

2023-2024

## Benefits Guide





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# Introduction

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Personal needs greatly influence the choices we make every day. Young or old, single or married, our needs differ. That's why City of Duncanville wants to provide you with the freedom to select quality benefit options that work best for you.



It is important that you take an opportunity to review all your plan options in detail. You will need to carefully consider each benefit option, its cost and value to you and whether it is appropriate for your personal needs. By taking the time to examine all your options, you will ensure that your benefits meet those needs throughout the plan year.

All benefit changes are effective October 1, 2023.

Tobacco, wellness and spousal surcharges remain in place. As discussed last year, spousal carve out applies to spouses who have access to health coverage outside the plan offered by the City of Duncanville. If your spouse has medical insurance coverage through his/her own employer, then they will not be permitted to participate in our medical plans.

## What's New for 2023?

2023 Open enrollment is passive meaning if you are not making any changes and DO NOT participate in the Flexible Spending (FSA), there is no action required. Your current benefits will roll forward into the new plan year.

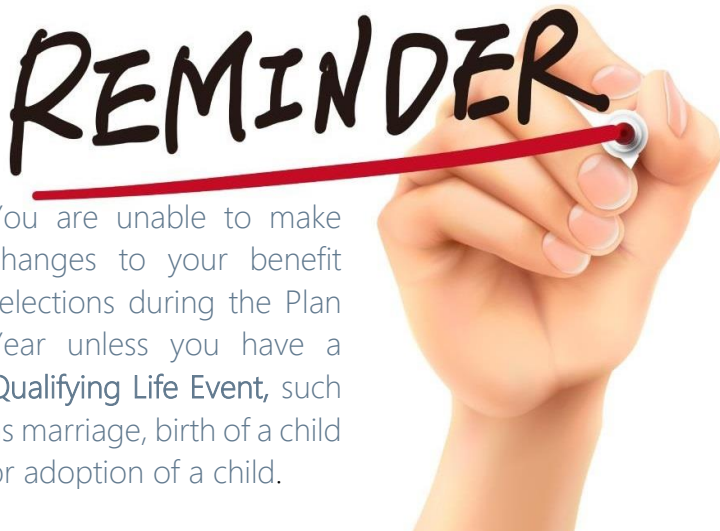
Those wanting to make changes to benefits must complete their online enrollment through the Benefit Connector website by **September 1st, 2023**.

While enrolling online, please review and update your e-mail address, cell phone and Emergency Contact information. You will also need social security numbers for any dependents you are adding to the plan for the first time.

For enrollment assistance, contact Todd Siegel at 972-780-5095 or Katie Peal at 972-780-5012

## Dependent Verification Required

Documentation will be required to enroll a dependent in medical, dental or vision coverage. Verification of a dependent can range from a copy of a birth certificate, copy of a marriage license, or a copy of your most recent tax return proving the dependent relationship.



You are unable to make changes to your benefit selections during the Plan Year unless you have a **Qualifying Life Event**, such as marriage, birth of a child or adoption of a child.

## **Please Keep This Guide**

*It is a valuable resource for you throughout the year.*

**Your City of Duncanville HR Team**

**Todd Siegel, Katie Peal & Andrea Henry**



# Enrollment Instructions

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## Step 1: Register / Log Into Benefit Connector

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

1. Upon logging into the site above for the first time, you must register to set up an account.
2. Click “Register” and answer all questions to move forward.
3. Select a Secret Question and Answer as well as a Password. The system will auto-generate your Username for you.
4. You will receive a “Completed” message once the Username and Password have been created and the registration process is complete.
5. Log into the site using the information you just set up. READ AND ACCEPT THE DISCLAIMER TO CONTINUE.

## Step 2: Verify Employee Information and Family Members

1. Click the “Start Enrollment” button on the top left of the screen.
2. A Help screen will pop up to assist you in moving from screen-to-screen just in case you need assistance completing your enrollment.
3. Verify “My Info” and update, if necessary. (If no updates or changes are allowed through the online site, please notify your HR Department immediately of the requested change.)
4. Verify / Add dependents (spouse and/or children) on this screen. Please add anyone who will be enrolling for Insurance coverage on this screen to avoid any delay or missing data needed for the enrollment process.

## Step 3: Completing Enrollment

- 1) Click on “Make Election”, starting with the first benefit option, until all have a Check Mark inside each large box.
  - a) Electing Coverage:
    - i) Check the plan you want.
    - ii) Select Dependents to be covered.
    - iii) Click Save and Exit.
  - b) Waiving Coverage:
    - i) Check “Waive / Opt Out” if you choose to not elect the benefit.
    - ii) Provide a “Reason for Waiver” under Step 2.
    - iii) Click Save.
  - c) Now you will see a check mark next to the benefit you have completed. You MUST click on each benefit option until all boxes are checked.
- 2) Once all boxes have been checked, a “View Confirmation” button will appear at the top of the screen.
- 3) Click this button, and you can print / save your enrollment confirmation at this point.

### Important Notes:

- You do not have the option to waive Basic Life or Long-Term Disability (LTD). These benefits are 100% paid by your Employer. You will be required to add a beneficiary for Basic Life.

View the Benefit Confirmation Statement. Verify that all elections are correct, all dependents are listed, and the Coverage column is correct. Retain copy of Benefit Confirmation Statement for your records.

# Where Can I Find Benefit Documents?

1) The City of Duncanville website – [www.duncanvilletx.gov](http://www.duncanvilletx.gov). Under City Hall you will find the Human Resources page you will find a section for Employee Resources.

2) The online enrollment system website – <https://cityofduncanville.benefitconnector.com>

Even outside of the enrollment period, you will be able to log into this site. All of the necessary insurance documents will also be placed here, under “POSTED FORMS”

Effective Date - Oct 01, 2020	
Election	Description
<input type="checkbox"/>	Medical <a href="#">Make Election</a>
<input type="checkbox"/>	Dental <a href="#">Make Election</a>
<input type="checkbox"/>	Vision <a href="#">Make Election</a>
<input type="checkbox"/>	Basic Life & AD&D <a href="#">Make Election</a>
<input type="checkbox"/>	Supplemental Life & AD&D <a href="#">Make Election</a>
<input type="checkbox"/>	Hospital Gap Plan <i>May be impacted by Medical</i> <a href="#">Make Election</a>
<input type="checkbox"/>	Flexible Spending Plan <i>May be impacted by Medical</i> <a href="#">Make Election</a>


Effective Date - Oct 01, 2020



## Current Benefits Resource List & Contact Information

For more information on the wide range of City of Duncanville benefits, programs and tools, contact the following resources:

Coverage	Contact	By Phone	On the Internet
<b>MEDICAL COVERAGE</b> Directories of network providers, claims status or pre-notification	BlueCross BlueShield	800-521-2227	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
<b>EMPLOYEE ADVOCATE CALL CENTER</b>	HUB Call Center	877-838-4779	<a href="mailto:Advocates@hubinternational.com">Advocates@hubinternational.com</a>
<b>HEALTH SAVINGS ACCOUNT ADMINISTRATION</b>	Flores	800-532-3327	<a href="http://www.flores-associates.com">www.flores-associates.com</a>
<b>TELEHEALTH PROVIDER</b>	MDlive	888-680-8646	<a href="https://welcome.mdlive.com">https://welcome.mdlive.com</a>
<b>DENTAL COVERAGE</b>	BlueCross BlueShield	800-521-2227	<a href="http://www.bcbstx.com">www.bcbstx.com</a>
<b>VISION COVERAGE</b>	Superior Vision	800-507-3800	<a href="http://www.Superiorvision.com">www.Superiorvision.com</a>
<b>TERM LIFE &amp; AD&amp;D INSURANCE</b>	Ochs	651-665-3789	<a href="http://www.ochsinc.com">www.ochsinc.com</a>
<b>DISABILITY INSURANCE</b>	Ochs	651-665-3789	<a href="http://www.ochsinc.com">www.ochsinc.com</a>
<b>EMPLOYEE ASSISTANCE PROGRAM</b>	Alliance Work Partners	800-343-3822	<a href="http://www.awpnow.com">www.awpnow.com</a> Registration Code: AWP-Duncanville-3705
<b>HEALTH CARE &amp; DEPENDENT CARE SPENDING ACCOUNTS</b>	Flores	800-532-3327	<a href="http://www.flores-associates.com">www.flores-associates.com</a>
<b>RETIREMENT</b>	TMRS	800-924-8677	<a href="http://www.tmrs.org">www.tmrs.org</a>
<b>OPTION RETIREMENT (457 &amp; Roth IRA)</b>	Mission Square	800-669-7400	<a href="http://www.icmarc.com">www.icmarc.com</a>



## **HUB**

### **THE EMPLOYEE ADVOCATE HOTLINE**

The only call you need to make for employee benefit and wellness questions.

**THE EMPLOYEE ADVOCATE HOTLINE** is here to answer your questions and help make your employee benefits easier to use... and best of all, **It's free!**

Within 24 hours of your initial call, The Employee Advocate Hotline will either have the issue resolved or will update you on any further actions including the time frame for resolution.

Below are some of the questions The Employee Advocate Hotline can answer.

#### **Benefit Questions**

I need to have surgery; does my insurance cover it? How much will my portion of the cost be?

#### **Referral**

I need to see a specialist, but I'm having trouble getting a referral. What do I do?

#### **Claims Assistance**

I received a bill from my doctor. I thought these services were covered. What do I do now?

#### **Eligibility Issues**

I tried to pick up a prescription today, but the pharmacy is saying that I'm not covered. Why?

**877.838.4779**

[advocates@hubinternational.com](mailto:advocates@hubinternational.com)

Fax: 855.204.7146

Monday - Friday

9:00 a.m. to 7:00 p.m. CT



# Medical Benefits

Visit [www.bcbstx.com](http://www.bcbstx.com) or scan the QR Code for additional details about your plan.



Effective October 1, 2023 *Note: reminder deductible/OOP Max will reset on January 1.*

Here is a snapshot of the coverage offered through the 2023 medical plan(s).

BENEFITS - BCBS		PPO Core Plan	HDHP (HSA)
Deductible	Network	\$2,000 Individual / \$4,000 Family	\$3,000 Individual / \$5,400 Family
	Non-Network	\$4,000 Individual / \$12,000 Family	\$5,000 Individual / \$10,000 Family
Co-insurance	Network	80%/20%	80%/20%
	Non-Network	50%	50%
Out-of-Pocket Maximum		Includes Deductible	Includes Deductible
	Network	\$4,000 Individual / \$8,000 Family	\$6,000 Individual / \$12,000 Family
	Non-Network	\$14,000 Individual / \$42,000 Family	\$12,000 Individual / \$24,000 Family
		You Pay	You Pay
Office Visit / Specialist	Network	Office Visit \$25 Copay Specialist - \$50 Copay	Deductible/20%
	Non-Network	Deductible/ 50%	Deductible/50%
Wellness Visit	Network	Plan Pays 100%	Plan Pays 100%
	Non-Network	Non-Network Deductible + 50%	Non-Network Deductible + 50%
MD Live		\$25 Copay	Deductible/20%
In-Patient & Out-Patient Hospital	Network	Deductible/20%	Deductible/20%
	Non-Network	Deductible /50%	Deductible/50%
Urgent Care	Network	\$75 Copay	Deductible/20%
	Non-Network	Deductible/50%	Deductible/50%
Emergency Room	Network	\$200 Copay, Deductible , 20%	Deductible/20%
	Non-Network	\$200 Copay, Deductible , 20%	Deductible/50%
Prescriptions	Generic/Brand/ Non- Formulary/Specialty	\$10/\$35/\$70/\$150	Deductible, then \$10/\$35/\$70/\$150 \$0 Generic if on Approved List
	Mail Order (90 Days)	\$25/\$87.50/\$175	Deductible, then \$25/\$87.50/\$175
Network Website	<a href="http://www.bcbstx.com">www.bcbstx.com</a>	Choice POS II	
Group Number		245607	

*NOTE: This is a brief summary and not intended to be a contract.*

Medical Costs	PPO			HDHP (HSA)		
	City Contribution	Monthly	Per Pay Period	City Contribution	Monthly	Per Pay Period
Employee Only	\$631.18	\$70.00	\$35.00	\$619.96	\$10.00	\$5.00
*Employee & Spouse	\$1,093.24	\$450.65	\$225.32	\$1,104.74	\$281.98	\$140.99
Employee & Children	\$734.80	\$317.61	\$158.81	\$772.70	\$172.90	\$86.45
*Employee & Family	\$1,498.75	\$480.00	\$240.00	\$1,465.49	\$312.17	\$156.09

\* If your spouse has medical insurance coverage through his/her own employer, then they will not be permitted on our medical plan.

# Gap Insurance - What Is It?

## What is Gap Insurance?

The Zurich GAP Plan is designed to help you cover the out-of-pocket costs of medical treatment, whether it be expenses for an inpatient hospital stay, surgery or outpatient medical care for an injury or an illness.

Your employer has chosen a plan design that offers you an optimal offset of expenses due to high deductibles and high out-of-pocket maximums applied under your major medical plan.

## Who is it for and how much is it?

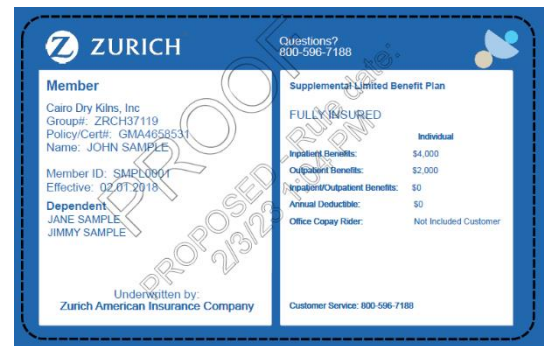
GAP Insurance is a voluntary benefit and available **ONLY** to those enrolled in the PPO Plan. Please see monthly rates at the bottom of this page.

## Basic Plan Benefits offered to employees of City of Duncanville

**Hospital Confinement Benefit\*** – This benefit is designed to offset the cost you incur as an in-patient in the hospital when your primary comprehensive major medical policy applies such expenses to your deductible or coinsurance maximum, up to the \$2,000 calendar year maximum per insured person.

**Out-Patient Benefit\*** – This benefit offsets the cost you incur for out-patient treatment when your primary major medical policy applies such expenses to your deductible or coinsurance maximum, up to the \$1,000 benefit limit. This benefit is a “per person per benefit year” maximum and is subject to a family benefit year maximum limitation that is equal to four (4) times the individual benefit. Expenses related to physician office visits are not included in this benefit. Covered expenses include:

- **Surgery in an Out-Patient Facility or Physician’s Office**
- **Emergency Room visits**
- **Diagnostic testing, Lab & X-ray at a diagnostic or hospital out-patient facility or at a Physician’s office if the cost is not included in the global office visit fee and is not part of a wellness/preventive care**



**\*For expenses to be eligible under this plan they must be medically necessary for the treatment of an injury or illness. Expenses NOT covered by your group major medical plan are NOT covered.**

## How Do I Use This Benefit or File a Claim?

When you enroll in this plan, you will receive a certificate of insurance and an ID card, along with specific instructions on how to file a claim. This form outlines the procedures you should follow and where you should send your claim. Simply stated, you will need to submit itemized bills (NOT balance due statements) and EOB’s that correspond to the itemized bills.

Claims may be filed at any time, but must be filed no longer than 12 months from the date of service in order to be eligible for coverage.



**Supplemental GAP Medical Plan**  
Zurich American Insurance Company

RATES	
<b>Under Age 40:</b>	Monthly Rate
Insured Only:	\$26.45
Insured & Spouse	\$48.62
Insured & Child(ren)	\$61.27
Insured & Family	\$86.42
<b>Ages 40-49:</b>	Monthly Rate
Insured Only:	\$34.16
Insured & Spouse	\$62.77
Insured & Child(ren)	\$81.44
Insured & Family	\$105.81
<b>Ages 50 &amp; Above:</b>	Monthly Rate
Insured Only:	\$71.62
Insured & Spouse	\$131.60
Insured & Child(ren)	\$126.26
Insured & Family	\$184.66

# Generic Drugs: Questions and Answers

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## What are generic drugs?

A generic drug is identical -- or bioequivalent -- to a brand name drug in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. Although generic drugs are chemically identical to their branded counterparts, they are typically sold at substantial discounts from the branded price. According to the Congressional Budget Office, generic drugs save consumers an estimated \$8 to \$10 billion a year at retail pharmacies. Even more billions are saved when hospitals use generics.

## Are generic drugs as effective as brand-name drugs?

Yes. A generic drug is the same as a brand-name drug in dosage, safety, strength, quality, the way it works, the way it is taken and the way it should be used.

FDA requires generic drugs have the same high quality, strength, purity and stability as brand-name drugs.

Not every brand-name drug has a generic drug. When new drugs are first made they have drug patents. Most drug patents are protected for 20 years. The patent, which protects the company that made the drug first, doesn't allow anyone else to make and sell the drug. When the patent expires, other drug companies can start selling a generic version of the drug. But, first, they must test the drug and the FDA must approve it.

Creating a drug costs lots of money. Since generic drug makers do not develop a drug from scratch, the costs to bring the drug to market are less; therefore, generic drugs are usually less expensive than brand-name drugs. But, generic drug makers must show that their product performs in the same way as the brand-name drug.

## How are generic drugs approved?

Drug companies must submit an abbreviated new drug application (ANDA) for approval to market a generic product. The Drug Price Competition and Patent Term Restoration Act of 1984, more commonly known as the Hatch-Waxman Act, made ANDAs possible by creating a compromise in the drug industry. Generic drug companies gained greater access to the market for prescription drugs, and innovator companies gained restoration of patent life of their products lost during FDA's approval process.

New drugs, like other new products, are developed under patent protection. The patent protects the investment in the drug's development by giving the company the sole right to sell the drug while the patent is in effect. When patents or other periods of exclusivity expire, manufacturers can apply to the FDA to sell generic versions.

The ANDA process does not require the drug sponsor to repeat costly animal and clinical research on ingredients or dosage forms already approved for safety and effectiveness. This applies to drugs first marketed after 1962.

## What standards do generic drugs have to meet?

Health professionals and consumers can be assured that FDA approved generic drugs have met the same rigid standards as the innovator drug. To gain FDA approval, a generic drug must:

- contain the same active ingredients as the innovator drug (inactive ingredients may vary)
- be identical in strength, dosage form, and route of administration
- have the same use indications
- be bioequivalent
- meet the same batch requirements for identity, strength, purity, and quality
- be manufactured under the same strict standards of FDA's good manufacturing practice regulations required for innovator products



For more information about Generic Drugs visit <https://www.accessdata.fda.gov/scripts/cder/daf/> or use your QR Scanner.

# Wellness Requirements and Wellness Program

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## No Tobacco & Wellness Exam (Annual Physical)

### Tobacco Surcharge

According to the Center for Disease Control, more deaths are caused each year by tobacco use than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined. This is just one of the many reasons why City of Duncanville wants to provide you with resources and incentives to help you meet your nicotine-free goals.



Employees who use tobacco products or cover dependents who use tobacco products including cigarettes, chewing tobacco, e-cigarettes and vapors are required to pay a \$50.00 per month surcharge. You will be asked whether you or your dependents use tobacco products when you enroll for benefits.

If you use tobacco and would like to quit, City of Duncanville wants to provide support and resources to assist you.

Please contact Human Resources for information on tobacco cessation.

### Wellness Requirements Surcharge

Employees who haven't completed the wellness requirements for the prior year will pay a surcharge of \$50.00 per month. The surcharge will be added to your monthly health insurance premium. The wellness requirement is to complete a wellness physical with your primary care provider. If you do not have a regular doctor you can do one of a few things: 1) Do a provider search in the BlueCross BlueShield Choice POS II network or 2) Contact Alight to assist you with a search of primary care physician.



You must complete your annual physical before December 31, 2023. Provide Human Resources with a copy of the Explanation of Benefits from the insurance company or a note from the provider that you were seen for your annual physical. Please note, Human Resources **does not** want or need results.

Fire Department employees who have had their Hughley Assessment this calendar year will not need to meet this requirement. Fire Department employees in the off year will need to meet this requirement. A surcharge will be added beginning January 1 for those who have not met this requirement.

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### Employee Wellness Program

The city offers a wellness program for employees that includes an array of wellness initiatives (e.g., weight management, financial management, team challenges, etc.). The program is a point-based system and employees who obtain 100 points from October 1 to August 31 each fiscal year, will receive a \$150 rebate off of their health care premiums.



# Flexible Spending Account

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## Effective October 1, 2023

The flexible spending plan is offered through Flores & Associates. A Flexible Spending Account (FSA) can provide an important tax advantage that allows you to pay certain health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next year, you can lower your taxable income.

### Health Care Reimbursement FSA

This program lets employees pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars. The annual maximum amount you may contribute to the **Health Care Reimbursement FSA is \$3,050 in 2023**. Some examples include:

- Deductible, Prescriptions & Doctor Visit Co-Payments
- Over-the-Counter Medicines with a Prescription
- Vision services, including Lasik Eye Surgery, Glasses & Contacts
- Hearing services, including hearing aids and batteries
- Orthodontics, Dental deductibles, and coinsurance
- Acupuncture

### Dependent Care FSA

The Dependent Care FSA lets employees use pre-tax dollars towards qualified dependent care such as caring for children under the age of 13 or caring for elders. The annual maximum amount you may contribute to the **Dependent Care FSA is \$5,000 for 2023**. (or \$2,500 if married and filing separately).

Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

#### FSA Smart Tips

- Cover any significant medical expenses early in the year using your FSA. You'll spend the remainder of the year paying yourself back with the regular payroll deductions.
- Save your receipts as proof of purchase to be reimbursed for your health care expenses from your FSA. If you are making purchases that are eligible for reimbursement, you'll want to keep them separate from other items.
- Take advantage of the pre-tax savings and use your FSA dollars. Remember, unused money in an FSA at the end of the year is lost. (\$500 will rollover annually).

# Health Savings Account (HSA)

## WHAT IS A HEALTH SAVINGS ACCOUNT (HSA)?

An HSA is an individually owned, personal health care savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. Your contributions are tax-free, and the money remains in the account for you to spend on eligible expenses no matter where you work or how long it stays in the account.

An HDHP generally costs less than what traditional health care coverage costs, so the money that you save on insurance premiums can therefore be put into the Health Savings Account.

2023/2024 IRS CONTRIBUTION MAXIMUMS	
COVERAGE LEVEL	
Employee Only	\$3,850/\$4,150
Employee + Spouse Employee + Child(ren) Family	\$7,750/\$8,300
Catch-Up Contribution (Individuals 55 or Older)	\$1,000

## YOUR HSA IS AN INDIVIDUALLY OWNED ACCOUNT

- You own and administer your HSA.
- You determine how much you will contribute to your account and when to use the money to pay for eligible health care expenses.
- You can change your contribution during the plan year without a qualifying event (allowed one time per month).
- Like a bank account, you must maintain a balance in order to pay for eligible healthcare expenses.
- Keep all receipts for tax documentation.
- An HSA allows you to save and “roll over” money from year to year.
- The money in the account is always yours, even if you change health plans or jobs.
- There are no vesting requirements or forfeiture provisions.



## YOU ARE ELIGIBLE TO OPEN AND FUND AN HSA IF YOU MEET ALL OF THE CRITERIA BELOW:

- You are enrolled in a HDHP/HSA plan.
- You are not covered by another health plan (unless it is an HSA-qualified plan), healthcare FSA (including a spouse’s healthcare FSA), or health reimbursement arrangement.
- You are not eligible to be claimed as a dependent on someone else’s tax return.
- You are not enrolled in Medicare or TRICARE for Life.

For more information on HSA Accounts visit <https://www.irs.gov/pub/irs-pdf/p969.pdf> or scan the QR Code with your phone.

## WHAT IS A HIGH DEDUCTIBLE HEALTH PLAN (HDHP)?

You must have an HDHP if you want to open an HSA or keep contributing to an existing HSA. The HDHP is usually a less expensive health insurance plan that generally doesn’t pay for the first several thousand dollars of health care expenses (i.e., your “deductible”) but will generally cover you after that. Of course, your HSA is available to help you pay for the expenses your plan does not cover.

# Health Savings Account (HSA) *continued*

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## HSA ADVANTAGES AND HOW DOES THE HSA PLAN WORK?

1. The contributions are made to the HSA by City of Duncanville. City of Duncanville's 2023 – 2024 contribution is \$1,000 annually (\$41.67 per check) for Employee Only and \$2,000 annually for Employee Spouse, Employee Child(ren), and Family coverage (\$83.33 per check). You can also elect at Open Enrollment to make your own additional contribution to the HSA which would be taken out of your paycheck on a pre-tax basis. That money is available to pay for the qualifying medical expenses throughout the year.
2. When you need medical care and visit the doctor, emergency room or hospital, you will be responsible for the full cost of the visit (minus any network discounts). You can use the HSA account funds to pay for that visit at the time of the service, you can reimburse yourself at the end of the year or you can choose to pay for the visit out of pocket and let the HSA funds grow.
3. Unused HSA contributions carry over from year to year and remain in the HSA for the following year's medical expenses.

## CHANGES TO YOUR HSA WHEN YOU REACH 65

At age 65, you can take penalty-free distributions from the HSA for any reason. However, in order to be both tax-free and penalty-free the distribution must be for a qualified medical expense. Withdrawals made for other purposes will be subject to ordinary income taxes.

## HEALTH INSURANCE PREMIUMS

At age 65, you can use your HSA to pay for Medicare parts A, B, D and Medicare HMO premiums tax-free and penalty-free. You cannot use your HSA to pay for Medigap insurance premiums.

If your Medicare premium is automatically deducted from your Social Security check, you simply reimburse yourself directly from your HSA for the Medicare premiums paid from your Social Security payment.

## CONTINUED ELIGIBILITY FOR AN HSA

Most Americans become eligible for Medicare at age 65. Americans that begin receiving Social Security benefits prior to age 65 are automatically enrolled in Medicare at age 65. Participation in any type of Medicare (Part A, Part B, Part C -Medicare Advantage Plans, Part D, and Medicare Supplement Insurance -Medigap), makes you ineligible to contribute to an HSA. However, you can continue to use your HSA for qualified medical expenses and for other expenses for as long as you have funds in your HSA.

**LOSS OF ELIGIBILITY IN MONTH YOU TURN 65.** You lose eligibility as of the first day of the month you turn 65 and enroll in Medicare.

## STOPPING MEDICARE TO RECLAIM HSA ELIGIBILITY

If you signed up for Medicare Part A and now want to decline it, you can do so by contacting the Social Security Administration. Assuming you have not begun receiving Social Security checks this will reestablish your eligibility for an HSA. If you have applied for or have begun receiving Social Security, you cannot opt out of Medicare Part A without paying the government back all the money you received from Social Security payments plus paying the government back for any money Medicare spent on your medical claims. This action will also stop future Social Security payments (until you reapply and start this cycle over again).

## SPOUSE UNDER AGE 65

If your spouse is under age 65 that may provide an avenue for continued HSA contributions. An employer; however, cannot make HSA contributions into the HSA of an employee's spouse.

# Medical Eligible Expenses for FSA or HSA

<p>Acupuncture</p> <p>Alcoholism</p> <p>Ambulance</p> <p>Artificial Limb</p> <p>Artificial Teeth</p> <p>Bandages</p> <p>Breast Reconstruction Surgery</p> <p>Birth Control Pills</p> <p>Braille Books and Magazines</p> <p>Capital Expenses - ramps, rails, etc.</p> <p>Car - special design</p> <p>Chiropractor</p> <p>Christian Science Practitioner</p> <p>Contact Lenses</p> <p>Crutches</p> <p>Dental Treatment (not teeth whitening)</p> <p>Diagnostic Devices</p> <p>Disabled Dependent Care Expenses</p> <p>Drug Addiction - inpatient treatment</p> <p>Drugs (excluding over the counter)</p> <p>Eyeglasses</p> <p>Eye Surgery</p> <p>Fertility Enhancement</p> <p>Founder's Fee - care at retirement home</p> <p>Guide Dog or Other Animal</p> <p>Health Institute</p> <p>Health Maint. Org. (HMO)</p> <p>Hearing Aids</p> <p>Home Improvements - ramps, lifts, etc.</p> <p>Hospital Services</p> <p>Insurance Premiums - see IRS list</p> <p>Laboratory Fees</p> <p>Lead-Based Paint Removal</p> <p>Learning Disability</p>	<p>Lifetime Care—Advance Payments</p> <p>Lodging - for medical care</p> <p>Long-Term Care</p> <p>Meals - for medical care</p> <p>Medical Conferences</p> <p>Medical Information Plan</p> <p>Medical Services</p> <p>Medicines (excluding over the counter without an Rx)</p> <p>Nursing Home</p> <p>Nursing Services &amp; Home Care</p> <p>Operations</p> <p>Optometrist</p> <p>Organ Donors</p> <p>Osteopath</p> <p>Oxygen</p> <p>Pregnancy Test kit</p> <p>Prosthesis</p> <p>Psychiatric Care</p> <p>Psychoanalysis</p> <p>Psychologist</p> <p>Special Education</p> <p>Sterilization</p> <p>Stop-Smoking Programs</p> <p>Surgery</p> <p>Telephone for hearing-impaired</p> <p>Television for hearing impaired</p> <p>Therapy</p> <p>Transplants</p> <p>Transportation - for medical care</p> <p>Trips - for medical care</p> <p>Vasectomy</p> <p>Vision Correction Surgery</p> <p>Weight-Loss Program</p> <p>Wheelchair</p>
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Using your mobile device scan the QR Code to get more information about HSA and FSA eligible expenses.





# Urgent Care vs. Emergency Rooms

Healthcare consumers must educate themselves to recognize the differences between an urgent care facility, emergency rooms and freestanding emergency rooms. Understanding their differences could save you as a consumer thousands of dollars.

Whenever you feel bad or have a child who is under the weather all you want is for yourself or them to feel better. You should take into consideration the severity of the situation, the ER wait time and the hefty bill you will receive. Actually, visiting an urgent care may be a better choice as wait times may be shorter and more affordable.

A majority of Urgent Care Clinics accept insurance and are open all week long, including nights, weekends and holidays. Additionally, instead of having to wait in a waiting room to be seen, some Urgent Care Clinics allow you to call in advance and wait in the comfort of your home until a room becomes available.



Urgent care centers are equipped to handle non-life threatening situations, and many have attending doctors and nurses who have access to x-rays and labs onsite. Most urgent care centers are open late and on weekends and holidays.

Choosing an urgent care center over the ER can save you time and money:

- Average time of an ER visit: 4 hours
- Average cost of an ER visit: \$1,757
- Average cost of an urgent care center visit: \$162

Visit an urgent care center for these common conditions:

- Flu and cold / High fevers
- Broken bones
- Coughs and sore throat
- Vomiting, diarrhea, stomach pain
- Cuts and severe scrapes
- High fevers

## Emergency Rooms

Emergency rooms are meant for true medical emergencies and can handle trauma, x-rays, surgical procedures and other life threatening situations.

Most hospitals have an emergency room that's open 24 hours a day, 7 days a week. If you have a true emergency, go to your nearest emergency room or call 911.

Visit an emergency room if you experience:

- Allergic reactions
- Broken bones
- Chest pain
- Constant vomiting
- Continuous bleeding
- Severe shortness of breath
- Deep wounds
- Weakness or pain in a leg or arm
- Head injuries / Unconsciousness



Care When and  
Where You Need It  
Just Got Easier

## Virtual Visits

Convenient health care  
at your fingertips

Getting sick is never convenient, and finding time to get to the doctor can be hard. Blue Cross and Blue Shield of Texas (BCBSTX) provides you and your covered dependents access to care for non-emergency medical issues through MDLIVE.

Whether you're at home or traveling, access to a board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care center.<sup>1</sup>

MDLIVE doctors can help treat the following conditions and more:

### General Health

- ◆ Allergies
- ◆ Asthma
- ◆ Nausea
- ◆ Sinus infections

### Pediatric Care

- ◆ Cold/flu
- ◆ Ear problems
- ◆ Pinkeye

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. Blue Cross<sup>®</sup>, Blue Shield<sup>®</sup> and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of Independent Blue Cross and Blue Shield Plans. MDLIVE, an independent company, provides virtual visit services for Blue Cross and Blue Shield of Texas. MDLIVE operates and administers the virtual visit program and is solely responsible for its operations and that of its contracted providers.

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**MD LIVE Contact: 888-680-8646**

**PPO: \$25 Copay**

**HDHP: Deductible / 20%**

# Dental Benefits

Visit [www.bcbstx.com](http://www.bcbstx.com) or scan the QR Code for additional details about your dental plan.



## Effective October 1, 2023

Here is a snapshot of the coverage offered through the 2023 dental plan(s).

BENEFITS	Blue Cross Blue Shield - LOW	Blue Cross Blue Shield - HIGH
<b>Type I – Preventive Services</b>		
Oral examinations (2 Per Year)	100%	100%
X-rays		
Cleanings (2 Per Year)		
<b>Type II – Basic Services</b>		
Fillings	80%	80%
Extractions		
<b>Type III – Major Services</b>		
Crowns	50%	50%
Removable / fixed bridge-work		
Partial or complete dentures		
<b>Type IV - Orthodontia</b>	N/A	50% after deductible
Child Only		To age 26
<b>Annual Deductible</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Annual Maximums</b>		
Dental Annual Maximum	\$1,000	\$1,500
Orthodontia Lifetime Maximum	N/A	\$1,500
Network Website <a href="http://www.bcbstx.com">www.bcbstx.com</a>	BlueCare Dental National PPO	BlueCare Dental National PPO

*NOTE: This is a brief summary and not intended to be a contract.*

Dental Costs	Blue Cross Blue Shield – Low Monthly / Per Pay Period	Blue Cross Blue Shield – High Monthly / Per Pay Period
Employee Only	\$24.31 / \$12.16	\$51.42 / \$25.71
Employee & Spouse	\$48.58 / \$24.29	\$104.34 / \$52.17
Employee & Children	\$49.99 / \$25.00	\$128.60 / \$64.30
Employee & Family	\$77.16 / \$38.58	\$181.51 / \$90.76

# Vision Benefits

Visit [www.Superiorvision.com](http://www.Superiorvision.com) or scan the QR Code for additional details about your vision plan.



## Effective October 1, 2023

This is a snapshot of the coverage offered through the 2023 Vision plan(s).

BENEFITS		Superior Vision
Eye Exam	Network Non-Network	\$10 Copay Up to \$42 Reimbursement
<b>Frames/ Lens</b>		
Single Vision	Network Non-Network	\$25 Copay Up to \$26 Reimbursement
Bifocal Lenses	Network Non-Network	\$25 Copay Up to \$34 Reimbursement
Trifocal Lenses	Network Non-Network	\$25 Copay Up to \$50 Reimbursement
Frames	Network Non-Network	Up to \$150 Reimbursement Up to \$60 Reimbursement
<b>Contacts *In Lieu of Glasses</b>		
Network	Medically Necessary Elective	\$0 Copay/Covered in Full \$150 Reimbursement
Non-Network	Medically Necessary Elective	Up to \$210 Reimbursement Up to \$100 Reimbursement
Exam Frequency		12 Months
Lens Frequency		12 Months
Frames Frequency		24 Months
Network Website	<a href="http://www.Superiorvision.com">www.Superiorvision.com</a>	<a href="http://www.Superiorvision.com">www.Superiorvision.com</a>
Group Number		37681

*NOTE: This is a brief summary and not intended to be a contract.*

Vision Costs	Monthly / Pay Period
Employee Only	\$5.68 / \$2.84
Employee & Spouse	\$11.34 / \$5.67
Employee & Children	\$11.45 / \$5.73
Employee & Family	\$18.30 / \$9.15





# City Paid Basic Life & AD&D Benefits

## Effective October 1, 2023

City of Duncanville provides Basic Life and AD&D (Accidental Death and Dismemberment) insurance for you as a full-time employee at no additional cost. If you would like to purchase additional life insurance for yourself and/or your dependents, please see the Voluntary Life Insurance page for more information.

### BENEFICIARY INFORMATION

Remember, it is important to designate beneficiaries for all of your insurance policies that require them. If you don't, laws may cause death benefits to be distributed differently than you had planned resulting in additional taxes and may unnecessarily delay the process of finalizing payment to your loved ones. You should regularly review and, if necessary, update your beneficiary designations. You can update your beneficiary at anytime by *submitting a new beneficiary form to HR*.

BASIC LIFE/AD&D BENEFITS	Ochs
Basic Life & AD&D Schedule	1X Basic Annual Salary up to \$200,000
Guarantee Issue Amount	Less od 1X annual salary or \$200,000
Maximum Amount	\$200,000
Employee Age Reduction Schedule	Age 65 to 69: 65% of Life Insurance Benefits Age 70 to 74: 45% of Life Insurance Benefits Age 75 to 79: 30% of Life Insurance Benefits Age 80 and Over: 20% of Life Insurance Benefits
Waiver of Premium	9 Months EP / Included to age 65
Accelerated Death Benefit	100% to \$1,000,000
Conversion	Included
Portability	Included

**NOTE:** This is a brief summary and not intended to be a contract.

# How Much Life Insurance Do You Need?

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If you're going to achieve all your goals, such as sending your kids to college, retiring in comfort and leaving a legacy, you will need to save and invest throughout your lifetime. But to really complete your financial picture, you'll also need to add one more element: protection. And that means you'll require adequate life insurance for your situation. However, your need for insurance will vary at different times of your life — so you'll want to recognize these changing needs and be prepared to act.

When you're a young adult, and you're single, life insurance will probably not be that big of a priority. And even married couples without children typically have little need for life insurance; if both spouses contribute equally to household finances, and you don't own a home, the death of one spouse will generally not be financially catastrophic for the other.



But once you buy a home, things change. Even if you and your spouse are both working, the financial burden of a mortgage may be too much for the surviving spouse. So, to enable the survivor to continue living in the home, you might consider purchasing enough life insurance to at least cover the mortgage.

When you have children, your life insurance needs will typically increase greatly. In fact, it's a good idea for both parents to carry enough life insurance to pay off a mortgage and raise and educate the children, because the surviving parent's income may be insufficient for these needs. How much insurance do you need? You might hear of a "formula," such as buying an amount equal to seven to ten times your annual income, but this is a rough guideline, at best. You might want to work with a financial professional to weigh various factors – number and ages of children, size of mortgage, current income of you and your spouse, and so on – to determine both the amount of coverage and the type of insurance ("term" or "permanent") appropriate for your situation.

Once you've reached the "empty nest" stage, and your kids are grown and living on their own, you may need to re-evaluate your insurance needs. You might be able to lower your coverage, but if you still have a mortgage, you probably would want to keep enough insurance to pay it off.

After you retire, you may have either paid off your mortgage or moved into a condominium or apartment, so you may require even less life insurance than before. But it's also possible that your need for life insurance will remain strong. For example, the proceeds of a life insurance policy can be used to pay your final expenses or to replace any income lost to your spouse as a result of your death (e.g., from a pension or Social Security.) Life insurance can also be used in your estate plans to help leave the legacy you desire.

As we've seen, insurance can be important at every stage of your life. You'll help yourself – and your loved ones – by getting the coverage you need when you need it.

# Voluntary Life & AD&D Benefits

Effective October 1, 2023

VOLUNTARY LIFE and AD&D BENEFITS	Ochs Life and AD&D Amounts are Bundled	
Employee Life and AD&D Amount	Increments of \$10,000	
Employee Guarantee Issue Amount	\$100,000	
Employee Maximum Amount	\$500,000	
Employee Age Reduction Schedule	No Age Reduction	
Spouse Life and AD&D Amount	\$5,000 Increments to the lesser of \$150,000, not to exceed 100% of Employee Amount	
Spouse Guarantee Issue Amount	\$50,000	
Spouse Maximum Amount	\$150,000	
Child Life and AD&D Amount	\$10,000 or \$5,000	
Child Maximum Amount	\$10,000	
Waiver of Premium	9 Months	
Conversion	Included	
AGE RATED PREMIUMS	Employee (Rate Per \$10,000)	Spouse (Rate Per \$10,000)
<b>AD&amp;D Rate: (per \$10,000)</b>	\$0.25	\$0.25
<b>Life Rate: Up to 24</b>	\$0.64	\$0.64
25-29	\$0.64	\$0.64
30-34	\$0.74	\$0.74
35-39	\$0.85	\$0.85
40-44	\$1.38	\$1.38
45-49	\$2.01	\$2.01
50-54	\$3.50	\$3.50
55-59	\$6.36	\$6.36
60-64	\$9.96	\$9.96
65-69	\$15.26	\$15.26
70-74	\$24.91	\$24.91
75-79	\$43.78	\$43.78
Child Life Rate (Per \$1,000)	\$0.22	
Child AD&D Rate (Per \$1,000)	\$0.035	

NOTE: This is a brief summary and not intended to be a contract.

## ANNUAL ENROLLMENT

During your employer's designated annual enrollment period, evidence of insurability will not be required for Child or Supplemental AD&D (must match elected Supplemental coverage amounts).

**Evidence of insurability is required for all other elections**



# City Paid Long-Term Disability Benefits

## Effective October 1, 2023

City of Duncanville provides full-time employees with long-term disability income benefits. The cost for this coverage is paid in full by your employer. 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 BENEFITS	Ochs
Monthly Percentage	60%
Monthly Maximum	\$10,000
Elimination Period	180 Days
Benefit Duration	See Benefit Period Shown Below
Definition of Earnings	Base Annual Earnings
Pre-existing Limitation	3 / 12
Mental Nervous Limitations	24 Months per Disability
Drug & Alcohol Limitations	24 Months per Disability

*NOTE: This is a brief summary and not intended to be a contract.*

### Benefit Duration

Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit period, or until you no longer qualify for benefits, whichever occurs first. (Cigna will ask you to periodically furnish proof of your continuing disability.)

This plan pays long-term disability benefits monthly.

Your benefit period begins on the first day after you complete your elimination period. And, should you remain disabled, your benefits continue according to the later of your Social Security Normal Retirement Age (SSNRA) or the following schedule, depending on your age at the time you become disabled.

Age at Commencement of Disability	Duration of Benefit Period
Age 62 or younger	To Age 65 or the date the 42 <sup>nd</sup> monthly benefit is payable, if later
63 years	36 monthly payments
64 years	30 monthly payments
65 years	24 monthly payments
66 years	21 monthly payments
67 years	18 monthly payments
68 years	15 monthly payments
69 years or older	12 monthly payments

*NOTE: This is a brief summary and not intended to be a contract.*

**Note:** If you are enrolling for Voluntary Disability coverage as a late entrant, you will be required to submit Evidence of Insurability before coverage is approved.



# Employee Assistance Program (EAP)

## City of Duncanville

Employee Assistance Program (EAP)



Alliance Work Partners is  
here for you as life happens.

AWP is proud to serve as your EAP, offering you and your household valuable, **confidential** services at no cost to you.

Your benefits are designed to help you manage daily responsibilities, major events, work stresses, or any issue affecting your quality of life.

All benefits can be  
accessed by calling:

toll free

**1-800-343-3822**

TDD

**1-800-448-1823**

teen line

**1-800-334-TEEN (8336)**

We are available to take your call  
24 hours a day, 7 days a week.



Visit your EAP website at  
**awpnow.com**

and create a  
customized account.

Go to

<https://www.awpnow.com>  
Select "Access Your Benefits"

Registration Code:  
**AWP-DUNCANVILLE-3705**

## Your EAP Benefits:

### LawAccess

Legal and Financial services provided by a lawyer or financial professional specializing in your area of concern. Available online or by telephone.

### HelpNet

Customized EAP website featuring resources, skill-building tools, online assessments and referrals.

### WorkLife

Resources and referrals for everyday needs. Available by telephone.

### SafeRide

Reimbursement for emergency cab fare for eligible employees and dependents that opt to use a cab service instead of driving while impaired.

### 1 to 6 Counseling Sessions

Per problem, per year. Short-term counseling sessions which include assessment, referral, and crisis services. *(Same day appointments available for urgent/crisis callers, or facilitation of immediate hospitalization)*

Newsletters

Webinar Training Series

Tips for Everyday Living

*Here for you as life happens ...*

AWP EAP Benefit 2015

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# Employee Assistance Program (EAP)



## City of Duncanville

### Employee Assistance Program (EAP)

## Criteria for Benefits Eligibility

#### Full Benefits:

- Employee, retiree, married/divorced spouse, partner, significant other
- Any household member, regardless of age or relationship, residing in employee's home, including significant other and their children
- All covered employees may bring anyone with them to their authorized/covered sessions regardless of relationship to employee.
- Children and grandchildren, age 26 or under, residing in US or Puerto Rico. This includes children and grandchildren of significant other or partner.
- Any person meeting benefit eligibility prior to lay off or termination of an employee will continue to be eligible for benefits up to 6 months from the date of employee's lay off or termination. Benefits are extended for 6 months from date of employee's call within this timeframe.

#### Assessment & Referral:

- Children and grandchildren age 27 and over of employee, married/divorced spouse, partner, or significant other living outside employee's home
- Employee instructed by law to receive court ordered counseling
- All crisis cases (suicidal/homicidal, domestic violence, chemical dependence, substance abuse, child/elderly abuse) not otherwise covered
- Any person meeting benefit eligibility prior to lay off or termination of an employee will continue to be eligible for assessment and referral after 6 months and up to 1 year from the date of employee's lay off or termination. Benefits are extended 1 year from date of employee's call within this timeframe.

#### Information & Referral:

- Anyone contacting Alliance Work Partners regardless of contract status

Children under the age of 18 must have a written, signed release by their guardian who has custody (whether living in the home or not) to attend counseling on their own. This release is given to their affiliate provider. Divorced parents who bring their children in for counseling must bring a copy of their divorce decree or have signed permission from the other parent before bringing a child into counseling. Grandparents who bring their grandchildren into counseling must have proof of guardianship or written permission from the child's parents.

# Texas Municipal Retirement System (TMRS)

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TMRS – is a retirement program that is funded by the contributions of employees, the City, and earnings from investment of those deposits. It is mandatory participation for Full-Time Employees.

City Plan Provisions: 7% employee contributions.

City matching – 2:1. For calendar year 2023 – 0% COLA & 0% USC

## COLAs and USCs

- COLAs – affect current retirees only. The amount is based on current CPI (Consumer Price Index) compared with the CPI of the month of retirement
- USCs (Updated Service Credits) – affect current employees only. This is an added benefit the City pays for in the City’s contribution rate. It is a calculated assumption that your current salary is the salary you have been earning during your entire tenure with the City. If you have received pay increases, promotions, etc., this benefit ultimately increases your pension.



## Eligibility for Retirement:

- 5 years of service to become vested – meaning eligible for City contributions
- Age 60, if vested, or 20 years or more of service, whichever comes first

## Things to Know:

- Withdraw assets after employment for any reason and regardless of years of service
- May withdraw during employment for emergencies
- Portable – meaning assets can be transferred – or rolled over – to another eligible retirement plan without being taxed

## Things to know:

- At no time, for any reason, during employment can you withdraw funds
- If you leave employment and refund TMRS, only your employee contributions will be paid
- You can receive “Restricted Service Credit” for time served in other public agencies, local, state, or federal. Restricted Service Credit is time only credit towards your vesting or retirement eligibility
- All employee amounts are guaranteed a minimum of 5% interest credit annually
- You can review your account at any time by visiting [www.tmr.org](http://www.tmr.org)

# MissionSquare – 457 Deferred Compensation & Roth IRA

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## 457 – Deferred Compensation Option

A Tax-Advantaged Retirement Plan – A 457 plan is a retirement savings plan and investment vehicle with tax advantages. It is designed to help meet your retirement goals.

- Contributions can be changed, stopped, restarted at any time
- Account value based on contributions and investment returns
- Earnings are not taxed until withdrawn
- You have control over
  - How your money is invested
  - How funds are withdrawn after separation from employment
  - Who receives remaining assets upon death



### Contributions

- Pre-tax contributions – reduces your taxable income for the year

### Access your money

- Withdraw assets after employment for any reason and regardless of years of service
- May withdraw during employment for emergencies
- Portable – meaning assets can be transferred – or rolled over – to another eligible retirement plan without being taxed

### Things to know:

- 457 plans are unlike other retirement accounts, meaning you DO NOT have to qualify for an exception to avoid the 10% IRS penalty on withdrawals before age 59 ½.
- After you reach age 70 ½ or separate from employment, whichever is later, you will be required to withdraw at least a minimum amount from your account each year, per IRS rules.

## 2023 CONTRIBUTION LIMITS

Normal – Under Age 50	Age 50 Catch-Up	Pre-Retirement Catch-Up
\$22,500	\$30,000	\$45,000

# MissionSquare – 457 Deferred Compensation & Roth IRA

## Payroll Roth IRA

A Roth IRA is a savings vehicle that complements your employer retirement plan by allowing for tax-free earnings and, if needed, flexible withdrawals.

## Boost your Savings Goals

- Earn additional retirement income
- Set aside money in retirement for travel, gifts, or medical care
- Down payment on a home
- Pay for child’s college education
- Emergency fund



Invest in a shared sense of service™

## Control & Flexibility

- After tax contributions but interest is earned on contributions
- Withdrawals allowed at any time
- Potential for tax-free withdrawals

## Eligibility

- Modified Adjusted Gross Income (generally all your taxable income)
- Tax filing status

Contribution Eligibility	Single Filers income	Married Joint Filers Income
Full Annual Limit Amount	Less than \$138,000	Less than \$218,000
Partial Amount	\$138,000-\$153,000	\$218,000-\$228,000
None	More than \$153,000	More than \$228,000

## 2023 CONTRIBUTION LIMITS

Year	Under Age 50	Age 50 or Over
2023	\$6,500	\$7,500

## Withdrawals – 100% Tax Free

- If held Roth IRA for at least 5 years AND EITHER:
  - At least 59 ½
  - Qualifying “first-time” home purchase
  - Qualifying disability
  - Beneficiaries receive the assets after your death





203 East Wheatland Road  
Duncanville, TX 75116  
(972) 780-5012

<http://www.duncanville.com>

The City of Duncanville expects to continue these plans indefinitely but reserve the right to modify, amend, suspend or terminate any plan at any time and for any reason without prior notification.

You will be notified of any changes to these plans and how they affect your benefits, if at all. The plans described in this booklet are governed by insurance contracts and self-insured plan documents, which are available for examination by request of your HR Department. We have attempted to make the explanation of the plans in this booklet as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of the plans, since the written descriptions in the insurance contracts or plan documents will always govern.

Fall 2023 for 2024 Plan Year

