\$11.39	\$18.21	\$23.79	\$38.23	\$62.65
\$60,000	\$2.85	\$2.85	\$2.85	\$3.33	\$3.99	\$5.67	\$8.25	\$12.42	\$19.86	\$25.95	\$41.70	\$68.34
\$65,000	\$3.09	\$3.09	\$3.09	\$3.61	\$4.32	\$6.14	\$8.94	\$13.46	\$21.52	\$28.11	\$45.18	\$74.04
\$70,000	\$3.33	\$3.33	\$3.33	\$3.89	\$4.66	\$6.62	\$9.63	\$14.49	\$23.17	\$30.28	\$48.65	\$79.73
\$75,000	\$3.56	\$3.56	\$3.56	\$4.16	\$4.99	\$7.09	\$10.31	\$15.53	\$24.83	\$32.44	\$52.13	\$85.43
\$100,000	\$4.75	\$4.75	\$4.75	\$5.55	\$6.65	\$9.45	\$13.75	\$20.70	\$33.10	\$43.25	\$69.50	\$113.90
\$125,000	\$5.94	\$5.94	\$5.94	\$6.94	\$8.31	\$11.81	\$17.19	\$25.88	\$41.38	\$54.06	\$86.88	\$142.38
\$150,000	\$7.13	\$7.13	\$7.13	\$8.33	\$9.98	\$14.18	\$20.63	\$31.05	\$49.65	\$64.88	\$104.25	\$170.85
\$175,000	\$8.31	\$8.31	\$8.31	\$9.71	\$11.64	\$16.54	\$24.06	\$36.23	\$57.93	\$75.69	\$121.63	\$199.33
\$200,000	\$9.50	\$9.50	\$9.50	\$11.10	\$13.30	\$18.90	\$27.50	\$41.40	\$66.20	\$86.50	\$139.00	\$227.80
\$225,000	\$10.69	\$10.69	\$10.69	\$12.49	\$14.96	\$21.26	\$30.94	\$46.58	\$74.48	\$97.31	\$156.38	\$256.28
\$250,000	\$11.88	\$11.88	\$11.88	\$13.88	\$16.63	\$23.63	\$34.38	\$51.75	\$82.75	\$108.13	\$173.75	\$284.75

All Children Premium Table

Benefit Amount	Bi-Weekly Premium per Family Life/ AD&D
\$10,000	\$1.25

Voluntary Accident Insurance – Guardian

You do everything you can to keep your family safe, but accidents do happen. It's comforting to know you have help to manage the medical costs associated with accidental injuries **off-the-job**. City of South Padre is pleased to offer an Accident plan through Guardian.

Covered injuries	Benefit Amount			
ACCIDENTAL DEATH AND DISMEMBERMENT				
Benefit Amounts				
Employee	\$50,000			
Spouse	\$25,000			
Child	\$5,000			
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D; Hemiplegia & Paraplegia: 50% of AD&D			
Common Carrier	200% of AD&D benefit			
Common Disaster	200% of Spouse AD&D benefit			
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit		Multiple: 100% of AD&D benefit	
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit			
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000			
Reasonable Accommodation to Home or Vehicle	\$2,500			
WELLNESS BENEFIT - Per Year Limit	\$50			
Child(ren) Age Limits	Children age birth to 26 years			
FEATURES				
Accident Emergency Room Treatment	\$250			
Accident Follow-Up Visit - Doctor	\$75 up to 6 treatments			
Air Ambulance	\$1,500			
Ambulance	\$300			
Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck.	Schedule up to \$600			
Blood/Plasma/Platelets	\$300			
Burns (2nd Degree/3rd Degree)	9 sq inches to 18 sq inches: \$0/\$2,000	18 sq inches to 35 sq inches: \$1,000/\$4,000	Over 35 sq inches: \$3,000/\$12,000	
Burn - Skin Graft	50% of burn benefit			
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits			
Chiropractic Visits	\$50 per visit up to 6 visits			
Coma	\$12,500			
Concussions	\$300			
Dislocations	Schedule up to \$7,000			
Diagnostic Exam (Major)	\$300			
Emergency Dental Work	\$400/Crown, \$100/Extraction			
Epidural pain management	\$100, 2 times per accident			
Eye Injury	\$300			
Family Care	\$30/day up to 30 days			
Fracture	Schedule up to \$8,000			
Hospital Admission	\$1,500			
Hospital Confinement	\$300/day - up to 1 year			
Hospital ICU Admission	\$3,000			
Hospital ICU Confinement	\$600/day - up to 15 days			
Initial Physician's office/Urgent Care Facility Treatment	\$125			
Joint Replacement (hip/knee/shoulder)	\$3,500	\$1,750	\$1,750	
Knee Cartilage	\$750			
Laceration	Schedule up to \$500			
Lodging - The hospital must be more than 50 miles from the insured's residence.	\$150/day, up to 30 days for companion hotel stay			
Prosthetic Device/Artificial Limb	1: \$1,000	2 or more: \$2,000		
Rehabilitation Unit Confinement	\$150/day up to 15 days			
Ruptured Disc With Surgical Repair	\$750			
Surgery	Schedule up to \$1,500		Hernia: \$300	
Surgery - Exploratory or Arthroscopic	\$500			
Tendon/Ligament/Rotator Cuff	1: \$750	2 or more: \$1,500		
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$600, 3 times per accident			
X - Ray	\$50			
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Bi-Weekly Deduction	\$8.40	\$13.91	\$14.35	\$19.86

Voluntary Critical Illness Insurance – Guardian

Guardian’s Critical Illness insurance pays a lump-sum cash benefit upon diagnosis of a covered critical illness to help ease your financial and emotional worries. You can use the benefit any way you wish, such as treatment, bills, or child care. You choose the level of coverage from \$5,000 to \$20,000.

Critical Illness Schedule of Benefits		
Wellness Benefit	\$50 per insured per calendar year	
Benefit Amount	Employee: \$5,000 to \$20,000 in increments of \$5,000	
	Spouse: \$2,500 to \$10,000 in increments of \$2,500 up to 50% of the employee benefit	
	Child(ren): 25% of Employee Coverage	
Guaranteed Issue	Employee: \$20,000	Spouse: \$10,000
	1st OCCURRENCE	2nd OCCURRENCE
Cancer		
Invasive Cancer	100%	50%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Vascular		
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	50%
Kidney Failure	100%	50%
See benefit summaries for additional conditions covered		



Critical Illness Insurance – Employee Rates

Employee Bi-Weekly Premiums							
**Child cost is included with employee election. **							
Non-Tobacco	Volume	<30	30-39	40-49	50-59	60-69	70+
	\$5,000	\$1.55	\$1.98	\$3.70	\$7.15	\$12.65	\$23.08
	\$10,000	\$3.10	\$3.95	\$7.40	\$14.30	\$25.30	\$46.15
	\$15,000	\$4.65	\$5.93	\$11.10	\$21.45	\$37.95	\$69.23
	\$20,000	\$6.20	\$7.90	\$14.80	\$28.60	\$50.60	\$92.30



Critical Illness Insurance – Spouse Rates

Spouse Monthly Premiums							
Benefit amount up to 50% of the employee benefit							
Spouse's rate is based off the employee's age							
Non-Tobacco	Volume	<30	30-39	40-49	50-59	60-69	70+
	\$2,500	\$0.78	\$0.99	\$1.85	\$3.58	\$6.33	\$11.54
	\$5,000	\$1.55	\$1.98	\$3.70	\$7.15	\$12.65	\$23.08
	\$7,500	\$2.33	\$2.97	\$5.55	\$10.73	\$18.98	\$34.62
	\$10,000	\$3.10	\$3.95	\$7.40	\$14.30	\$25.30	\$46.15

Voluntary Hospital Indemnity Insurance – Guardian

Guardian’s Hospital Indemnity insurance is designed to help provide financial protection for covered individuals by paying a benefit due to a hospitalization. Employees can use the benefit to meet the out-of-pocket expenses and extra bills that can occur. Hospital Indemnity lump-sum benefits are paid directly to the employee based on the amount of coverage listed (regardless of the actual cost of treatment). Hospital Indemnity benefits will not be paid for outpatient procedures.

This plan also allows you to continue coverage if your employment ends or when the policy is terminated and is not replaced.

Hospital Indemnity Benefit	
Hospital/ICU Admission	\$2,000 per admission, limited to 1 admission per insured and max of 3 admission, per year, per covered family.
Pre-Existing Conditions Limitations **A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months prior
	6 months treatment free
	12 months after
Age Restriction	Applicants over the age of 69 are not eligible to enroll in the Hospital Indemnity coverage

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Bi-Weekly Deduction	\$10.64	\$21.42	\$17.63	\$28.41



Important Notices:

HIPAA PRIVACY NOTICE

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information known as protected health information (PHI), includes virtually all individually identifiable health information held by a health plan — whether received in writing, in an electronic medium or as oral communication. This notice describes the privacy practices of the Employee Benefits Plan (referred to in this notice as the Plan), sponsored by City of South Padre Island hereinafter referred to as the plan sponsor.

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. It is important to note that these rules apply to the Plan, not the plan sponsor as an employer.

You have the right to inspect and copy protected health information which 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 the Human Resource Department 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 the Human Resources Department.

Complaints

If you believe your privacy rights have been violated, you may complain to the Plan and to the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint. To file a complaint, please contact the Plan Administrator.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272). If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility. According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512. The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137. OMB Control Number 1210-0137 (expires 1/31/2026)

Important Notices Continued:

WOMEN'S HEALTH AND

CANCER RIGHTS ACT OF 1998

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

- All states of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Protheses; 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. Refer to the medical insurance section of this guide to find the deductible and coinsurance that apply to you. If you would like more information on WHCRA benefits, call the toll free phone number on your medical id card.

NEWBORN'S ACT

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

SPECIAL ENROLLMENT RIGHTS

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents 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 toward your or your dependents' other coverage).

However, you must enroll within 30 days after your or your dependents' other coverage ends (or after the employer that sponsors that coverage stops contributing toward the other coverage).

If you or your dependents lose eligibility under a Medicaid plan or CHIP, or if you or your dependents become eligible for a subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents in this plan. You must provide notification within 60 days after you or your dependent is terminated from, or determined to be eligible for such assistance.

Marriage, Birth or Adoption

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

To request special enrollment or obtain more information, contact your plan administrator.

Important Notices Continued:

No Surprises Act Disclosure

Shepard and Walton Employee Benefits is committed to complying with the federal No Surprises Act and TX state regulations involving surprise billing and balance billing. This form contains various disclosures pursuant to these laws.

Your rights and protections against surprise medical bills

When you are a private pay patient or get treated by an out-of-network provider, you are protected from surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

When you see me for your health care needs, especially if I am out-of-network with your health insurance plan, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible.

“Out-of-network” means that I have not signed a contract with your health plan to provide services. As a result, I may be allowed to bill you for the difference between what your plan pays and the full amount I charge for a service. This is called “balance billing” and may result in a more expensive bill for you that also might not count toward your plan’s deductible or annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can’t control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from surprise billing in certain circumstances:

- **Emergency services.** If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan’s in-network cost-sharing amount (such as copayments and coinsurance). You can’t be balance billed for these emergency services. This includes services you may get after you’re in stable condition unless you give written consent to be balance billed for these post-stabilization services. The No Surprises Act defines which types of services fall into these categories.
- **Certain services** at an in-network hospital or ambulatory surgical center. When you receive services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan’s in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can’t balance bill you and may not ask you to give up your protections not to be balance billed. If you get other services at these in-network facilities, out-of-network providers can’t balance bill you unless you give written consent. You’re never required to give your consent. You also aren’t required to get care out-of-network. You can choose a provider or facility in your plan’s network.
- **Uninsured/Self-Pay Patients.** Some provisions of the No Surprises Act are inapplicable to patients who are uninsured or who are self-pay. Instead, uninsured/self-pay patients are generally entitled to a “good faith estimate” for non-emergency services.

You are never required to give up your protections from balance billing. You also aren’t required to get out-of-network care. You can choose a provider or facility in your plan’s network.

When balance billing isn’t allowed, you also have these protections:

- You’re only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network).
- Your health plan will pay any additional costs to out-of-network providers and facilities directly.

Generally, your health plan must:

- Cover emergency services without requiring you to get approval for services in advance (also known as “prior authorization”).
- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
- Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you believe you’ve been wrongly billed, first contact the provider that sent you the bill and your health plan for an explanation. If they can’t resolve your concerns or for more information, you can contact the United States Department of Health and Human Services (<https://www.cms.gov/nosurprises>) regarding the federal law. Email: FederalPPDRQuestions@cms.hhs.gov, or call 800-985-3059. Or the Texas Department of insurance <https://www.tdi.texas.gov/consumer/health-complaints.html> Call Consumer Services Division: 800-252-3439.

OMB Control Number: 0938-1401 Expiration Date: 05/31/2025

Important Notices Continued:

Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of South Padre Island, about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to enroll in a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

NOTE: You will receive this notice annually and at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage and if this coverage changes. You may also request a copy.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or the dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage through a Medicare Prescription Drug Plan or a Medicare Advantage Plan that offers prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. City of South Padre Island has determined that the prescription drug coverage offered by the City of South Padre Island medical plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare prescription drug plan, as long as you later enroll within specific time periods.

You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare. If you decide to wait to enroll in a Medicare prescription drug plan, you may enroll later, during Medicare Part D's annual enrollment period. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. See the Plan's summary plan description for a summary of the Plan's prescription drug coverage. If you don't have a copy, you can get one by contacting City of South Padre Island at the phone number or address listed at the end of this section.

If you choose to enroll in a Medicare prescription drug plan and cancel your current City of South Padre Island prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage, you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

If you cancel or lose your current coverage and do not have prescription drug coverage for 63 days or longer prior to enrolling in the Medicare prescription drug coverage, your monthly premium will be at least 1% per month greater for every month that you did not have coverage for as long as you have Medicare prescription drug coverage. For example, if nineteen months lapse without coverage, your premium will always be at least 19% higher than it would have been without the lapse in coverage.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans Visit www.medicare.gov, call your State Health Insurance Assistance Program (see your copy of the "Medicare & You" handbook for their telephone number) for personalized help, or call 800.633.4227. TTY users should call 877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you can call them at 800.772.1213. TTY users should call 800.325.0778.

Date: October 1, 2023
Name of Entity/Sender: City of South Padre Island
Contact Office: Human Resources Dept
Address: 4601 Padre Blvd South Padre Island, TX 78597
Phone Number: 956-761-8140

Remember: Keep this Creditable Coverage notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, 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 whether or not you are required to pay a higher premium (a penalty).

Important Notices Continued:



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 7-31-2023)

PART A: General Information

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

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Wendi Delgado

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

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Important Notices Continued (Healthmarket place notice):

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name City of South Padre		4. Employer Identification Number (EIN)	
5. Employer address 4601 Padre Blvd		6. Employer phone number 956-761-8102	
7. City South Padre Island	8. State TX	9. ZIP code 78597	
10. Who can we contact about employee health coverage at this job? Wendi Delgado			
11. Phone number (if different from above)		12. Email address wdelgado@myspi.org	

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

•As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

•With respect to dependents:

We do offer coverage. Eligible dependents are:

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

Questions/Answers & Other Information

Is there a waiting period before Pre-Existing Conditions are covered? Pre-Existing Conditions Limitations do not apply to the City of South Padre Island group health insurance plan through TX Health Benefits Pool.

Benefit Payments:

For benefits received in the Network, you are responsible only for your co-payment, deductible, and coinsurance amounts. Your provider will file the claim.

Dependent Age:

Your children are eligible for coverage on your medical, dental, vision, and life insurance plans until the age of 26.

Plan Year Deductible/Out-of-Pocket Maximum:

Expenses incurred towards your deductible and your out-of-pocket maximum are credited on a plan yearly basis; plan year is October 1st – September 30th. Your deductible and out-of-pocket maximum will restart October 1st each year, regardless of the expenses you incurred in the prior plan year or when your annual open enrollment period occurs. Copay amounts DO accumulate towards the out-of-pocket maximum.

Other Contacts for Questions/Answers

Shepard & Walton Employee Benefits

956-423-8755

stxclaims@swb.com

Ask for the Benefits Team

