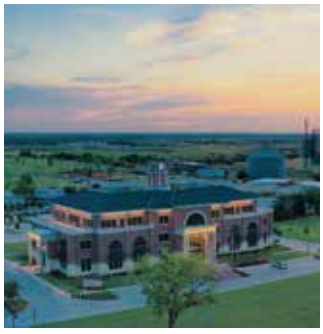
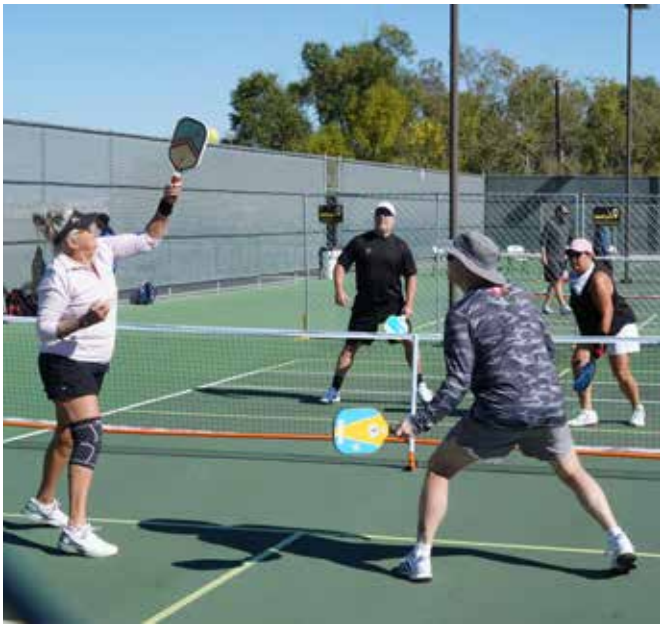
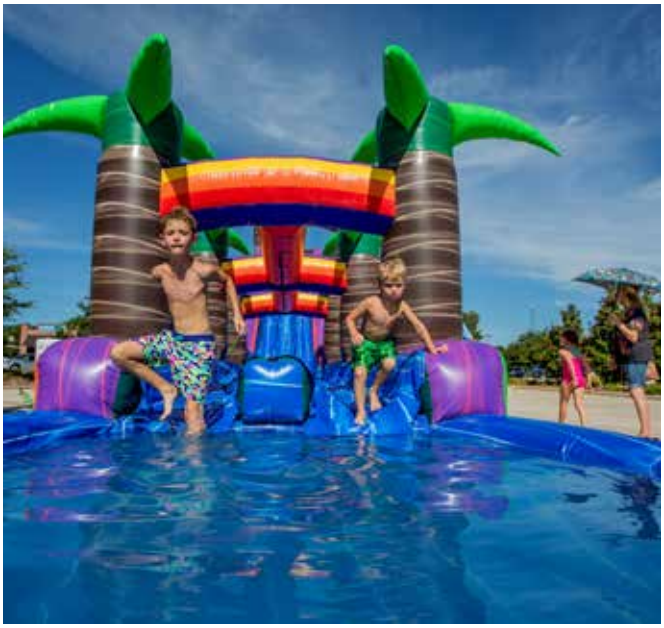
TOWN OF PROSPER

2025

BENEFITS GUIDE







IMPORTANT CONTACTS

CONTACT	PHONE	WEB/EMAIL
Medical - UMR	877-360-4503	umr.com
Prescriptions - ProAct	877-635-9545	proactrx.com
Mail Order Prescriptions - ProAct	866-287-9885	proactpharmacyservices.com
Specialty Prescriptions - ProAct	888-843-2040	noblehealthservices.com
International Mail Order Pharmacy - CanaRX	866-893-6337	canarxsavingsprogram.com
SHARx Specialty Drug Program - SHARx	314-451-3555	app.sharxplan.com
Telemedicine - 24/7 Call-A-Doc	844-362-2447	247calladoc.com
Kempton Group	866-898-7219	kemptongroup.com
Dental - UHC	877-816-3596	www.myuhc.com
Vision - EyeMed	866-939-3633	eyemedvisioncare.com
Life, AD&D Claim- Mutual of Omaha	800-775-8805	submitgrplife@mutualofomaha.com
Disability - Mutual of Omaha (Group #G000AT9G)	800-877-5176	newdisabilityclaim@mutualofomaha.com
Hearing Discount Program – Amplifon	888-534-1747	amplifonusa.com/mutualofomaha
Voluntary Benefits - UHC	888-299-2070	www.myuhc.com
FSA - Optum Bank	800-360-4503	www.umr.com
HSA - Optum Bank	800-791-9361	optumbank.com
EAP - Alliance Work Partners	800-343-3822	awpnow.com
LegalShield	800-654-7757	legalshield.com
Retirement Plan - TMRS (Plan #01036)	800-924-8677	tmrs.org
Retirement Plan - MissionSquare (Plan #305912)	800-669-7400	icmarc.org
Human Resources	972-569-1156	Prospertx.gov

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WELCOME TO YOUR BENEFITS!

ENROLL ON TIME!

You can access BenefitFirst from home or work!
www.BenefitFirst.com

The Benefit Enrollment Guide was designed with you and your family in mind. You will find brief descriptions of each benefit program, important plan information, comparison charts, and contact information such as phone numbers and web addresses. This document is not just an enrollment guide, it is an important resource for services and benefits provided to you as an employee with the Town of Prosper. It is to assist you in making informed decisions regarding the selection and management of your benefits.

This Guide is only intended to offer an outline of benefits. All details and contract obligations of plans are stated in the actual summary plan description. Please contact your Human Resources Department for further information and contractual obligations. Consult the carrier's contract for complete information on covered charges, limitations, and exclusions.

When Does Coverage Begin? The coverage you select during Open Enrollment will begin January 1, 2025 and will remain in elect until December 31, 2025 unless you have a qualifying event. New Hires have 30 days after their first day of employment to select coverage. Benefits are elective the 1st day of the month following date of hire.

If I am already enrolled and not making any changes, do I have to complete open enrollment? No, this is not a mandatory enrollment for most lines of coverage and is a passive enrollment. All elections from last year will roll over to the 2025 plan year except for Flexible Spending Accounts and Health Savings Accounts. You will need to re-elect benefits for those lines of coverages for the 2025 plan year.

Can I enroll my spouse on one plan any myself on another? No. All covered dependents, including spouse, must be on the same plan as the employee.

WELCOME

ENROLLMENT

ENROLLMENT INSTRUCTIONS

Your benefit elections will be made through BenefitFirst, our online benefit administration system. You can use BenefitFirst to enroll in benefits, update current benefit selections, make address changes or maintain personal and dependent information.

How to Enroll for Benefits

- Review the 2024 Enrollment Guide carefully.
- Have you and your dependent's dates of birth and Social Security numbers.

Go to **www.BenefitFirst.com** and log in.

If this is your first time enrolling, click on "Create UserID" to create one.

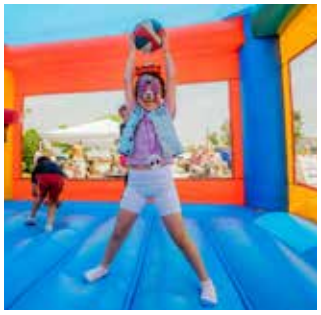
Log in using the CompanyID: 540, your UserID, and temporary password.

If you do not have your temporary password, click "Forgot Password" to create a new one.

- The homepage includes links to benefit summaries and detailed plan documents.
- When you're ready to enroll, select **ENROLL NOW** from the homepage.
- Proceed through each benefit and make your elections.
- Before finalizing you'll have the option to review/change your elections.
- The final step is to confirm your elections by clicking **SUBMIT**.

IMPORTANT NOTES

- Please review your selected benefits carefully. The benefits that you select will be effective through the next plan year, unless you have a qualifying life event. (A qualifying life event allows you to make changes to your current coverage by adding or deleting dependents' or changing benefit plans as appropriate. Please contact Human Resources regarding more information about qualifying events).
- Be sure to choose the correct coverage level, such as individual or family coverage.
- Do you need to update your beneficiaries due to divorce, marriage, or other life event?
- Review your personal information such as your address and phone number. Do these need to be updated?
- Be sure all birth dates and Social Security numbers are correct.



ELIGIBILITY & ENROLLMENT

All full-time Town of Prosper employees are eligible for benefits. As a new hire, you are eligible for benefits on the first day of the month following the date of hire. (Example: your hire date is January 10, your elected benefits would be effective February 1). Eligible employees are automatically enrolled in basic term life, accidental death and dismemberment, and long-term disability. **Please note you must designate your beneficiaries for these plans.**

Eligible Dependents

In addition to enrolling yourself, you may also enroll any eligible dependents under the medical, dental, vision plans. Eligible dependents include:

- Your legal spouse
- A biological child, step child, legally adopted child or child for whom legal guardianship has been awarded. Note: your adult child qualifies if he/she is under the age of 26, without regard to financial dependency, place of residence, student status, employment, eligibility for other coverage or marital status. However, if your adult child is married or has a child, the spouse and/or the child cannot be covered under our plan.
- Disabled Dependent: a child who is unmarried and is dependent on you or your spouse as a result of mental or physical incapacity, and a child who is disabled prior to reaching the maximum age allowed under the plan.

Dependent coverage terminates at the end of the month in which the dependent ceases to meet the definition of an eligible dependent.

Making Changes to Your Benefits

Benefit elections and their related payroll deductions cannot be changed until the next Open Enrollment period unless you, your spouse, or your dependent child(ren) experience an IRS-defined Qualifying Life Event. **Any changes must be completed through BenefitFirst within 31 days of the qualifying event.**

Examples of Life Events Include:

- Your marital status due to marriage, divorce, death or annulment;
- The number of dependents due to birth, adoption, placement for adoption, or death;
- Employment for you, your spouse or your dependent, including commencement or termination of employment; commencement of or return from leave of absence; or change in employment status;
- You or your dependent become entitled to coverage or lose coverage under Medicare or Medicaid;
- Eligibility status of your dependent due to attainment of age, change in student status, or any similar circumstance.

If adding a dependent, you must still submit a status change request within 31 days of your change to add the new dependents to any coverage. Having existing family coverage **does not** enroll the new dependent.

MEDICAL BENEFITS

PROVIDED BY UMR

	UMR HIGH DEDUCTIBLE PLAN UHC CHOICE PLUS	UMR BUY-UP PPO PLAN UHC CHOICE PLUS
	IN-NETWORK ONLY	IN-NETWORK ONLY
Deductible • Individual/Family	$3,300/ $6,000	$1,500 / $4,500
Out-of-Pocket Max • Individual/Family	$3,300 / $6,000	$5,500 / $10,200
OFFICE VISITS		
• Physician • Specialist • Urgent Care	100% after deductible 100% after deductible 100% after deductible	$30 copay $60 copay $75 copay
Preventive Care	Plan pays 100%, deductible waived	Plan pays 100%, deductible waived
HOSPITAL SERVICES		
• Inpatient (pre-cert required)	100% after deductible	80% after deductible
• Outpatient	100% after deductible	80% after deductible
• Emergency Room » Facility » Physician	 100% after deductible 100% after deductible	 $200 copay & 80% coinsurance; deductible waived 80% after deductible
Home Health Care	80% after deductible 60 visits per year	80% after deductible 60 visits per year
Skilled Nursing Facility	100% after deductible 25 days per year	100% after deductible 25 days per year
MENTAL/SUBSTANCE ABUSE		
• Inpatient • Outpatient • Office Visit	100% after deductible 100% after deductible 100% after deductible	80% after deductible 80% after deductible $30 copay
PRESCRIPTION DRUGS		
RETAIL (30 DAY SUPPLY)		
• Generic	100% after deductible	$10 copay
• Preferred Brand Name	100% after deductible	$40 copay
• Non-Preferred Brand Name	100% after deductible	$60 copay
• Specialty Drugs*	100% after deductible	20% up to $250 maximum
MAIL ORDER (90 DAY SUPPLY)**	**SPECIALTY DRUGS NOT COVERED BY MAIL ORDER**	**SPECIALTY DRUGS NOT COVERED BY MAIL ORDER**
• Generic	100% after deductible	$25 copay
• Preferred Brand	100% after deductible	$100 copay
• Non-Preferred Brand	100% after deductible	$150 copay

* Specialty drugs must be obtained from Noble Health Services.

** Must be filled through ProAct Pharmacy Services

HEALTH SAVINGS ACCOUNT

FOR EMPLOYEES IN THE HDHP MEDICAL PLAN

When you elect to enroll in the HDHP medical plan, you are eligible to open a Health Savings Account (HSA) through Optum Bank. An HSA allows you to save money on a tax-free basis to use for your out-of-pocket health care expenses. You are the owner of this bank account, and unlike a traditional Flexible Spending Account, your funds can roll over from year-to-year and build over time.

TOWN OF PROSPER	HSA CONTRIBUTION
Employee Only	$750.00
Family Coverage	$1,500.00

To assist you in meeting your deductible and out-of-pocket maximum, the Town of Prosper will make a contribution to your HSA based on the level of medical coverage you choose. If you wish, you can also choose how much of your own money you would like to contribute to your HSA.

Contributions HSA are limited by the maximum contribution level established by IRS guidelines. This max is a total of your contributions and the Town's contribution.

The IRS annual maximum contributions for 2024 into your account:

- Single coverage - $4,300
- Family coverage - $8,550
- Persons greater than age 55 may set aside an additional $1,000 in catch-up contributions each year.

What are the advantages of participating?

- Pre-tax savings – never pay the federal government taxes on your HSA funds as long as you spend the money on eligible IRS 213(d) health care (medical, dental, vision) expenses.
- Unused funds carry over from year to year and can build over time.
- Complete control over how and when funds are used.
- Funds remaining in your account after you reach the age of 65 can be used for non-medical expenses with ordinary taxes paid, similar to a 401(k).
- HSAs are portable; if you leave Town of Prosper, you can take the account and all funds in it with you.

How the HSA Account Works

- Town of Prosper's contributions are made to the HSA account in January 2025. If you are hired after January 1, 2025, the Town of Prosper's contribution will be pro-rated.
- You will only have access to the amount that is in your account at the time of a claim, however, you can save your receipt and repay yourself with funds contributed later in the year.
- You are automatically enrolled in Optum Bank when you enroll in the High Deductible Health Plan.
- The HSA cannot be used with the PPO plan. Employees are responsible for monitoring their own account balances.
- HSA distributions are tax-free for qualified expenses if taken by you, your spouse or dependent(s). Your spouse or dependent(s) do not need to be covered by a high deductible health plan to use these funds. If the HSA funds are not used for qualified medical expenses, then the amount is included as income and a 20% penalty is applied by the IRS.

FLEXIBLE SPENDING ACCOUNTS

You can contribute money into a Flexible Spending Account (FSA) to pay for certain health and dependent care expenses such as deductibles, copayments, prescription medications and certain child care costs. The money you contribute to an FSA is not subject to federal income, Social Security (FICA) and, in most areas, state and local taxes. This lowers your taxable income and increases your take home pay. There are two types of FSA accounts you may participate in, depending on which health plan option you choose to enroll in:

- A standard FSA for health care expenses, available to those enrolled in the UMR Buy-Up PPO Plan
- A dependent care reimbursement account
- HSA plan participants can also enroll in a limited FSA which can be used for dental and vision expenses only

Health Care FSA

You may set aside up to $3,300 in 2025 into a Health Care FSA on a tax-free basis. You can use this money to pay for eligible out-of-pocket health care expenses that are not covered by your health, dental, and/or vision insurance. Examples of eligible health care expenses include:

- Deductibles
- Copays and Coinsurance
- Prescription Drugs
- Vision Care, Eyeglasses and Contact Lenses
- Dental Care and Orthodontia
- Hearing Aids

You choose the amount to be deducted from your gross pay by projecting your health care expenses. Through automatic payroll deductions, the elected amount for health care is deposited into your flexible spending account. You can then either use your FSA debit card to pay for services or submit a claim to be reimbursed for your expenses.

2025 FSA CONTRIBUTION LIMITS

- Health Care FSA: $3,300
- Dependent Care FSA: $5,000
- Up to $660 may be rolled over at the end of the year.

FSA

Dependent Care FSA

A Dependent Care FSA Account helps you pay the cost of day care for your dependents so you and your spouse or domestic partner can work. These expenses include day care expenses for children, as well as spouses, parents and grandparents who cannot care for themselves.

You may contribute up to $5,000 per year, tax-free into a Dependent Care FSA and use it to pay dependent care expenses for eligible dependents while you are at work. If you are married and your spouse is participating in a similar account or if you are married and filing separate returns, you may contribute up to $2,500 per year.

You can pay for day care expenses for children under age 13, disabled children, disabled parents, a disabled spouse, or other relatives who qualify under the Internal Revenue Code, and must be claimed as dependents on your federal tax return. Educational expenses are not eligible.

To be considered eligible for reimbursement from your Dependent Care FSA, your provider must claim your payments as taxable income.

Examples of eligible dependent care expenses include:

- Licensed day care facility (child or adult)
- Preschool or nursery school (not kindergarten)
- Before/after-school programs
- Care in someone else's home
- Housekeeper who performs dependent care duties

ADDITIONAL RESOURCES & BENEFITS

24/7 Call-A-Doc

All Day, Every Day Access to a Doctor, Saving You Time and Money

24/7 Call-A-Doc is a fast and convenient health care option available to employees enrolled in the Town of Prosper medical plan. Private doctor visits may occur over the phone, email, or online video. Services are provided by licensed doctors at no cost to you!

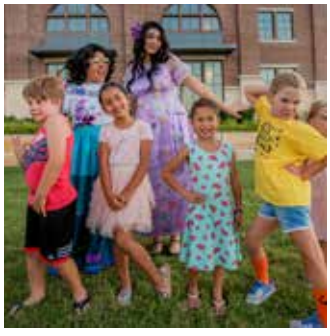
24/7 Call-A-Doc is a premier telehealth provider of on-demand medical consultations. Once you take a few minutes to complete the registration process , and add a brief medical history, you will have immediate access to some of the top doctors available to assist you with medical advice, non-emergency care and, if necessary, short-term prescriptions.

Avoid time-consuming and expensive visits to the doctor's office for these common, minor conditions:

- Ear infections
- Cold and flu symptoms
- Urinary tract infections
- Allergies and sinus problems
- High blood pressure
- Sore throat
- Respiratory infection
- Headaches/migraines
- Poison Ivy

Register Online or By Phone

- To register online, visit **247calladoc.com/activation**. Click **Activate Your Account**. Provide the required information and you will be issued a user name and temporary password.
- To register by phone, call **844-DOC-24HR** and a representative will assist with your registration.



KPPFree

Easy as 1-2-FREE!

When you choose KPPFree™, your medical service is covered at 100%, with no cost to you! With more than 200 provider locations, and thousands of procedures, test, imaging, and other services, using KPPFree is an easy choice!

Call us! Call our Kempton Care Advocate team at **866-898-7219** to find out if your procedure is available through KPPFree, discuss your benefits, and see if using KPPFree is your best option.

Our team will assist you every step of the way. Remember, reasonable travel expenses can be reimbursed, including hotel, mileage, etc.

After your appointment is scheduled, you will be provided with a KPPFree Voucher to present to the provider at the time of service.

There are thousands of medical services that can be performed through the KPPFree program. Examples include:

- General surgeries
- Diagnostic imaging
- Gastrointestinal
- Ear, nose and throat
- Cardiac
- Oncology
- Gynecological
- Kidney
- Sleep disorders

To Learn More

Call us at **866-898-7219** or visit us online at **KPPFree.com**.

ADDITIONAL BENEFITS

Find What You Need at umr.com

Getting your benefits information is easy using **umr.com**. From your personalized home page, you can see a summary of your benefits, link to key areas of the site using myMenu, find out what tasks you need to complete to keep your benefits up to date, and chat with a UMR customer service team member.

UMR online tools allows members to:

- Complete your online health assessment
- Find a provider
- View your claim activity
- Benefits and coverage summary at-a-glance
- Free tools, apps and calculators
- Access your ID card on your smartphone or order a replacement ID card

Prescription Drug Benefit

ProAct RX Mobile App

- Temporary ID Cards
- Formulary lookup
- Mail Order Pharmacy refill
- View claims summary
- Drug cost comparisons
- Pharmacy Finder

Retail Pharmacy Network

- Generic's driven formulary. If a member chooses to take a brand name drug when a generic is available, that member will pay the brand copay and the cost difference between the two medications.

Home Delivery (Mail Order)

- Call 1-866-287-9885 or visit **proactrx.com** to sign up to receive your medications by mail.

CanaRx

- Voluntary International Mail Order Drug Program offering a $0 copay for covered maintenance medications.

SHARx

- SHARx is a pharmacy advocacy solution provided by your employer. This program was created to extend advocacy program benefits to employees like you. They help facilitate the advocacy onboarding process for each eligible member of your employer's health plan and provide access for all specialty medications.

Let's Talk!

A call to UMR's NurseLine service will connect you to a team of registered nurses who can answer your questions and provide advice. Our nurses are standing by to help 24/7. We even have nurses available to chat live with you online at **umr.com**. Best of all, there's no cost to you.

Reach Out By Phone

Calling NurseLine is easy. Dial the toll-free phone number on the back of your member ID card. Your nurse can help you choose the right health care setting for an illness or injury, or offer information about common health issues or symptoms. We can assist callers in more than 140 languages, as well as those who need hearing assistance.

Chat Online

Our Nurse Chat feature gives you convenient access to nurses who can answer questions and provide information about common conditions, treatments and preventive care. Login to **umr.com**. Select **Health Center** from myMenu. Look for the link in the **I need to ...** section.

PRESCRIPTION

WELLNESS

WELLNESS PROGRAM

Proactive Approach to Wellness

The Town of Prosper provides a comprehensive benefits package for our employees. However, with ever increasing costs, it's important that we all take a pro-active approach to our health and wellness.

Multiple programs, activities, and resources are available through Alliance Work Partners, UMR, and UHC. It's important to check out each of their websites for free services such as weight loss programs, webinars, health coaching, preventive care, tobacco cessation programs, and many more. In addition, the Town of Prosper provides annual flu shots at no charge to the employee.

Physical Allowance

Employees who voluntarily meet the Town of Prosper's wellness criteria may be eligible for a physical allowance of **$50 per month** ($600 per year). To receive the physical allowance, you must meet the following requirements:

- You must be enrolled in either the PPO plan or the HDHP plan through UMR.
- You must have completed an annual physical exam or biometric screening within the last 12 months; a doctor's note can be submitted to HR as documentation.
- If your spouse is on the medical plan, they have the option to complete an annual physical exam within the last 12 months; a doctor's note can be submitted to HR as documentation. If completed, you will qualify for an additional $15 per month credit. (Maximum monthly wellness benefit is $65.)

You must complete an online health risk assessment through **umr.com**.

If you are accessing your account for the first time, you will need to register and create a User Name and Password.

Health Risk Assessment

A certified health risk assessment (CHRA) helps judge your risk for getting chronic disease so you can take action to reduce the chances. It includes questions about your medical history and lifestyle habits.

Once you set up your online account through UMR, you can complete your personal certified health risk assessment. This takes only 10–15 minutes to complete and includes questions about how you sleep, how you eat, how you live—to get a personalized map to your best health.

When you complete your CHRA, your personal report will show your Personal Wellness Score, Health Status, and Risk for Developing a Disease in the Future.

You will also receive the results of your CHRA in the mail approximately two weeks after completing the assessment.

DENTAL BENEFITS

PROVIDED THROUGH UNITEDHEALTHCARE

The Town of Prosper offers dental coverage through UnitedHealthcare. Regular dental cleanings and check-ups are extremely important to your overall health and you are encouraged to take advantage of your preventive dental benefits. The UnitedHealthcare plans covers preventive services at 100% in-network, with no deductible for preventive services and features the freedom to choose any dentist; however, choosing an in-network provider will lower your out-of-pocket costs. You may find in-network dentists online.

IN-NETWORK BENEFITS*	BASIC PLAN	BUY UP PLAN
Calendar Year Maximum per Person	$1,500	$2,000
Calendar Year Deductible	Individual: $50 / Family: $150	Individual: $50 / Family: $150
Preventive Services Oral exams, dental cleanings, X-rays, fluoride treatments, sealants, etc.	$100%, no deductible	100%, no deductible
Basic Services Fillings, simple extractions, etc.	80% after deductible	80% after deductible
Major Services Crowns, dentures, bridges, etc.	50% after deductible	50% after deductible
Orthodontia Adult and Child	N/A	50% $2,000 maximum, deductible does not apply
Reasonable and Customary (Out-of-Network)	Based on the usual and customary fees in the geographic areas in which the expenses are incurred.	

* Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over $500; please consult your dentist.

DENTAL

VISION BENEFITS

PROVIDED THROUGH EYEMED VISION CARE

The Town of Prosper offers vision coverage through EyeMed. Under this plan, you may use in-network or out-of-network vision care providers, but you receive greater benefits when you use in-network providers. You may find in-network providers online at **eyemedvisioncare.com**

	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Exams Copay	$10	Up to $35	Every 12 months
Standard Lenses • Single vision • Bifocal • Trifocal	$25 copay	Up to $25 Up to $40 Up to $60	Every 12 months
Frames	$120 allowance then 20% off any remaining balance	Up to $48	Every 24 months
Contact Lenses* • Elective/ Conventional • Medically Necessary	$135 allowance then 15% off remaining balance Covered in full	Up to $95 Up to $200	Every 12 months
Contact Lens Fitting Fee • Standard • Premium	Up to $40 10% off retail price	-	N/A N/A

* You may receive contacts OR glasses in a 12-month period, but not both.

VISION

LIFE, AD&D AND LONG-TERM DISABILITY INSURANCE

LTD

PROVIDED THROUGH MUTUAL OF OMAHA

Basic Life Insurance

The Town of Prosper provides all eligible employees with basic employee Life insurance at **NO COST** through Mutual of Omaha.

BASIC LIFE	MUTUAL OF OMAHA
Eligible Employees	Class 1: All eligible Public Safety Employees Class 2: All Eligible Executives Class 3: All Other Eligible Full-Time Employees
Employee Life Amount	Class 1: $250,000 Class 2: 1 X BAE (Min. $1,000/Max. $150,000) Class 3: $75,000
Employee AD&D Amount	Class 1: $250,000 Class 2: 1 X BAE (Min. $1,000/Max. $150,000) Class 3: $75,000

BAE = Basic Annual Earnings

PAID FOR BY THE TOWN OF PROSPER

Basic Life Insurance, Accidental Death and Dismemberment (AD&D) and Long-Term Disability Insurance is paid for you by the Town of Prosper. You have the option to purchase additional life, STD and AD&D coverage.

Accidental Death & Dismemberment (AD&D) Insurance

If you are injured or die as a result of an accident, you or your beneficiary will receive a benefit based on the extend of the injury. AD&D pays benefits if death or dismemberment occurs within 365 days following the covered accident. AD&D insurance pays benefits in addition to any other benefits you receive under your life insurance coverage if you die as a result of an accident. The Town of Prosper provides basic AD&D insurance coverage at no cost to you.

Long-Term Disability Insurance

Long-term disability coverage helps you and your family meet financial obligations if injury or illness prevents you from working. This coverage is an important element in your financial planning because it provides a continuing source of income if you are unable to work because of a disability.

LONG-TERM DISABILITY	MUTUAL OF OMAHA
Basic Monthly Earnings	Average monthly base salary or hourly pay before taxes. Does not include commissions, bonuses, overtime pay, or any other extra compensation.
Benefit Percentage	60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefits amount.
Maximum Weekly Benefit	$2,000
Elimination Period	The later of 90 days after the onset of injury or illness or the date your short-term disability ends (if elected)
Own Occupation Period	24 Months

VOLUNTARY INSURANCE

PROVIDED THROUGH MUTUAL OF OMAHA

If you feel that extra protection is needed, you may choose additional coverage for you or your family by selecting either voluntary life and accidental death and dismemberment (AD&D), or short-term disability. Premiums are paid on an after-tax basis, so any insurance benefits paid are not taxable when your beneficiary receives them.

Voluntary Life and AD&D

Voluntary Life and AD&D insurance for you and your dependents can help protect your family during difficult times. You must elect coverage for yourself to elect coverage for your dependents. Your coverage includes an accelerated death benefit of 80% of your coverage up to $240,000. Benefits reduce to 65% at age 65, 50% at age 70, and 35% at age 75.

VOLUNTARY LIFE AND AD&D INSURANCE – FOR YOU AND YOUR DEPENDENTS		
COVERAGE LEVEL	**COVERAGE AMOUNT**	**EVIDENCE OF INSURABILITY/ PROOF OF GOOD HEALTH**
Employee Only	Increments of $10,000 not to exceed 5 times your base annual pay or $300,000.	Required if electing coverage equal to or greater than 5 times your base annual pay or $100,000, whichever is less.
Spouse	100% of your coverage up to a maximum of $50,000.	Required for amounts equal to 100% of your benefit up to $30,000.
Child(ren) – up to age 25	100% of your benefit up to $10,000.	100% of your benefit.

Guaranteed Issue and Evidence of Insurability

Employees and spouses who elect Voluntary Life and AD&D coverage when they are first eligible can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI). If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective.

Voluntary Short-Term Disability

Your short-term disability (STD) insurance provides income replacement of 60% of your pre-disability wages to a maximum of $2,000 per week. Benefits are payable on the 15th day of your disabling injury and on the 15th day of your disabling illness to a maximum of 11 weeks. Benefits are not payable during the first 6 months of coverage for pre-existing conditions that occur the 3 months prior to your effective date.

SHORT-TERM DISABILITY	MUTUAL OF OMAHA
Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by you.
Minimum Weekly Benefit	$15
Weekly Benefit	60% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefits amount. The premium for your short-term disability coverage is waived while you are receiving benefits.
Maximum Weekly Benefit	$2,000
Maximum Benefit Period	Up to 11 weeks
Elimination Period	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: • On the 15th day of your disabling injury • On the 15th day of your disabling illness
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.

EMPLOYEE ASSISTANCE PROGRAM

PROVIDED THROUGH ALLIANCE WORK PARTNERS

Alliance Work Partners is here for you as life happens. Alliance Work Partners (AWP) is proud to serve as your EAP, offering you and your household valuable and confidential services at no cost to you. Services are designed to help you manage daily responsibilities, major events, work stresses, or any other issue affecting your quality of life. EAP services are provided at no cost to you, and are 100% confidential.

Counseling Sessions

The EAP program provides up to six face-to-face counseling sessions for each issue at no cost to you or anyone in your household. Call for access to information on:

- **Family and Relationships**—Parenting, communication, domestic violence, marriage, and divorce
- **Dependent Care**—Child care, elder care, prenatal education, adoption, and special needs children
- **Personal Issues**—Stress, anxiety, grief, anger, and depression
- **Well-Being**—Drug and alcohol dependency, physical illness, eating disorders, and self-esteem
- **Job Concerns**—Interpersonal conflicts, career crisis
- **Financial Difficulties**—Overextended credit, budge worries (first 30 minutes free)
- **Legal Issues**—Excluding employment related issues (first 30 minutes free)

ALLIANCE WORK PARTNERS EMPLOYEE ASSISTANCE PROGRAM

Go to: **awpnow.com**

Click on Access Your Benefits
Registration Code: AWP-PROSPER-3100

Your EAP is just a phone call away:
800-343-3822

VOLUNTARY BENEFITS

PROVIDED THROUGH UNITEDHEALTHCARE

Voluntary benefits can help offset costs caused by sudden illness, accident, cancer, or hospital confinements. Life can be unpredictable and full of surprises. Sometimes your circumstances change and you need coverage that can help meet your needs. With UnitedHealthcare's wide range of products, you can rest easy knowing your future is a little more secure. Refer to the benefit summaries for a complete list of coverages, payment schedules and pre-existing condition limitations for each plan.

Accident Policy: Accident insurance helps you pay for medical and other out-of-pocket costs that you may incur after an accidental injury through a cash benefit. This includes emergency treatment, hospital stays, medical exams, as well as other expenses you may face such as transportation and lodging needs.

Critical Illness Policy: Provides cash benefits for cancer and other specified diseases to help with the costs associated with treatments and expenses as they happen. The benefit can help pay for hospitalization, surgery, radiation/chemotherapy, and more.

Hospital Indemnity: Provides payments directly to you no matter what other coverage you may have during a hospital stay. Payments can be used however you choose to help pay for out-of-pocket health care costs or other household expenses.

VOLUNTARY INSURANCE

PROVIDED THROUGH UNITEDHEALTHCARE

VOLUNTARY ACCIDENT

$50 annual wellness benefit. Must complete your preventive check up to file your annual wellness credit.

BENEFITS	
Initial Treatment **ER & Urgent Care** **Primary Care Physician**	$300 $50
Fractures	Up to $9,000
Dislocations	Up to $9,000
Burns	Up to $16,000
Coma	$20,000
Concussion	$300
Diagnostic Exam	$100 Minor / $325 Major
Air Ambulance **Ground Ambulance**	$2,400 $400
Paralysis Quadriplegia Paraplegia	$20,000 $10,000
Hospital Admission **Daily Hospital Daily ICU**	$1,500 $325/day (up to 365 days) $1,000/day (up to 15 days)
Prosthesis **One Device** **One + Devices**	$1,000 $2,000
Dismemberment **Life** **Both hands or feet** **One and or foot**	$60,000 $60,000 $30,000

Note: Please refer to Certificate of Coverage for a full outline of your benefits.

VOLUNTARY CRITICAL ILLNESS

$100 annual wellness benefit. Must complete your preventive check up to file your annual wellness credit.

BENEFITS	
Pre-Existing Condition Maximum	None
Employee	$10,000 increments up to $30,000
Spouse	$10,000 increments up to $30,000
Child	$5,000 increments up to $15,000, not to exceed 50% of the Employee amount
Guarantee Issue Employee Spouse Child	 $30,000 $30,000 $15,000

BENEFITS	
Invasive Cancer	100% of benefit
Heart Attack	100% of benefit
Severe Burns	100% of benefit
End Stage Renal	100% of benefit
Stroke	100% of benefit

Note: Benefits reduce at retirement

VOLUNTARY HOSPITAL INDEMNITY

$50 annual wellness benefit. Must complete your preventive check up to file your annual wellness credit.

Benefits	Low	High
Hospital Admission	$1,100	$2,200
Hospital Confinement	$150	$250
Critical Care Unit	$150	$250
Pre Existing Condition	None	None

VOLUNTARY PET INSURANCE

PROVIDED THROUGH NATIONWIDE

My Pet Protection Plan Summary

Nationwide pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible **without worrying about the cost**.

GET A QUOTE TODAY

Visit **https://benefits.petinsurance.com/prospertx** or call 877-738-7874

My Pet Protection Coverage Highlights

We offer a choice of reimbursement options so you can find coverage that fits your budget. Each plan includes an annual $7,500 benefit maximum for accidents and illnesses.
Coverage includes*:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets and supplements
- And more

Plus, every My Pet Protection policy includes these additional benefits to maximize your value

- Lost pet advertising and reward expense
- Loss due to theft
- Emergency boarding
- Mortality benefit
- Optional Wellness Services

Included With Every Policy

VetHelpline

- 24/7 access to veterinary experts ($110 value)
- Available via phone, chat and email
- Unlimited help for everything from general pet questions to identifying urgent care needs

Pet Rx Express™

- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Rx claims submitted directly to Nationwide
- More than 4,700 pharmacy locations

Additional Highlights

- Exclusive product for employer groups only
- Preferred pricing for employees
- Multiple-pet discounts
- Guaranteed issuance

PET INSURANCE

RETIREMENT PLANS

Texas Municipal Retirement System (TMRS)

The Town of Prosper participates in TMRS, a statewide retirement system, effective the first day of employment for employees scheduled to work at least 1,000 hours annually. Employees are required to contribute 7% of their salary on a pre-tax basis.

The Town of Prosper's plan provides five year vesting and 2-to-1 matching. Retirement eligibility is 20 years of service at any age, or 5 years at age 60. The only way to receive the Town's 2-to-1 match is to retire from TMRS.

For account information and retirement questions, you can reach a TMRS advocate by calling **800-924-8677.** Employees are encouraged to create an online account at **tmrs.com**, where you'll be able to:

- Change your address
- View your account balance
- Update your beneficiaries
- Run retirement estimates
- Manage your communication preferences

Retirement

The MissionSquare Retirement Corporation is a not-for-profit corporation founded by public service employees. MissionSquare is registered with the Securities and Exchange Commission. MissionSquare offers traditional deferred compensation plans as well as Roth IRAs.

For more information regarding MissionSquare, please contact Erica Rodriguez, Retirement Plans Specialist at **202-941-9242** or email **ERodriguez@missionsq.org**.

Contact MissionSquare customer service by calling **800-669-7400** or visit them online at **icmarc.org**.

RETIREMENT

LEGALSHIELD

Have You Ever?

- Needed your Will prepared or updated
- Had trouble with a warranty or defective product
- Signed a contract
- Received a moving traffic violation
- Had concerns regarding child support
- Worried about being a victim of identity theft
- Been concerned about your child's identity
- Lost your wallet
- Worried about the security of your medical information
- Been pursued by a collection agency

LegalShield Membership Includes:

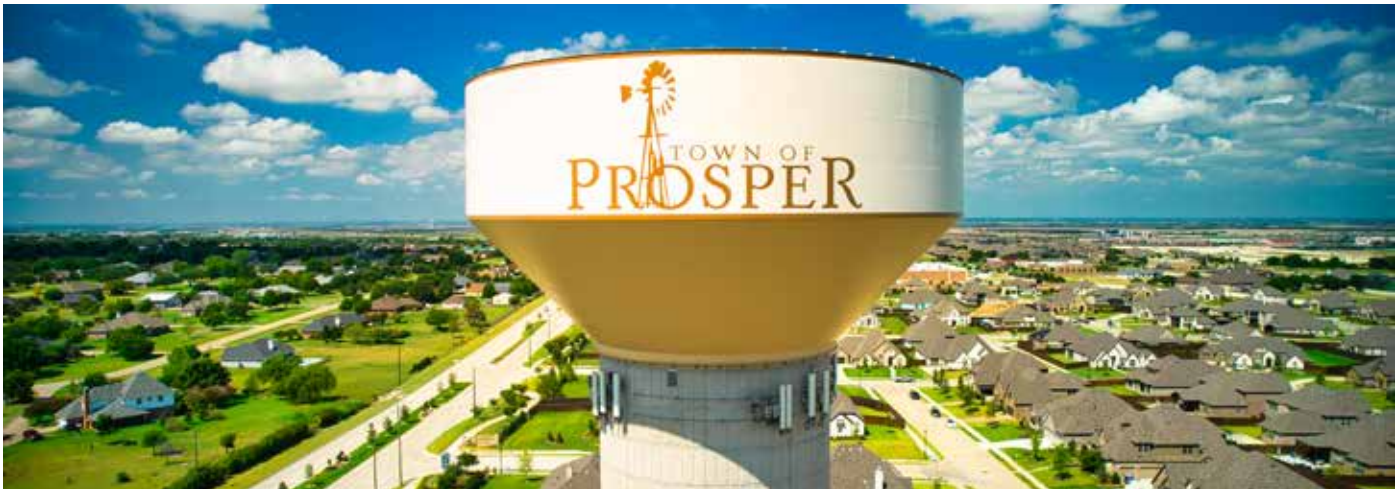
- **Legal Advice/Consultation**—on unlimited personal issues
- **Contracts/Documents Reviewed**—up to 15 pages
- **Lawyers prepare your Will, Living Will, Health Care Power of Attorney, Financial Power of Attorney**
- **Speeding ticket assistance**
- **IRS Audit Assistance**
- **Trial Defense**— including pre-trial and trial
- **Uncontested Divorce, Separation, Adoption and/or Name Change representation**—available 90 days after enrollment
- **25% Preferred Member Discount**—Bankruptcy, criminal charges, DUI, personal injury, etc.
- **24/7 Emergency Access**—for covered situations

IDShield Membership Includes:

- **Social Media Monitoring**—Allows you to monitor multiple social media accounts for privacy and reputational risks
- **Privacy and Security Monitoring**—SSN, credit cards (up to 10), and bank accounts (up to 10) monitoring.
- **Consultation**—Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notification, and lost wallet protection.
- **Full Identity Restoration**—Complete identity recovery services by licensed fraud investigators to its pre-theft status.

Visit **legalshield.com/info/townofprosper** for many more LegalShield and IDShield features and general information. After becoming a member, please review your LegalShield email instructions that will be sent to you which will include the set-up of your LegalShield and IDShield apps on your phone.

LEGALSHIELD



WORLDWIDE TRAVEL ASSISTANCE

PROVIDED THROUGH MUTUAL OF OMAHA

Experiencing an emergency while traveling can be especially difficult. Knowing who to call for medical problems, currency exchange issues, or lost luggage is critical. Take comfort in knowing that Travel Assistance travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.

Emergency Travel Support

Available 24/7 while traveling more than 100 miles from home.

- Pre-trip assistance
- Daily currency exchange questions
- Passport and visa questions
- Access to telephone interpreter services
- Coordination of emergency cash needs and emergency payments
- Location of legal service and coordination of emergency messages
- Assistance with lost baggage, credit cards, and airline tickets
- Assistance with obtaining prescription drugs or other medical items
- Assistance with finding medical providers
- Assistance with coordinating medical benefits

WORLDWIDE TRAVEL ASSISTANCE

Services available for both business and personal travel.

Inside the U.S. call toll free: 800-856-9947

Outside the U.S. call collect: 312-935-3658

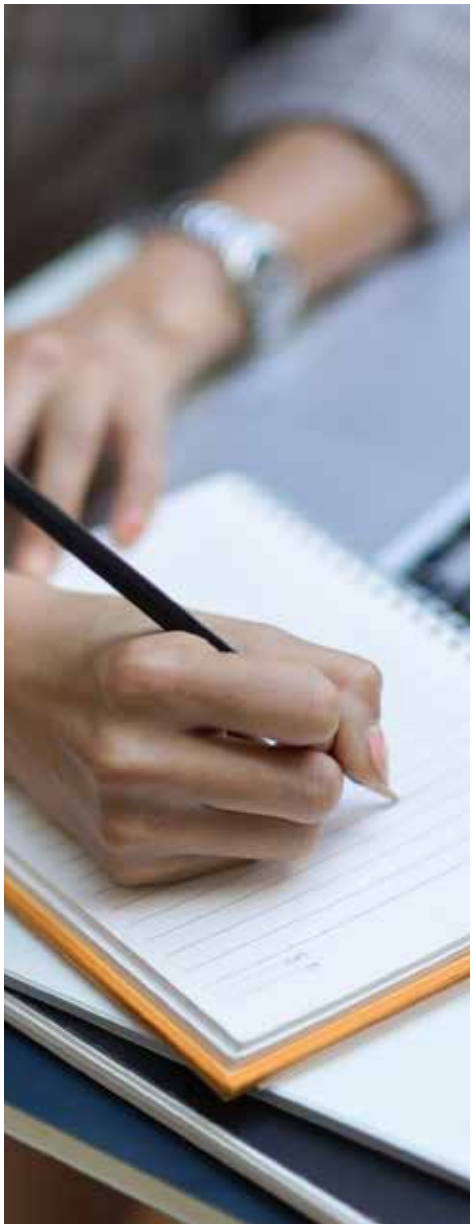
TRAVEL ASSISTANCE

WILL PREPARATION SERVICES

Provided Through Mutual of Omaha

No one likes to think about what happens when they're gone, but it's important for you to have a plan. One of the best ways is to create a will.

To create your will, visit **www.willprepservices.com** and use code MUTUALWILLS to register. Once registered, you can start drafting your will.



HEARING DISCOUNT PROGRAM

Provided Through Mutual of Omaha

Our Mutual of Omaha plans (Basic Life and AD&D, company-provided Long-Term Disability, Voluntary Life and AD&D, and Voluntary Short-Term Disability) include access to a hearing discount program. Amplifon Hearing Health Care provides discounted hearing products and services, including:

- Custom hearing solutions
- Risk-free trial
- Follow-up care
- Battery support
- Three-year warranty
- Financing
- Savings for family and friends

Call Amplifon at 800-534-1747 or visit **amplifonusa.com/mutualofomaha** to get started.

WILL PREPARATION

VACATION

PROVIDED THROUGH TOWN OF PROSPER

VACATION	SERVICE	VACATION TIME
Begins accruing day one. Eligible for use after 6 months of employment (Regular Full-Time Employees)	0-2 years 2-5 years 5-10 years 10+ years	80 hours 120 hours 160 hours 200 hours
Begins accruing day one. Eligible for use after 6 months of employment (Regular Part-Time Employees)	0-2 years 2-5 years 5-10 years 10+ years	40 hours 60 hours 80 hours 120 hours
Full-Time Certified Police Officers	0-1 years 1-5 years 5-10 years 10+ years	80 hours 120 hours 160 hours 200 hours
Firefighter Shift Personnel	0-1 years 1-5 years 5-10 years 10+ years	120 hours 180 hours 240 hours 300 hours

SICK TIME

SICK	SERVICE	SICK TIME
Regular Full-Time Employees	3.7 hours per pay period	96.2 hours per year
Eligible Part-Time Employees	1.85 hours per pay period	48.1 hours per year
Firefighter Shift Personnel	5.54 hours per pay period	144.04 hours per year

HOLIDAY/LEAVE

HOLIDAY/LEAVE		
Eligible Full-Time Employees and Eligible Part-Time Employees	New Year's Day Martin Luther King Jr. Day Good Friday Memorial Day Independence Day	Labor Day Thanksgiving Day Friday After Thanksgiving Christmas Eve Christmas Day
Firefighter Shift Personnel	Include September 11th, and omit Labor Day	
Military Leave	The Town complies with all state and federal leave relating to employees in reserve or active military service. Employees engaged in authorized military training will receive full pay and accrue benefits for up to 15 work days in any one calendar year.	
Bereavement Leave	In cases of death of family members, employees may be granted up to three paid work days for bereavement leave.	

BENEFIT COSTS PER PAYCHECK

Medical Plans Reminder

If your spouse works and is offered medical benefits through their employer, but chooses to elect the Town of Prosper medical plan through UMR, there will be a $200 monthly surcharge.

MEDICAL HDHP PLAN	MONTHLY UMR RATES	MONTHLY EMPLOYER CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION	EMPLOYEE BI-WEEKLY CONTRIBUTION	TOBACCO BI-WEEKLY SURCHARGE
Employee Only	$634.64	$540.10	$44.54	$22.27	$47.27
Employee + Spouse	$1,430.62	$1,052.28	$328.34	$164.17	$189.17
Employee + Child(ren)	$1,123.88	$904.69	$219.19	$109.60	$134.60
Employee + Family	$1,918.83	$1,415.84	$502.99	$251.50	$276.50

MEDICAL PPO PLAN	MONTHLY UMR RATES	MONTHLY EMPLOYER CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION	EMPLOYEE BI-WEEKLY CONTRIBUTION	TOBACCO BI-WEEKLY SURCHARGE
Employee Only	$661.15	$551.49	$109.66	$54.83	$79.83
Employee + Spouse	$1,527.08	$938.59	$588.49	$294.25	$319.25
Employee + Child(ren)	$1,194.06	$786.94	$407.12	$203.56	$228.56
Employee + Family	$2,002.57	$1,123.97	$878.60	$439.30	$464.30

DENTAL BASIC PLAN	MONTHLY UHC RATES	MONTHLY EMPLOYER CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION	EMPLOYEE BI-WEEKLY CONTRIBUTION
Employee Only	$31.20	$31.20	$0.00	$0.00
Employee + Spouse	$66.12	$33.06	$33.06	$16.53
Employee + Child(ren)	$75.13	$33.82	$41.31	$20.66
Employee + Family	$113.77	$35.27	$78.50	$39.25

DENTAL BUY UP PLAN	MONTHLY UHC RATES	MONTHLY EMPLOYER CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION	EMPLOYEE BI-WEEKLY CONTRIBUTION
Employee Only	$37.54	$31.16	$6.38	$3.19
Employee + Spouse	$88.04	$34.34	$53.70	$26.85
Employee + Child(ren)	$107.86	$34.52	$73.34	$36.67
Employee + Family	$158.41	$38.02	$120.39	$60.20

VISION PLAN	MONTHLY EYEMED RATES	EMPLOYEE BI-WEEKLY CONTRIBUTION
Employee Only	$5.40	$2.70
Employee + Spouse	$10.26	$5.13
Employee + Child(ren)	$10.79	$5.40
Employee + Family	$15.90	$7.95

HOSPITAL INDEMNITY PLAN	LOW PLAN BI-WEEKLY COST	HIGH PLAN BI-WEEKLY COST
Employee Only	$5.59	$9.98
Employee + Spouse	$14.50	$26.34
Employee + Child(ren)	$11.57	$21.17
Employee + Family	$21.74	$39.90

LEGAL SERVICES	LEGALSHIELD	IDSHIELD	COMBINED
Individual	$8.48/pp	$4.48/pp	$12.95/pp
Family	$9.48/pp	$9.48/pp	$16.95/pp

ACCIDENT PLAN	BI-WEEKLY COST
Employee Only	$5.94
Employee + Spouse	$9.48
Employee + Child(ren)	$11.98
Employee + Family	$18.43

REQUIRED NOTICES

FOR YOUR FILES

This guide contains legal notices for participants in group health plan(s) sponsored by Town of Prosper. The notices included in this guide are:

- **Health Insurance Marketplace Coverage Options and Your Health Coverage** that describes the Health Insurance Marketplace and eligibility and tax credit information.
- **Notice of Privacy Practices** that explains how the health care plan(s) protect your personal medical information.
- **Medicare Part D Notice** that provides information about how your current prescription drug coverage under the health care plan(s) is affected—and your options for coverage—when you become eligible for Medicare.
- **COBRA Rights Notice** that explains when you and your family may be able to temporarily continue coverage under the health care plan(s) if coverage would otherwise end for you.
- **Newborn & Mothers Health Protection Notice** that describes federal laws that govern benefits for hospital stays for mothers following the birth of child.
- **Women's Health and Cancer Rights Act** that summarizes the benefits available under your medical plan if you have had or are going to have a mastectomy.
- **Wellness Program and Reasonable Alternatives Notice** that informs employees of what information will be collected, how it will be used, who will receive it, and what will be done to keep it confidential, as well as options for those who have a medical condition that makes wellness program participation difficult.
- **Expanded Coverage for Women's Preventive Care** that explains how the health care plan(s) cover(s) women's preventive care, including contraceptives, under the Affordable Care Act.
- **Notice of Special Enrollment Rights** that explains when you can enroll in the health care plan(s) due to special circumstances.
- **60-Day Special Enrollment Period** that describes a special 60-day timeframe to elect or discontinue coverage.

IMPORTANT: If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, the Medicare Prescription Drug program gives you more choices about your prescription drug coverage. Please see page 29 for more details.

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: GENERAL INFORMATION

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

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace's annual Open Enrollment period or if you experience a qualifying life event.

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.02% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources.

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

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

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

3. Employer Name Town of Prosper	4. Employer Identification Number (EIN) 75-6000642	
5. Employer address 250 W First Street	6. Employer phone number 972-569-1013	
7. City Prosper	8. State TX	9. ZIP code 75078
10. Who can we contact about employee health coverage at this job? Tony Luton		
11. Phone number (if different from above)	12. Email address Tluton@prospertx.gov	

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

Eligible employees are Full time employees who work 30 hours per week and have completed the first of the month after the date of hire days waiting period. Coverage begins the first day of the month following the first date of hire. Eligible dependents include the employee's spouse and eligible dependent children up to age 26. This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages. ** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount. If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

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

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

If you decide to shop for coverage in the Marketplace, www.healthcare.gov will guide you through the process.

TOWN OF PROSPER NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

OUR COMPANY'S PLEDGE TO YOU

This notice is intended to inform you of the privacy practices followed by the Town of Prosper (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on January 1, 2025.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. Town of Prosper requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As permitted or Required by Law. We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

Pursuant to Your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor. We may disclose protected health information to certain employees of Town of Prosper for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Your Rights

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

Town of Prosper
250 W First Street
Prosper, TX 75078 972-569-1013

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

IMPORTANT NOTICE FROM TOWN OF PROSPER ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Town of Prosper and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
2. **Town of Prosper has determined that the prescription drug coverage offered by Town of Prosper plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Town of Prosper coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Town of Prosper coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Town of Prosper and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Town of Prosper changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare Prescription drug coverage:

- Visit **www.medicare.gov**.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Town of Prosper
250 W First Street
Prosper, TX 75078
972-569-1013

COBRA RIGHTS NOTICE

This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains Public Sector COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of one of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.
- If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of one of the following qualifying events:
- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Town of Prosper

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

- Disability extension of 18-month period of COBRA continuation coverage
  If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.
- Second qualifying event extension of 18-month period of continuation coverage
  If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, **Children's Health Insurance Program (CHIP)**, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov**.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit **https://www.medicare.gov/medicare-and-you**.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. More information about your Public Sector COBRA rights through the Centers for Consumer Information and Oversight (CCIIO), available at **www.cms.gov/cciio/**

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

For more information about the Marketplace, visit **www.healthcare.gov.**

PLAN CONTACT INFORMATION

January 1, 2025
Town of Prosper
250 W First Street
Prosper, TX 75078
972-569-1013

OTHER NOTICES

WELLNESS PROGRAM AND REASONABLE ALTERNATIVES NOTICE

The wellness program is a voluntary and available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete an annual physical exam or biometric screening within the last 12 months; a doctor's note can be submitted to HR as documentation You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an allowance of $50 per month ($600 pear year). Although you are not required to complete the HRA or participate in the biometric screening or annual physical, only employees who do so will receive $50 per month allowance.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources at 972-569-1013.

The information from your HRA and the results from your biometric screening or annual physical will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program, such as the $50 per month allowance. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and The Town of Prosper may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) nurses and doctors in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

Reasonable Alternatives

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all eligible employees. If you think you might be unable to meet a standard for a reward under the Town of Prosper wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources at 972-569-1013 and we will work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources at 972-569-1013.

EXPANDED COVERAGE FOR WOMEN'S PREVENTIVE CARE

Under the Affordable Care Act, Town of Prosper provides female plan participants with expanded access to recommended in-network preventive services, including contraceptives, without cost sharing.

Additional women's preventive services that will be covered without cost sharing requirements include:

- Well-woman visits
- Gestational diabetes screening
- HPV DNA testing
- STI counseling, and HIV screening and counseling
- Contraception and contraceptive counseling
- Breastfeeding support, supplies, and counseling
- Domestic violence screening

For a description of what these items include, visit **https://www.healthcare.gov/preventive-care-women/**.

60-DAY SPECIAL ENROLLMENT PERIOD

In addition to the qualifying events listed in the enrollment guide, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you decline enrollment in medical coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in Town of Prosper medical coverage if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment no more than 30 days after your or your dependent's other coverage ends (or after the employer stops contributing to the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in Town of Prosper medical coverage as long as you request enrollment by contacting the benefits manager no more than 30 days after the marriage, birth, adoption or placement for adoption. For more information, contact the Town of Prosper, at 972-569-1156.

NEWBORN & MOTHERS HEALTH PROTECTION NOTICE

For maternity hospital stays, in accordance with federal law, the Plan does not restrict benefits, for any hospital length of stay in connection with childbirth for the mother or newborn child, to less than 48 hours following a vaginal delivery or less than 96 hours following a Cesarean delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

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

- All states of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact the Town of Prosper or your medical plan administrator.

CHIP NOTICE

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from The Town of Prosper, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the following page, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office, dial **1-877-KIDS NOW,** or visit **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility.

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, ext. 61565

STATE	WEBSITE/EMAIL	PHONE
Alabama (Medicaid)	**http://www.myalhipp.com/**	1-855-692-5447
Alaska (Medicaid)	Premium Payment Program: **http://myakhipp.com/** Medicaid Eligibility: **https://health.alaska.gov/dpa/Pages/default.aspx** E-mail: **CustomerService@MyAKHIPP.com**	1-866-251-4861
Arkansas (Medicaid)	**http://myarhipp.com/**	1-855-692-7447
California (Medicaid)	**http://dhcs.ca.gov/hipp** **hipp@dhcs.ca.gov**	916-445-8322
Colorado (Medicaid and CHIP)	Medicaid: **https://www.healthfirstcolorado.com/** CHIP: **https://hcpf.colorado.gov/child-health-plan-plus** HIBI: **https://www.mycohibi.com/**	916-440-5676 (fax)
Florida (Medicaid)	**https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html**	1-800-221-3943
Georgia (Medicaid)	HIPP: **https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp** CHIPRA: **https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra**	678-564-1162, press 1 678-564-1162, press 2
Indiana (Medicaid)	Healthy Indiana Plan for low-income adults 19-64: **http://www.in.gov/fssa/hip/** **All other Medicaid: https://www.in.gov/medicaid**	1-877-438-4479 1-800-457-4584
Iowa (Medicaid and CHIP)	Medicaid: **https://dhs.iowa.gov/ime/members** CHIP: **http://dhs.iowa.gov/Hawki** HIPP: **https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp**	1-800-338-8366 1-800-257-8563 1-888-346-9562
Kansas (Medicaid)	**https://www.kancare.ks.gov/**	1-800-967-4660

STATE	WEBSITE/EMAIL	PHONE
Kentucky (Medicaid and CHIP)	Medicaid: https://chfs.ky.gov/agencies/dms KI-HIPP: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.apsx KI-HIPP E-mail: KIHIPP.PROGRAM@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx	1-855-459-6328 1-877-524-4718
Louisiana (Medicaid)	www.medicaid.la.gov www.ldh.la.gov/lahipp	1-888-342-6207 1-855-618-5488
Maine (Medicaid)	https://www.maine.gov/dhhs/ofi/applications-forms https://www.mymaineconnection.gov/benefits/s/?language=e n_US	Enroll: 1-800-442-6003 Private HIP: 1-800-977-6740 TTY: Maine relay 711
Massachusetts (Medicaid and CHIP)	https://www.mass.gov/masshealth/pa Email: masspremassistance@accenture.com	1-800-862-4840 TTY: 711
Minnesota (Medicaid)	https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp	1-800-657-3739
Missouri (Medicaid)	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	573-751-2005
Montana (Medicaid)	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP HHSHIPPProgram@mt.gov	1-800-694-3084
Nebraska (Medicaid)	http://www.ACCESSNebraska.ne.gov	1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Nevada (Medicaid)	http://dhcfp.nv.gov/	603-271-5218 or 1-800-852-3345, ext. 5218
New Hampshire (Medicaid)	https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program	603-271-5218 or 1-800-852-3345, ext. 5218
New Jersey (Medicaid and CHIP)	Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ CHIP: http://www.njfamilycare.org/index.html	Enroll: 1-800-442-6003 Private HIP: 1-800-977-6740 TTY: Maine relay 711
New York (Medicaid)	https://www.health.ny.gov/health_care/medicaid/	1-800-541-2831
North Carolina (Medicaid)	https://medicaid.ncdhhs.gov/	919-855-4100
North Dakota (Medicaid)	https://www.hhs.nd.gov/healthcare	1-844-854-4825
Oklahoma (Medicaid and CHIP)	http://www.insureoklahoma.org	1-888-365-3742
Oregon (Medicaid)	http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html	1-800-699-9075
Pennsylvania (Medicaid and CHIP)	Medicaid: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx CHIP: https://www.dhs.pa.gov/chip/pages/chip.aspx	Medicaid: 1-800-692-7462 CHIP: 1-800-986-KIDS (5437)
Rhode Island (Medicaid and CHIP)	http://www.eohhs.ri.gov/	1-855-697-4347 or 401-462-0311 (Direct RIte)
South Carolina (Medicaid)	https://www.scdhhs.gov	1-888-549-0820
South Dakota (Medicaid)	http://dss.sd.gov	1-888-828-0059

STATE	WEBSITE/EMAIL	PHONE
Texas (Medicaid)	https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program	1-800-440-0493
Utah (Medicaid and CHIP)	Medicaid: https://medicaid.utah.gov/ CHIP: http://health.utah.gov/chip	1-877-543-7669
Vermont (Medicaid)	https://dvha.vermont.gov/members/medicaid/hipp-program	1-800-250-8427
Virginia (Medicaid and CHIP)	https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs	1-800-432-5924
Washington (Medicaid)	https://www.hca.wa.gov/	1-800-562-3022
West Virginia (Medicaid)	https://dhhr.wv.gov/bms/ http://mywvhipp.com/	Medicaid: 304-558-1700 CHIP: 1-855-699-8447
Wisconsin (Medicaid and CHIP)	https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm	1-800-362-3002
Wyoming (Medicaid)	https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/	1-800-251-1269

TOWN OF PROSPER

The information contained in this enrollment guide is intended to help you enroll in your 2025 benefits. Not all plan provisions, limitations, or exclusions are described in this publication. In case of a conflict between the information in this summary and the actual plan documents and insurance contracts, the plan documents and insurance contracts will govern.

The Town of Prosper reserves the right to change or terminate benefits at any time. Neither the benefits, nor this enrollment guide, should be interpreted as a guarantee of future benefits.