



2025-26 BENEFIT GUIDE



September 1, 2025 - September 30, 2026



WELCOME

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

Eligibility

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

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

Coverage Begins

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

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

Choose Carefully

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

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

Making Changes

To change your benefit elections, you must contact Human Resources within 30 days of the qualifying life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

[Click here](#) to watch a video about open enrollment.
[Click here](#) to watch a video about open enrollment. (Spanish)
[Click here](#) to watch a video about Qualifying Life Events.

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ENROLLMENT



Go to
<https://cityofmurphy.benefitconnector.com>

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

BENEFIT ENROLLMENT

Enroll Online

Enrolling in benefits is easy. Benefit Connector is available 24 hours a day, seven days a week, so you can visit the site anytime and anywhere you have computer access.

Step 1:

Visit <https://cityofmurphy.benefitconnector.com>.

Step 2:

If you have never accessed the site, you'll need to register.

- Click **“Register”** on the login screen to get started.

Step 3:

Enter the following Information to register: Last Name, Date of Birth, Last 4 digits of your Social Security Number.

- Click **“Next”** to continue.

Step 4:

- Make note of your Login/Username
- Choose and answer a Secret Question
- Create and confirm your Password.
- Click **“Next”** to continue.

Be sure to remember your Login/Username and Password for future access.

If you forget your Password, click the **“Forgot Login/Forgot Password”** on the login page to reset it.

Step 5:

Follow the instruction prompts on each page to enroll or decline your benefit elections.

After You Enroll

Save Your Summary

Save or print a copy of your Enrollment Confirmation Statement after making your coverage selections. Review it thoroughly to ensure that your benefit elections have been recorded correctly.

If there are any errors, contact the HR Department immediately at HR@murphytx.org so the necessary corrections can be made. Errors that are not reported by the communicated deadline cannot be corrected. Your next opportunity to correct any errors will be during the next annual Open Enrollment or within 30 days of experiencing a Qualifying Life Event.

Benefits Website

Our benefits website

<https://cityofmurphy.benefitconnector.com> can be accessed anytime you want additional information on our benefit programs.

QUESTIONS?

For questions about any of your benefits, contact Human Resources at **972-468-4069** or HR@murphytx.org.



MEDICAL COVERAGE

HDHP + HSA

The HDHP + HSA (High-Deductible Health Plan + Health Savings Account), provided through **Cigna** is an insurance plan that typically offers lower premiums and higher deductibles. The highlight of this plan is that it allows you to open an HSA, which is a tax-advantaged personal savings account that lets you save pre-tax dollars to pay for any qualified health-related expenses (state taxation rules may apply). This includes most medical care and services, prescriptions, dental, vision and expenses related to meeting the plan's deductible. For a complete list of qualified health-related expenses, visit [Publication 502](#).

For more information on the HSA, see page 13 in this benefit guide.

Individuals with HDHPs normally pay a lower amount each month but pay more on their yearly medical expenses before their insurance policy begins paying. You can visit any doctor, hospital or other health care provider you want, with greater cost savings in-network.

How You Pay for Services

- You pay the full cost of non-preventive health care services and prescription drugs until you meet the annual deductible. The deductible is waived for in-network routine preventive care services and medications on the preventive drug list.
- The HDHP includes copays for prescription drugs only. You must meet the annual deductible before prescription copays apply.
- Once you meet the annual deductible, you pay a percentage of your health care expenses (coinsurance), and the plan pays the rest.
- Once your deductible and coinsurance add up to the out-of-pocket maximum, this plan pays the full cost of all qualified health care services for the rest of the year.

To find an in-network provider, see page 7 in this benefit guide.

PPO

The Preferred Provider Organization (PPO) plan, provided through **Cigna**, gives you the freedom to seek care from any provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the **Open Access Plus** network.

A PPO plan relies on a network of health care clinics, hospitals and professionals who have agreed to provide their services at discounted rates. These preferred providers are considered “in-network.” In general, you will pay less for in-network services than you would were you to seek care outside the network.

How You Pay for Services

You pay a flat dollar amount—or copay—for covered health care treatments and services, such as doctor's office visits and prescription drugs.

Once you satisfy your annual deductible, you will pay a percentage—or coinsurance—of the cost of the visit, and the plan will cover the rest.

Once you hit your annual out-of-pocket maximum, the plan will cover 100% of the cost of covered services for the rest of the year.

To find an in-network provider, see page 7 in this benefit guide.

MEDICAL COVERAGE

Following is a high-level overview of your medical plan options. For complete coverage details, please refer to the Summary Plan Description (SPD). **Note:** The deductibles and out-of-pocket maximums are per calendar year.

Key Benefits	HDHP + HSA Plan	PPO Plan	
	In-Network Only	In-Network	Out-of-Network ¹
Deductible (Individual/Family)	\$4,500 / \$9,000	\$3,500 / \$10,000	\$10,000 / \$20,000
Out-of-Pocket Max (Individual/Family)	\$6,900 / \$13,800	\$7,900 / \$15,800	\$28,000 / \$56,000
Office Visits (physician/specialist)	\$30* / \$60* copay	\$35 / \$70 copay	50%*
Routine Preventive Care	No charge	No charge	50%*
Diagnostics (lab/X-ray)	20%*	20%*	50%*
Complex Imaging	20%*	20%*	50%*
Emergency Room	\$500 copay + 20%*	\$500 copay + 20%*	
Urgent Care Facility	20%*	\$75 copay	50%*
Inpatient Hospital Stay	20%*	20%*	50%*
Outpatient Surgery	20%*	20%*	50%*

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

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

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



PRESCRIPTION COVERAGE

Retail Pharmacy

When you fill a prescription at a participating retail pharmacy, you may purchase up to a 30-day supply. At the participating pharmacy, you will need to present your ID card and an applicable payment. Most major pharmacies are in our plan's pharmacy network. To find a participating pharmacy near you, visit mycigna.com or call **866-494-2111**.

Specialty Program

With a rare or complex medical condition (e.g., cancer, hepatitis, hemophilia, rheumatoid arthritis or HIV), the appropriate use of specialty medications can be critical to maintaining or improving a patient's health and quality of life. We use the **Accredo Pharmacy** program to make these medications accessible and cost effective for plan members. It provides focused, specialized support to individuals with complex medical conditions that often require multiple specialty medication therapies. Visit www.Accredo.com or **833-721-1619**.

Save Money on Medications

Ask for Generic Drugs

You can save money by asking for generic drugs. The FDA requires that generic drugs have the same high quality, strength, purity and stability as brand-name drugs. The next time you need a prescription, ask your doctor to prescribe a generic drug if it is available and appropriate.

Use Mail Order

If you require regular medication for a long-term or chronic condition, such as arthritis or diabetes, you can save money by using Express Scripts mail order service at express-scripts.com or call **800-835-3784**.

Key Benefits	HDHP + HSA Plan	PPO Plan
	In-Network Only	In-Network
Retail Pharmacy (30- & 90-day supply) Advantage Formulary Drug List (Tiers: Generic / Preferred Brand / Non-Preferred Brand)		
Tier 1	\$5*	\$10
Tier 2	\$15*	\$50
Tier 3	\$50*	\$100
Mail Order Pharmacy (90-day supply)		
Tier 1	\$15*	\$30
Tier 2	\$45*	\$150
Tier 3	\$150*	\$300

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

Preventive Generic Brand & Preferred Brand Drugs at \$0 for both plans. See flyer in Benefit Connector for more details.



[Click here](#) to watch a video about prescription drug coverage.



FIND A PROVIDER

Find a Medical Provider

1. Go to www.cigna.com and click on Find a Doctor at the top of the screen. Then, under “How are you covered?,” select “Employer or School.” If you’re already a Cigna registered customer log in to mycigna.com to customize your search to your plan’s network.
2. Change the geographic location to the city/state or zip code you want to search. Select search type and enter a name, specialty or other search term. Click on the magnifying glass icon to see the results.
3. Answer clarifying questions and verify where you live to verify the network. Fill in the fields as indicated online. Fields marked with an “*” are required. You can search the entire directory or search for a specific provider.
 - The HDHP + HSA Plan uses the HSA Open Access Plus IN network only
 - The PPO Plan uses the Open Access Plus network

You must call and check with the provider before scheduling your appointment or receiving services to confirm the physician is still participating in your plan’s network.



Download the **myCigna App** for your mobile device.



[Click here](#) to watch a video about choosing a provider.



PREVENTIVE CARE

What is Preventive Care?

Regular preventive care can help you stay well, catch problems early on and may be potentially lifesaving. The ACA requires that certain preventive care services are provided for no cost, copayment or coinsurance. All medical plans cover preventive care services like screenings, immunizations and exams. When you visit in-network providers, you don't have to worry about any out-of-pocket costs for preventive care services. If you use an out-of-network provider, a deductible and out-of-network expenses may apply.

Preventive vs. Diagnostic Care

Preventive care is generally precautionary. For example, if your doctor recommends having a colonoscopy because of your age or family history, this would be considered preventive care. But if your doctor recommends a colonoscopy to investigate symptoms you're having, this would be considered diagnostic care, and your plan cost share will apply.



[Click here](#) to watch a video about preventive care.

VIRTUAL VISITS

MDLIVE by Cigna

Our telehealth program is a convenient and cost-effective way to get quick medical advice by phone, online or on your mobile device about many non-emergency conditions. It's just one more way our organization invests in you and your family.

Why Use Telehealth?

It's Affordable

A trip to the ER, urgent care center or doctor's office can easily set you back hundreds of dollars in out-of-pocket costs. A call to our telehealth program will cost you the office visit copay/fee when you are enrolled in the PPO plan and an office visit copay in the HDHP + HSA, regardless of your condition.

It's Convenient

Long wait times at the ER, urgent care center or doctor's office are an unfortunate reality for many. Whether you are at home or work or on the road, a medical professional is available 24/7/365 so you can get the care you need when and where it's convenient for you. Even better: There is no time limit to the consult, giving you plenty of time to ask questions and resolve your issue.

It's Easy to Use

A telehealth medical professional is never more than a phone call, click or tap away! Call **888-726-3171** or visit mycigna.com.



[Click here](#) to watch a video about how telehealth works.

Get Care in Minutes

It takes just a few minutes to set up your medical history online. Once you submit a request, it often takes less than 10 minutes for a doctor to call you back.

Common Reasons to Call

- Allergies
- Anxiety issues
- Back problems
- Bronchitis
- Cold and flu symptoms
- Ear infections
- Diarrhea or constipation
- Headaches and migraines
- Rash and skin problems
- Sore throat and stuffy nose
- Sprains and strains
- Urinary tract infections



DENTAL COVERAGE

PPO

The dental Preferred Provider Organization (PPO) plan, provided through **Cigna**, offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the **Total Cigna DPPO** network.

To find an in-network provider, visit mycigna.com or call 866-494-2111

Following is a high-level overview of your dental plan options. For complete coverage details, please refer to the Summary Plan Description (SPD). **Note:** The deductibles and annual benefit maximums are per calendar year.

Key Benefits	Base Plan		Buy-Up Plan	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (Individual/Family)	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Annual Benefit Maximum (per person)	\$1,750	\$1,750	\$2,500	\$2,500
Preventive Services (Routine exams, cleanings, x-rays, fluoride, sealants)	No charge	No charge	No charge	No charge
Basic Services (Fillings, simple extractions, oral surgery, anaesthesia, periodontics, endodontics)	20%*	20%*	20%*	20%*
Major Services (Crowns, inlays, onlays, bridges)	50%*	50%*	50%*	50%*
Orthodontic Services (Child & Adult)	50%*; \$1,000 Lifetime Maximum Benefit	50%*; \$1,000 Lifetime Maximum Benefit	50%*; \$2,500 Lifetime Maximum Benefit	50%*; \$2,500 Lifetime Maximum Benefit

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

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

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



VISION COVERAGE

Your eyesight is an integral part of your overall health and a key component of safety. This plan, provided through **Cigna**, gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the **EyeMed network**. If you decide to use an out-of-network provider, you will pay the provider in full at the time of your appointment and submit a claim form for reimbursement up to the amount allowed by the plan.

Receiving benefits from a network provider is as easy as making an appointment with the provider of your choice from the list of providers. The provider will coordinate all necessary authorizations you supply in your membership information.

Special discounts are offered on non-covered services, such as an additional pair of glasses, special lens options and LASIK.

To find an in-network provider, visit mycigna.com or call 866-494-2111

Following is a high-level overview of your vision plan options. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Benefits	Base Plan			Buy-Up Plan		
	Frequency	In-Network	Out-of-Network Reimbursement	Frequency	In-Network	Out-of-Network Reimbursement
Exam	Once every 12 months	\$10 copay	Up to \$45	Once every 12 months	\$0 copay	Up to \$45
Materials Copay		\$25 copay	N/A		\$20 copay	
Frames	Once every 24 months	\$0 Copay, \$130 allowance + 20% off balance	Up to \$105	Once every 12 months	\$0 Copay, \$180 allowance + 20% off balance	Up to \$100
Lenses	Once every 12 months			Once every 12 months		
Single Vision		\$25 copay	Up to \$32		\$20 copay	Up to \$40
Bifocal		\$25 copay	Up to \$55		\$20 copay	Up to \$65
Trifocal		\$25 copay	Up to \$65		\$20 copay	Up to \$75
Contact Lenses (in lieu of glasses)	Once every 12 months			Once every 12 months		
Medically Necessary		100% Covered	Up to \$210		100% Covered	Up to \$210
Elective		\$0 Copay, \$130 allowance	Up to \$105		\$0 Copay, \$180 allowance for Retail / \$125 allowance for Costco	Up to \$144



FLEXIBLE SPENDING ACCOUNTS (FSAs)

The flexible spending accounts (FSAs), provided through **Surency**, are tax-advantaged accounts that can help you cover certain qualified out-of-pocket expenses. Each account works in much the same way but has different eligibility requirements, list of qualified expenses and contribution limits. You may choose to enroll in the following accounts.

	Health Care FSA (HCFSA)	Dependent Care FSA (DCFSA)
Eligibility Requirements	You must be benefits eligible; enrollment in an HCFSA disqualifies you from making or receiving HSA contributions	Available to all eligible employees
Examples of Qualified Expenses	<ul style="list-style-type: none"> • Coinsurance • Copayments • Deductibles • Dental treatment • Eye exams/eyeglasses • LASIK eye surgery • Orthodontia • Prescriptions 	<ul style="list-style-type: none"> • Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers • Care of household members who are physically or mentally incapable of caring for themselves and who qualify as your federal tax dependent
Annual Contribution Limit	\$3,300	\$5,000 per family (or \$2,500 each if you are married and file separate tax returns)

Important FSA Rules

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

- **You must enroll each year to participate.**
- **HCFSA:**
Unused funds of up to \$660 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$660 will **not** be returned to you or carried over to the following year.
- **DCFSA:** Unused funds will NOT be returned to you or carried over to the following year.

*The City of Murphy will match your Dependent Care FSA up to a maximum of \$75.00 per month. Employer matching contributions are included in the IRS maximum.



[Click here](#) to watch a video about how an FSA works.



[Click here](#) to watch a video comparing an HSA and an FSA

HEALTH SAVINGS ACCOUNT (HSA)

The HDHP + HSA features an HSA provided through **HSA Bank**. The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

How the HSA Works

- You contribute pre-tax dollars through automatic payroll deductions or make after-tax contributions that are deductible when you file your taxes.
- The Company contributes the following amounts annually to your HSA account to help it grow:
 - **Health Savings Account (HSA) (Individual / Individual + Spouse / Individual + Children / Family per month)**
 - **\$75 / \$100 / \$100 / \$150**
- You may change your contributions at any time throughout the year.
- You can withdraw HSA funds tax free to pay for current qualified health care expenses, or save them for the future, also tax free. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

Contribution Limits

Coverage Tier	2025	2026
Individual	\$4,300	\$4,400
Family	\$8,550	\$8,750
Catch-up Contributions	\$1,000	\$1,000

Key Features of the HSA

Triple-Tax Advantage

- You contribute funds pre-tax through convenient payroll deductions. This means the money comes out of your paycheck before income tax is calculated. So, you get to keep a bigger portion of your paycheck.
- HSA funds grow tax free, and unused funds roll over year to year. So, the more you save, the more your account will grow—just like a bank savings account.
- If you need to use your HSA funds, you can withdraw them tax free to pay for qualified health care expenses now and in the future—even in retirement.

Control

You own and control the money in your HSA. You decide how or whether you want to spend it. You can use it to pay for doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

Investment Opportunities

Once you reach and maintain a minimum threshold, you can make investments to help your money grow tax free.

Savings Potential

Your HSA is like a "health care 401(k)." There is no "use it or lose it" rule. Your account grows over time as you continue to roll over unused dollars from year to year.

Portability

Your HSA is yours for life. The money is yours to spend or save, even if you change health plans,¹ retire or leave the organization.



Qualified Health Care Expenses

- Qualified medical, dental and vision expenses not covered by the plans, as defined by the IRS in [Publication 502](#)
- COBRA premiums
- Qualified long-term care insurance and expenses
- Health insurance premiums when receiving unemployment compensation
- Medicare and retiree health insurance premiums (not Medicare Supplement premiums)
- Medigap insurance premiums

Important Notes

- You must meet certain eligibility requirements to have an HSA: You a) must be at least 18 years old, b) must be covered under a qualified HDHP, c) must not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, please refer to IRS [Publication 969](#).
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.



[Click here](#) to watch a video about how an HSA works.



[Click here](#) to watch a video about HSA limits. (ER cont.)



HEALTH REIMBURSEMENT ACCOUNT (HRA)

We provide a health reimbursement account (HRA) through **Surency**. An HRA is an employer-funded account from which you are reimbursed tax-free for qualified medical expenses, up to a fixed dollar amount per year. The Company funds and owns the arrangement.

How the HRA Works

- When you enroll in medical plan, you are automatically eligible.
- When you meet your deductible, you may submit a claim for reimbursement. The Company will then reimburse you using funds from your account.

HRA Contributions

Coverage Tier	2025 Company Contribution to your HRA for the HDHP HSA Plan	2025 Company Contribution to your HRA for the PPO Plan
Individual	You pay first \$3,200, HRA reimburses last \$1,300 Total Deductible = \$4,500	You pay first \$2,000, HRA reimburses last \$1,500 Total Deductible = \$3,500
Family	You pay first \$6,400, HRA reimburses last \$2,600 Total Deductible = \$9,000	You pay first \$6,000, HRA reimburses last \$4,500 Total Deductible = \$10,500

Reimbursement of Claims

All HRA claims must be submitted to **Surency**. To submit a claim, please follow these steps:

1. Incur medical expenses towards deductible
2. Log on to Cigna's website and download or save the Explanation of Benefits (EOB)
3. Complete the HRA reimbursement form and submit it via the Surency portal
4. Receive direct deposit reimbursement from Surency, our HRA vendor

Note: HRA reimbursement applies to IN-NETWORK deductible expenses only. Reimbursements do not happen automatically. Once you've incurred your portion of the deductible, contact Surency to request reimbursement. HRAs cannot reimburse expenses paid for with funds from your HSA account. All reimbursement requests must be submitted no later than 60 days after the calendar year ends or if you terminate employment. Deductibles start over on January 1st of each year.



LIFE INSURANCE



[Click here](#) to watch a video about how life insurance works.

Life insurance, provided through **Lincoln Financial**, provides your named beneficiaries with a benefit following your death, while accidental death and dismemberment (AD&D) insurance provides a benefit to you following a covered accident that leads to dismemberment (such as the loss of a hand, foot or eye). Should your death occur due to a covered accident, both the life benefit and the AD&D benefit would be payable.

Basic Life and AD&D (employer-paid)

Coverage Tier	Benefit Amount
Employee	1x your Annual Earnings up to a maximum of \$100,000

Age Reduction Schedule for Basic Life AD&D and Supplemental Life AD&D: Reduces by 35% of original amount at age 70, additional 55% of original amount at age 75, 70% of original amount at age 80

Note: During your initial eligibility period, you can secure coverage up to the Guaranteed Issue limits without the need for Evidence of Insurability (EOI, or information about your health). Please note that coverage amounts requiring EOI will only go into effect once the insurance carrier approves them.

Annual Open Enrollment Offer: During this year's Annual Open Enrollment, currently enrolled employees and their spouses may increase their Voluntary Life coverage by up to two increments with no Evidence of Insurability (EOI) required, even if the coverage is already at or above the Guarantee Issue amount. Additionally, employees and spouses who are not currently enrolled are eligible to elect up to two increments of coverage without Evidence of Insurability (EOI). Employees/spouses that have been previously declined or withdrawn are required to complete evidence of insurability for any amount elected.

Supplemental Life and AD&D (employee-paid)

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

Coverage Tier	Benefit Amount	Guaranteed Issue Amount
Employee	Increments of \$10,000 to a maximum \$500k not to exceed 7x Annual Earnings	\$150,000
Spouse	Increments of \$10,000 to a maximum of 100% of employee election up to \$500k	\$30,000
Child(ren)	0-14 days: \$0 15 days to 6 months: \$200 Age 6 months to 26 years: \$10k or \$20k	\$20,000

DISABILITY INSURANCE

Disability insurance, provided through **Lincoln Financial**, provides benefits that replace part of your lost income when you cannot work due to a covered illness or injury.

Long-Term Disability

Provided at **NO COST** to you.

Benefit	60% of base salary
Maximum monthly benefit	\$7,500
When benefit begins	After 90 th day of disability
When benefit ends	Social Security Retirement Age
Pre-Existing Conditions	Any condition that you receive medical attention for in the 3 months prior to your effective date that results in a disability during the first 12 months of coverage, would not be covered.



[Click here](#) to watch a video about how disability insurance works.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

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

Your EAP Benefits include:

- **Up to 6 Counseling Sessions** – Short term counseling sessions, per problem, per year, which includes assessment, referral and crisis services.
- **Law Access** – Provides legal and financial services with a professional specializing in your area of concern, at no cost to you. Available on-line or by telephone.
- **HelpNet** – Your customized AWP EAP website provides skill builders, on-line assessments, information and referrals.
- **WorkLife Premium** – Concierge service, provides resources and referrals for everyday needs available by telephone, including childcare and eldercare.
- **SafeRide** – Reimbursement for emergency cab fare for eligible employees and dependents that opt to use a cab service instead of driving while impaired.
- Dependents and partners residing in the employee's household are fully covered. The EAP is available at not cost to employees or family members and is completely confidential.



QUESTIONS?

To learn more, scan the QR code.

Visit awpnow.com to create a customized account. Select “**Access Your Benefits**”

Registration Code: **AWP-MURPHY-2990**

Phone Number: **800-343-3822** or Teen Line at **800-334-TEEN**



[Click here](#) to watch a video about how an EAP works.



VOLUNTARY BENEFITS

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through **Aflac** are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents. You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at individual rates. To elect or make changes to your Aflac ancillary benefits, please contact our representative, **David Schroeder** directly at **214-263-0419** or dl_schroeder@us.aflac.com.

Benefit Type	Description	Benefit Payment	Use of Benefit	Notes
Accident Insurance	Helps cover out-of-pocket costs from accidental injuries such as broken bones, sprains, or ER visits.	Paid directly to you	Can be used for medical bills, recovery expenses, or any other personal needs	Avg. cost of broken leg: \$7,500 ¹ ; Non-fatal injury: \$6,620 ²
Critical Illness	Pays a lump-sum benefit upon diagnosis of a covered illness like heart attack, stroke, or cancer.	Lump-sum benefit	Treatments, prescriptions, travel, increased living expenses, etc.	Avg. cost of care: \$7,000 ³
Cancer Indemnity Insurance (embedded with Critical Illness)	Pays a flat dollar amount for internal cancer diagnosis.	Paid directly to you	Hospital stays, medical imaging, chemo, radiation, immunotherapy, transportation, lodging, etc.	Must be enrolled in Critical Illness to receive
Hospital Indemnity Insurance	Provides benefits for covered inpatient hospital stays to help with deductibles and out-of-pocket costs.	Paid directly to you or covered dependent	Covers hospitalization costs such as hospital admissions, hospital stays, intensive care unit stays	Avg. 3-day hospital stay: \$30,000 ¹
Short-Term Disability	Replaces a portion of income if you're unable to work due to a covered illness or injury.	Replaces a percentage of weekly income	Rent/mortgage, groceries, utilities, loan payments, childcare, etc.	Amount and length of benefit may vary based on policy
Wellness Benefit	Pays a benefit to each covered person who completes at least one eligible preventive care or wellness service.	Paid to each covered person	Encourages routine checkups and preventive screenings	Included with supplemental health plans

1. Why health insurance is important: Protection from high medical costs. HealthCare.gov

2. Average medical cost of fatal and non-fatal injuries by type in the USA, December 2019. National Library of Medicine.

3. MetLife Accident and Critical Illness Impact Study.

4. Cancer Facts & Figures, 2021. American Cancer Society.

[Click here](#) to watch a video about how an accident plan works.

[Click here](#) to watch a video about how the critical illness plan works.

[Click here](#) to watch a video about how a cancer indemnity plan works.

[Click here](#) to watch a video about how the hospital indemnity plan works.

VOLUNTARY BENEFITS

Identity Theft Protection

Your identity is made up of more than your Social Security number and credit score. It includes the trail of data you leave behind from financial transactions, as well as what you share on social media. That's why we offer identity theft protection, provided through **IDX** for you and your family members.

Features

- \$1 million ID theft insurance
- Dark web monitoring
- High-risk transaction monitoring
- Social media monitoring
- IP address monitoring
- Lost wallet protection
- Solicitation reduction
- Credit monitoring and alerts
- Data breach notifications
- Stolen 401(k) and HSA funds reimbursement

Premier:

Individual Plan: \$9.95/month

Family Plan: \$17.95/month



QUESTIONS?

For more information, please visit: www.idx.us

Or contact **IDX** at 800-939-4170



[Click here](#) to watch a video about how identity theft protection works.



VOLUNTARY BENEFITS

Legal Assistance

Dealing with legal issues can be daunting, but thanks to the legal assistance plan provided through **LegalShield**, you don't have to waste time looking for the right attorney or spend a fortune on legal fees.

The legal plan provides you, your spouse and eligible dependents with fully covered legal services from experienced attorneys. Receive legal services for a wide range of personal matters such as:

- Criminal matters
- Debt
- Divorce
- Estate planning
- Family
- Real estate
- Small claims court
- Taxes

Features

- **In-Office Services** — You will receive access to a nationwide network of credentialed attorneys who can advise and represent you.
- **Telephone Advice** — You can call a network attorney for unlimited legal advice to help prepare documents, letters or a will.
- **Online Resources** — Turn to online tools and useful information to learn more about legal issues and create legally valid documents on your own.

Plan Details:

\$24.95 LegalShield Plan

You can also add family members to your account to share access to your plan in your LegalShield Member Portal.



QUESTIONS?

For more information, please visit:
shieldbenefits.com/cityofmurph

Contact **LegalShield** at **800-654-7757**

Monday – Friday, 7am – 7pm CT



[Click here](#) to watch a video about how legal assistance works.



TEXAS MUNICIPAL RETIREMENT SYSTEM

To assist employees with financial preparation for retirement, the City of Murphy participates in the **Texas Municipal Retirement System (TMRS)**.

Below are some of the plan highlights:

- Mandatory employee participation; pre-tax contribution of 7%
- Contribution matched by City of Murphy 2:1
- 5-year vesting requirement
- Eligible for retirement with 20 years of TMRS service or age 60 with 5 years of service
- Death benefits for active employees equal to 12 months' salary or \$7,500 for retirees
- Various monthly benefit payment options available upon retirement

Visit the TMRS Website, www.tmr.com, for up-to-date account status information. Create your account, and log in to check your personal information, download forms, and run personalized retirement estimates.

Beneficiary updates for TMRS must be completed on the TMRS website by completing a Beneficiary Designation form. Be sure to keep your beneficiary information current.

If you worked at another location as a government worker (federal, state, or local in any state); served as an enlisted member of a branch of the U.S. Armed Forces; or worked for a school district, you may be able to receive TMRS retirement service credit that will count toward your vesting requirement. To apply, you must submit an Application for Restricted Prior Service Credit which you can obtain from www.tmr.com or contact Human Resources for a paper form.

www.tmr.com | 800-924-8677

457 DEFERRED COMPENSATION PLAN

The 457 plan, provided through **MissionSquare**, allows you to invest in your retirement and is a great way to supplement the company's retirement benefit. Taxes on your contributions are deferred until your assets are withdrawn. The 10% federal excise penalty for withdrawals does not apply, regardless of your age. The following highlights key features of the plan:

- Contributions are immediately vested, meaning you own them outright.
- The plan offers a variety of funds to which you may contribute.
- You may contribute up to \$23,000 in 2024, or up to \$46,000 if you include the Special Pre-retirement Catch-up Provision.
- You may contribute up to \$30,500 in 2024 if you are age 50 or older.
- Under the pre-retirement catch-up provision, you may make additional contributions to your 457 plan to make up for the years in which you didn't contribute the maximum allowed amount. How much you may contribute depends on your previous deferrals and can be up to twice the annual limit. You may take advantage of the catch-up provision in the three years before your normal retirement age.
- You can enroll in the 457(b) Deferred Compensation Plan or change your contribution at any time.

www.missionsq.org | 800-669-7400
swhitman@missionsq.org | 202-759-7115



Scan the QR code to enroll or view your plan's features and investment options.



BENEFITS HELP

Benefits Call Center

Employee Advocate Hotline is dedicated to answering questions and assisting you with benefit concerns at **NO COST** to you. With multilingual capabilities, the team can offer support with:

- Coordinating health care services
- Finding the best doctors, hospitals, dentists and other health care providers
- Negotiating billing and payment arrangements and related administrative issues
- Benefit Questions
- Referrals
- Claims Assistance
- Eligibility Issues

Benefit Hotline

877-838-4779

advocates@hubinternational.com



EMPLOYEE DISCOUNTS

BenefitHub

BenefitHub is an exclusive employee discount program that can help you save big on thousands of items daily such as travel, apparel, tickets, auto, electronics, insurance, education, restaurants and so much more! To get started:

- Go to <https://mypathperks.benefithub.com/welcome/register>
- Referral code: **K7WEWL**
- Complete the Sign-Up Form

Questions? Call **866-664-4621** or email customercare@benefithub.com.



MEDICARE GUIDANCE

HUB Medicare Advocacy

The HUB Senior and Individual Team Medicare advocacy service is available at no cost to you and your family members who are approaching Medicare eligibility and/or who are already Medicare eligible. HUB can:

- Answer basic questions about Medicare coverage and enrollment
- Provide guidance on how to avoid late enrollment penalties and coverage gap pitfalls, including COBRA
- Compare current coverage to Medicare and explain the differences between the two
- Provide retiree benefits counseling
- Help individuals shopping for Medicare Supplement Plans, Advantage Plans and Part D

For more information or to get started, call **844-972-0228** or email MedicareHub@hubinternational.com.



PLAN CONTRIBUTIONS

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

Medical

Per Paycheck Contributions	HDHP + HSA Plan			PPO Plan		
	City's Cost Per Month	Your Cost Per Month	Your Cost Per Pay Period	City's Cost Per Month	Your Cost Per Month	Your Cost Per Pay Period
Employee Only	\$439.22	\$25.00	\$12.50	\$504.58	\$45.44	\$22.72
Employee + Spouse	\$879.85	\$238.92	\$119.46	\$979.85	\$345.69	\$172.85
Employee + Child(ren)	\$745.30	\$187.78	\$93.89	\$845.30	\$260.23	\$130.12
Employee + Family	\$1,039.52	\$385.63	\$192.82	\$1,163.92	\$524.63	\$262.32

Dental

Per Paycheck Contributions	Base Plan			Buy-Up Plan		
	City's Cost Per Month	Your Cost Per Month	Your Cost Per Pay Period	City's Cost Per Month	Your Cost Per Month	Your Cost Per Pay Period
Employee Only	\$20.01	\$7.00	\$3.50	\$20.01	\$17.33	\$8.67
Employee + Spouse	\$39.77	\$19.10	\$9.55	\$39.77	\$41.64	\$20.82
Employee + Child(ren)	\$46.97	\$29.12	\$14.56	\$46.97	\$58.24	\$29.12
Employee + Family	\$60.60	\$48.00	\$24.00	\$60.60	\$89.57	\$44.79

Vision

Per Paycheck Contributions	Base Plan			Buy-Up Plan		
	City's Cost Per Month	Your Cost Per Month	Your Cost Per Pay Period	City's Cost Per Month	Your Cost Per Month	Your Cost Per Pay Period
Employee Only	\$3.57	\$1.72	\$0.86	\$3.57	\$4.50	\$2.25
Employee + Spouse	\$6.87	\$3.69	\$1.85	\$6.87	\$9.28	\$4.64
Employee + Child(ren)	\$6.75	\$3.92	\$1.96	\$6.75	\$9.56	\$4.78
Employee + Family	\$8.49	\$8.52	\$4.26	\$8.49	\$17.54	\$8.77



IMPORTANT CONTACTS

Benefit	Carrier	Phone Number	Website/Email
Medical	Cigna	866-494-2111	mycigna.com
Dental	Cigna	866-494-2111	mycigna.com
Vision	Cigna	866-494-2111	mycigna.com
HSA	HSA Bank	800-357-6246	hsabank.com
FSA and HRA	Surency	866-818-8805	www.surency.com
Basic Life and Voluntary Life/AD&D	Lincoln Financial	800-423-2765	www.lincolnfinancial.com
Disability	Lincoln Financial	800-423-2765	www.lincolnfinancial.com
Employee Assistance Program (EAP)	Alliance Work Partners	800-343-3822	awpnow.com Registration Code: AWP-MURPHY-2990
Voluntary Benefits (Accident, Critical Illness, Hospital Indemnity, Cancer Indemnity)	Aflac	214-263-0419	dl_schroeder@us.aflac.com
Identity Theft	IDX	800-939-4170	www.idx.us care@idx.us
Retirement	TMRS	800-924-8677	www.tmrs.com
457b Retirement	Mission Square Retirement	800-669-7400 202-759-7115	www.missionsq.org swhitman@missionsq.org
Employee Advocate Hotline	Benefit Hotline	877-838-4779	advocates@hubinternational.com
Human Resources	Anisha Sabu	972-468-4069	HR@murphytx.org

