



2025-2026

Employee Benefits Summary
Questions? Contact HR@murphytx.org



Enroll in your Benefits at: <https://cityofmurphy.benefitconnector.com>

Medical PPO Plan

Cigna (Open Access Plus Network)

Calendar Year Deductible: \$3,500 Single / \$10,000 Family
HRA Reimbursement: \$1,500 Single / \$4,500 Family
Out of Pocket Max: \$7,900 Single / \$15,800 Family
Coinsurance: 80%
Copays: \$35 Primary / \$70 Specialist / \$75 Urgent Care
Emergency Room: \$500 copay + 20% after deductible

Monthly Premiums:

Employee Only	\$45.44
Employee + Spouse	\$345.69
Employee + Child(ren)	\$260.23
Employee + Family	\$524.63

Medical HSA/HDHP Plan

Cigna (Open Access Plus Network)

Calendar Year Deductible: \$4,500 Single / \$9,000 Family
HRA Reimbursement: \$1,300 Single / \$2,600 Family
Out of Pocket Max: \$6,900 Single / \$13,800 Family
Coinsurance: 80%
Copays: \$30 Primary / \$60 Specialist / 20% Urgent Care (after deductible)
Emergency Room: \$500 copay + 20% after deductible

Monthly Premiums:

		<u>Annual HSA Contributions:</u>
Employee Only	\$25.00	\$900
Employee + Spouse	\$238.92	\$1,200
Employee + Child(ren)	\$187.78	\$1,200
Employee + Family	\$385.63	\$1,800

Prescription Benefits

Cigna

Preferred Retail: Walgreens, CVS. & Walmart

	<u>PPO Plan</u>	<u>HDHP + HSA Plan*</u>
Generic	\$10	\$5
Preferred Brand	\$50	\$15
Non-Preferred Brand	\$100	\$50
Mail Order Pharmacy		
Generic	\$30	\$15
Preferred Brand	\$150	\$45
Non-Preferred Brand	\$300	\$150

*Medical deductible must be met first on the HDHP
 90-day mail order supply available at a discount

Dental Benefits

Cigna (Base Plan and Buy-Up Plan)

Calendar Year Deductible: \$50 Single / \$150 Family
Annual Benefit Max: \$1,750 / \$2,500*
Basic Services: 20% after deductible
Major Services: 50% after deductible
Ortho Services: 50% after deductible / \$1K lifetime max / \$2,500 max* (*Buy-Up Plan)

Monthly Premiums:

	<u>Base Plan</u>	<u>Buy-Up</u>
Employee Only	\$7.00	\$17.33
Employee + Spouse	\$19.10	\$41.64
Employee + Child(ren)	\$29.12	\$58.24
Employee + Family	\$48.00	\$89.57

Vision Benefits

EyeMed (Base Plan and Buy-Up Plan)

Vision Exam: \$10 copay / \$10 copay every 12 months
Frames: \$25 copay / \$20 copay every 12 months
Lenses: \$130 allowance / \$180 allowance every 24 months*
Contact Lenses: \$130 allowance / \$180 allowance every 12 months (in lieu of glasses)

*Every 12 months on the Buy-Up Plan

Monthly Premiums:

	<u>Base Plan</u>	<u>Buy-Up</u>
Employee Only	\$1.72	\$4.50
Employee + Spouse	\$3.69	\$9.28
Employee + Child(ren)	\$3.92	\$9.56
Employee + Family	\$8.52	\$17.54

Tax Advantage Plans & Childcare Assistance

Health Savings Account (HSA)

Available on HDHP medical plan. City contributes up to \$1,800 annually pro-rated biweekly.

Flexible Spending Account (FSA)

Optional Healthcare FSAs and Dependent Care FSAs both available.

Childcare Assistance

City matches up to \$900/year to your Dependent Care FSA for Childcare Assistance



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Life & Disability Insurance Lincoln Financial Group

Life & AD&D Insurance

1x your Annual Earnings up to \$100,000

Supplemental Life & AD&D

Additional employee and spouse coverage can be elected in increments of \$10,000 to a maximum of \$500,000 not to exceed 7x Annual Earnings (up to \$10K or 20K for children)

\$150,000 guarantee issue for employee, \$30,000 for spouse, and \$20,000 for child(ren)

Long-Term Disability Insurance

60% salary continuation up to \$7,500 for incapacity to work or earn income (due to non work-related reasons)

Telemedicine & Employee Assistance Program

Health Telemedicine (MDLIVE)

Low cost virtual access to licensed, board-certified physicians. 888-726-3171 | mycigna.com

Employee Assistance Program

Free virtual or in-person assistance with resolving almost every aspect of personal problems such as family, legal, or financial matters. Includes up to 6 free counseling sessions per year/per issue.

800-343-3822 | www.awpnow.com

Registration Code: AWP-MURPHY-2990

Wellness Program

Free and convenient resources and City-sponsored initiatives to help you maintain a healthy lifestyle!

Participation in the Wellness Program provides you up to \$35 in a monthly premium reduction

Paid Time Off

Vacation

0-5 yos: 120 hours per year (Cap at 240 hours)

5-10 yos: 160 hours per year (Cap at 320 hours)

10 + yos: 200 hours per year (Cap at 400 hours)

Vacation (Fire Shift Personnel)

0-5 yos: 180 hours per year (Cap at 360 hours)

5-10 yos: 240 hours per year (Cap at 480 hours)

10 + yos: 300 hours per year (Cap at 600 hours)

Sick: 120 hours per year (Fire Shift: 180 hours)

Holidays: 14 paid holidays per year

Retirement

Texas Municipal Retirement System (TMRS)

Mandatory participation of 7% contribution, 5-year vesting, City match 2-1, prior service credit, retirement at 20 years of service or age 60 if you are vested.

Mission Square Retirement (475b)

Additional retirement option through Mission Square allows for pre-tax contributions. Participation is voluntary.

Valuable Extras

Vacation Buy-Back

After 5 years of service, the City will buy up to 40 hours annually of your unused Vacation time

Education Assistance—Up to \$2,000 per year

Longevity Pay

\$7 per month of employment after 1 year of service (Effective 10/1/25)

Aflac, Identity Theft, and Legal Shield

Ancillary Insurance policies available to be deducted from