



2026

Employee Benefits Guide

Table of Contents

Take Care of Your Tomorrow!.....	3
Benefits Resource List.....	4
Eligibility	5
Medical Benefits – PPO Plan.....	6
Health Reimbursement Account (HRA)	8
Flexible Spending Account.....	9
Health Savings Account (HSA).....	10
MDLive – Telemedicine.....	11
utmb Health	13
Dental Benefits.....	14
Vision Benefits	15
Basic Life & AD&D Benefits.....	17
Voluntary Life & AD&D Benefits	18
Short-Term Disability	21
Long-Term Disability	23
Critical Illness Insurance	25
Accident Insurance	26
Hospital Indemnity Insurance	28
Permanent Life Insurance	29
Employee Assistance Program (EAP).....	30
Making Enrollment Changes During the Year	31
Legal Notices	32

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 36 for more details.

Please Keep This Guide

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

This document is an outline of the coverage provided under your employer’s benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the “plan documents”). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer’s benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Take Care of Your Tomorrow!

The City of Galveston provides you with the freedom to select quality benefit options that work best for you and your family.

It works only if you take an active role and make thoughtful decisions about your benefits coverage. This way, you can be sure your benefits support your needs and goals.

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

The City of Galveston values our employees and recognizes the importance of offering a comprehensive, cost-effective, and competitive benefits package that enhance the health and wellness of our employees and their families.



Benefits Resource List

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

If You Have Questions About	Contact	By Phone	On the Internet
Medical Coverage	BlueCross BlueShield Of Texas	800.521.2227	www.bcbstx.com
Telemedicine	MD Live	888.680.8646	www.bcbstx.com
Prescription Drugs	Prime Therapeutics	877.794.3574	www.myprime.com
Dental Coverage	Humana	877.877.1051	www.humana.com
Vision Coverage	CEC Vision	888.254.4290	www.cecvision.com
Short Term Disability, Long Term Disability, Life/AD&D Insurance Basic & Voluntary	Ochs	800.392.7295	www.ochsinc.com
Accident, Critical Care, Cancer, Hospital Indemnity	Symetra	800.796.3872	www.symetra.com/MyGo
Employee Assistance Program	UT EAP	800.346.3549	www.uteap.com
457b Plan	Nationwide-Jose Garza Nationwide Solution Center Edward Jones-David Rogers	210.316.8522 877.677.6788 409.744.1769	Garzj7@nationwide.com david.rogers@edwardjones.com
529 Education Savings Plan	Edward Jones - David Rogers	409.744.1769	david.rogers@edwardjones.com
Permanent Life Insurance	Trustmark	866.813.7192	myvb.trustmarkbenefits.com
FSA, HRA, HSA, and COBRA	Voya	833.232.4673	www.voya.com



Eligibility

If you are an active full-time employee, you are eligible to participate in the City's benefit plans.

Dependent Eligibility - Who can you cover on your benefit plans?

You may cover your legal spouse on our medical, dental, vision, and life insurance plans. If your spouse is a benefit eligible employee at the City of Galveston, you may not cover him/her under spouse life insurance. Children's eligibility varies by plan.

Medical Insurance:

A child may be covered under our medical plan through the end of the month during which he/she reaches age 26. Student status does not affect eligibility for medical coverage. If qualified, disabled older age dependent children are eligible.

Dental and Vision Insurance:

A child may be covered under our dental and vision plan through the end of the month during which he/she reaches age 26. Student status does not affect eligibility for dental and vision coverage. If qualified, disabled older age dependent children are eligible.

Life Insurance:

A child may be covered under our voluntary life insurance plan through the end of the day before which he/she reaches age 26.

Flexible Spending Accounts:

Claims incurred by you, your spouse, and qualifying child are reimbursable under an FSA.

You must cover yourself on any plans that you wish to enroll a dependent(s) in. See the Summary Plan Descriptions for more information about dependents and their eligibility.

Dependent Verification Required

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



REMINDER

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

Medical Benefits – PPO Plan

Effective January 1, 2026

This is a snapshot of the coverage offered through the 2026 medical plan.

BENEFITS – BlueCross BlueShield of Texas	PPO Plan – Group Number 274037
Deductible	\$2,000 Individual/\$6,000 Family
Network	
Non-Network	\$5,000 Individual/\$15,000 Family
Out-of-Pocket Maximum	Includes Deductible
Network	\$5,500 Individual/\$16,500 Family
Non-Network	Unlimited Individual/Unlimited Family
Co-insurance	70%
Network	
Non-Network	50%
Lifetime Maximum	Unlimited
	You Pay
Office Visit	\$0 PCP/\$50 Specialist
Network	
Non-Network	Deductible/50%
Wellness Visit	\$0 Copay
Network	
Non-Network	Not Covered
In-Patient & Out-Patient Hospital	Deductible/30%
Network	
Non-Network	Deductible/50%
Urgent Care	\$50 Copay
Network	
Non-Network	Deductible/50%
Emergency Room Facility Charge	\$250 Copay/30%
Network	
Non-Network	\$250 Copay/20%
Retail Prescriptions	\$0
Generic Preferred/Non-Preferred Brand	\$50 / \$80
Specialty Drug	\$0 / \$50 / \$80
Mail Order (90 Days)	\$0 / \$100 / \$200
PPO Network Provider List	www.bcbstx.com or 800.810.2583

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

Coverage Type	No Health Risk Assessment Discount		With Health Risk Assessment Discount	
	Employee Pays Monthly	Employee Pays 24 Pay Periods	Employee Pays Monthly	Employee Pays 24 Pay Periods
Employee Only	\$75	\$37.50	\$57.50	\$28.75
Employee + Family	\$397	\$198.50	\$379.50	\$189.75

Medical Benefits – HDHP Plan

Effective January 1, 2026

This is a snapshot of the coverage offered through the 2026 medical plan.

BENEFITS – BlueCross BlueShield of Texas	HDHP Plan – Group Number 274037
Deductible	\$3,400 Individual/\$6,000 Family
Network	
Non-Network	\$9,000 Individual/\$18,000 Family
Out-of-Pocket Maximum	Includes Deductible
Network	\$6,000 Individual/\$12,000 Family
Non-Network	Unlimited Individual/Unlimited Family
Co-insurance	80%
Network	
Non-Network	50%
Lifetime Maximum	Unlimited
	You Pay
Office Visit	Deductible/20%
Network	
Non-Network	Deductible/50%
Wellness Visit	\$0 copay
Network	
Non-Network	Not covered
In-Patient & Out-Patient Hospital	Deductible/20%
Network	
Non-Network	Deductible/50%
Urgent Care	Deductible/20%
Network	
Non-Network	Deductible/50%
Emergency Room Facility Charge	Deductible/20%
Network	
Non-Network	Deductible/50%
Retail Prescriptions	Deductible/20%
Generic Preferred/Non-Preferred Brand	
Specialty Drug	Deductible/20%
Mail Order (90 Days)	Deductible/20%
HDHP Network Provider List	www.bcbstx.com or 800.810.2583

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

Coverage Type	No Health Risk Assessment Discount		With Health Risk Assessment Discount	
	Employee Pays Monthly	Employee Pays 24 Pay Periods	Employee Pays Monthly	Employee Pays 24 Pay Periods
Employee Only	\$56.02	\$28.01	\$38.52	\$19.26
Employee + Family	\$276.69	\$138.35	\$259.19	\$129.60

Health Reimbursement Account (HRA) – VOYA

Effective January 1, 2026

Voya will be processing the HRA reimbursement.

The City of Galveston will contribute \$500.00 per year in your HRA account to spend on eligible medical expenses. The \$500 per employee amount will be made available once \$1,000 (single)/ \$2,000 (family) of the deductible has been met. See below for how claims are processed.

The Health Reimbursement Account (HRA) is the employer-funded account that reimburses employees for qualified medical expenses once \$1,000 (single)/ \$2,000 (family) of the HRA deductible has been met. Employees can use a Health Reimbursement Account (HRA) to pay for eligible medical expenses. [HRA_EligibleExpenses_WS.pdf](#)

Unused funds will not roll over year to year. Funds will reset annually along with the deductible. Eligible expenses for the 2026 plan year can be incurred and submitted for reimbursement submitted for reimbursement up until March 15, 2027 (grace period).

Claims' Process

1. **Participant** - You incur a cost towards your health insurance.
2. **Provider** - Your provider submits a claim to the insurance carrier.
3. **Insurance Carrier** - One Explanation of Benefits (EOB) is sent to your provider. One EOB is sent to you.
4. **Participant** - To apply a claim to your HRA, you submit the EOB received from the insurance carrier along with an HRA claim form to Voya. While your responsibility (\$1,000/\$2,000) is being met, the claims will reflect as 'applied'.
5. **Voya** - Voya will reimburse you for eligible expenses, according to your HRA plan. Once you have met your responsibility, \$500 will be loaded on your Voya card. If you have gone over the threshold amount you have a choice of being reimbursed for the amount over your threshold up to \$500. If the amount over the threshold is less than \$500, you may be reimbursed for eligible expenses already paid out of pocket and the remainder of the \$500 will be loaded on your Voya card.
6. **Participant** - You pay the provider using the HRA reimbursement card received from Voya.

Flexible Spending Account – VOYA

Effective January 1, 2026

Voya will be processing the FSA Plan.

A Flexible Spending Account, or FSA, lets you set aside pre-tax money from your paychecks to spend on out-of-pocket healthcare expenses (i.e., co-pays, deductibles, over-the-counter items, etc.). Money that goes into an FSA is pre-tax, so by anticipating your family's health care and dependent care costs for the next year, you can lower your taxable income.

Health Care Reimbursement FSA

This program lets employees pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars. The annual maximum amount you may contribute to the Health Care Reimbursement FSA is \$3,400. Some examples include:

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

Dependent Care FSA

The Dependent Care FSA allows employees to use pre-tax dollars towards qualified dependent care for children under the of age 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is \$7,500 for 2026, (or \$3,750 if married and filing separately).

Examples include:

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

The City of Galveston FSA Plan has a 2½ month grace period applicable to the Health Care and Dependent Care FSA Accounts. It begins on January 1, 2027, and lasts for two and a half months, until March 15, 2027. Any eligible expenses incurred during this grace period can be reimbursed with funds remaining in the FSA from the prior 2026 Plan Year.

Remember, any unused money in an FSA at the end of the Plan Year and still remaining after the 2½ month grace period is forfeited.



Health Savings Account (HSA) - VOYA

Effective January 1, 2026

Voya will be processing the HSA Plan.

A Health Savings Account (HSA) is a great way to help you control your healthcare costs. It works in conjunction with a qualified High Deductible Health Plan (HDHP) to combine tax-free savings earmarked for qualified medical expenses. An HSA allows you to set aside money to pay for higher deductibles associated with a lower monthly premium HDHP. The money you save in monthly insurance premiums is reserved for eligible medical expenses you incur in the future. Eligible expenses include things like copays and deductibles, prescriptions, vision expenses, dental care, therapy and medical supplies.

Highlights

- Balances roll over from year to year and earn interest along the way.
- Portable - you keep it even after you leave employment.
- Tax advantages - invest money in mutual funds to grow your tax savings for either future healthcare costs or retirement.
- Pay for expenses with a benefits debit card that gives you immediate access to your money at the time of purchase.
- Expenses also can be reimbursed through our online portal, online bill pay directly to your provider or submitting a distribution request form.
- Receipts are not required for reimbursement but be sure to save them for tax purposes.

Who Can Participate in an HSA?

- You must be enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be enrolled in Tricare or Medicare or covered under your spouse’s traditional (non-HDHP) health care plan.
- You cannot participate in a general purpose Flexible Spending Account (FSA) or Health Reimbursement Arrangement.
- Limited Purpose Flexible Spending Accounts are permitted (dental and vision expenses only).
- You cannot participate if your spouse has a general purpose FSA or HRA at their place of employment.
- You cannot participate if you are being claimed as a dependent on another person’s tax return.

	Employer Contribution	2026
HSA CONTRIBUTION LIMITS		
Self Only	\$500	\$4,400
Family	\$500	\$8,750
HEALTH INSURANCE DEDUCTIBLE LIMITS		
Self Only		\$3,400
Family		\$6,000
\$1,000 catch-up contributions (age 55 or older)		



MDLive – Telemedicine



BlueCross BlueShield of Texas



Virtual Visits: **Get Cost-Effective, 24/7 Care**

With Virtual Visits from MDLIVE[®], the doctor is always in. This Blue Cross and Blue Shield of Texas (BCBSTX) benefit gives you access to 24/7 non-emergency care from a board-certified doctor or therapist by phone, online video or mobile app from almost anywhere.

Skip expensive ER bills and waiting to see a doctor. You can speak with a Virtual Visits doctor within minutes.

Services are available in both English and Spanish with translation services available in other languages.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Powered by
MDLIVE

Why Virtual Visits?

- 24/7 access to an independently contracted, board-certified doctor or therapist
- Access via phone, online video or mobile app from almost anywhere
- Average wait time of less than 20 minutes
- Doctors can send e-prescriptions to your local pharmacy

The Virtual Visits benefit is a convenient alternative for treatment of more than 80 health conditions, including:

- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus infections

Virtual Visits sessions with licensed behavioral health therapists are available by appointment. Get virtual care for:

- Depression
- Eating disorders
- ADHD
- Substance use disorders
- Trauma and PTSD
- Autism spectrum disorder

First, call your doctor's office; they may also offer telehealth consultations by phone or online video. If you have any questions about this or any other BCBSTX benefit, please call the number on the back of your ID card.



Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans. MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Texas. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission. Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

910009.1222

utmb Health – Connect 2-Care

CONNECT 2-CARE

Primary Care Clinics

Your UTMB Health primary care provider (PCP) will keep you healthy, treat minor illnesses and injuries, manage chronic conditions and refer you to the right specialists if you need advanced or specialized care.

GALVESTON

Family Medicine, Island East
400 Harborside Drive, Suite 104
Family Medicine, Island West
6710 Stewart Road, Suite 100

DICKINSON

Family Medicine
2401 West FM 646, Suite C

Urgent Care Clinics

For those times when a primary care provider is not available, including after-hours and on weekends, we're still here to help!

GALVESTON

Adult and Pediatric Urgent Care
6416 Broadway

TEXAS CITY

Adult and Pediatric Urgent Care
10121 Emmett F. Lowry Expressway

LEAGUE CITY

Adult
2240 Gulf Freeway South, 4th Floor
(enter through parking garage)

WEBSTER

17448 Highway 3, 2nd Floor

ALVIN

Adult and Pediatric Urgent Care
2020 East Highway 6

ANGLETON

Adult and Pediatric Urgent Care
2309 West Mulberry

For more information visit:

<https://utmbhealth.com/connect2care>

Call our CONNECT 2-CARE phone line 24/7
409-CON-NECT (409-266-6328)
or visit utmbhealth.com/appointments
to schedule an appointment or speak with a nurse about
your health care needs.

Identify yourself as an employee or dependent of the City of
Galveston or Galveston Island Park Board of Trustees with
Blue Cross Blue Shield health care benefits.



This program serves employees and dependents of



UTMB EMERGENCY ROOMS

Open 24/7/365

GALVESTON

901 Harborside Drive

LEAGUE CITY

2240 Gulf Fwy South

CLEAR LAKE/WEBSTER

200 Blossom Street

ANGLETON

132 East Hospital Drive



MyChart

UTMB's MyChart is a secure online tool that allows you to view your health record including lab results, immunization history, future appointments and billing information any time 24/7/365. You can also view medical records for children and parents through authorized access.

Sign up at www.utmb.edu/mychart



01-23-4

The University of Texas Medical Branch is in-network for most major insurance plans.

Dental Benefits Humana – Voluntary Plan



www.humana.com

Traditional Preferred

Flexible plan with ability to see any dentist. You'll get the most out of your plan and pay less for services when you see an in-network dentist.

Deductible	The amount you pay before your dental plan starts paying for covered expenses (excluding preventive services): Individual: \$50 Family: \$150
Annual maximum	Total amount the plan pays in a plan year: \$1500
Preventive services	Visit any in-network dentist at no additional cost to you for preventive care services including: <ul style="list-style-type: none"> • Routine cleanings per year: 2 per year • Routine X-rays • Oral cancer screening (ages 40+)
Basic services	Basic services include services like fillings, simple extractions, and emergency care for pain relief Plans pays 80% of covered services
Major services	Major services include crowns, bridges and dentures (excludes placement) Plans pays 50% of covered services
Orthodontia	Child orthodontia with lifetime maximum of \$1,000
Other benefits	<ul style="list-style-type: none"> • Four periodontal cleanings covered in Basic services • Root canals, oral surgery including impacted teeth extractions covered in Basic services • Crowns, bridges and dentures covered in Major services
Plan premiums	Employee: \$31.10 Employee + 1: \$58.86 Family: \$83.51

For dental care that may cost you over \$300, your dentist will most likely submit a proposed dental treatment plan (known as a predetermination of benefits or prior authorization). Humana will use this information to determine if your dental benefits covered the proposed treatment. This predetermination of benefits must be granted before service is provided and will remain valid for up to 90 days after but is not a guarantee of what Humana will pay toward the treatment.



Vision Benefits CEC – Voluntary Plan



Vision Benefits Summary

City of Galveston



A Vision Plan for Everyone

All members enrolled in the CEC vision plan can take advantage of our simple and flexible benefits. Each plan year, you'll receive an eye exam, a flexible eyewear allowance, and a contact lens fitting.

Plan Features



Flexible Eyewear Allowance

Purchase exactly what you want—frames, lenses, contact lenses, sunglasses, special lens options, and any combination of these items. If the eyewear you want is sold in an optical shop, it's covered!



Don't Need Prescription Glasses?

Non-prescription eyewear, including blue-light blocking glasses, sunglasses, safety glasses, and readers, is covered by your CEC vision plan. Don't need prescription lenses? This is a great way to use your annual eyewear allowance!



Expansive Provider Network

CEC's network includes optometrists, ophthalmologists, and national retail optical chains, ensuring you can easily find a provider that meets your needs. Visit cecvision.com/search to find an in-network provider near you.



Vision Care is Important

Even if you have perfect vision, your annual eye exam is critical to your overall health and wellness. Common diseases, including glaucoma, diabetes, cardiovascular disease, and cancer, can be identified during an eye exam. Your exam is covered-in-full. You just cover the copay.

Please note, your CEC member ID is your City of Galveston worker ID.



Member Portal

Our Member Portal gives you 24/7 access to find a provider, view your benefit information, check your current eligibility, print a temporary ID card, and more! Log in at:

cecvision.com/members/login



Skip the Copays

CEC members have \$0 copays on exams, contact lens fittings, and eyewear purchases when visiting a Visionworks location.



Your CEC Vision Benefits Summary

Company: City of Galveston



CEC Coverage Effective Date: 01/01/2025

160 PLAN

Frequency: All benefits renew every 12 months.

BENEFIT	DESCRIPTION	COPAY	Visionworks COPAY	OUT-OF-NETWORK REIMBURSEMENT	MONTHLY RATES	
Exam	An annual routine eye exam.	\$10	\$0	Up to \$50 minus the copay	Employee Only	\$6.18
Retinal Screening	An enhancement to the annual eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes.	\$39	\$39	None	Employee + One	\$12.34
Eyewear	An annual \$160 flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages.	\$15	\$0	Up to 85% of flexible allowance minus the copay	Employee + Family	\$16.51
Contact Lens Fitting	An annual fitting or evaluation.	\$25	\$0	Up to \$48 minus the copay		

ADDITIONAL SAVINGS	
Additional Pairs of Glasses	Members receive a 20% savings on additional pairs of prescription and non-prescription glasses from most CEC in-network providers within 12 months of their last eye exam.
LASIK Discounts	Members are eligible for discounts from participating providers, including QualSight LASIK, TLC Laser Eye Center, LasikPlus, and the LASIK Vision Institute.
Special Offers	A variety of special offers are available to CEC members. Visit cecvision.com/members/special-offers for additional information!

Experience Peace of Mind with Our 20/20 Member Guarantee - Our 20/20 Member Guarantee ensures your complete satisfaction with services received from a CEC network provider. If you aren't happy with the services or products received when using your benefit, contact our Customer Service Department for assistance.

Questions about your benefits?

Visit us online at cecvision.com or call **888-254-4290**.



Benefits may vary by location.
 CEC Community Eye Care is a registered trademark of VSP Vision.
 ©2024 Community Eye Care. All rights reserved.
 Rev. 03/2024

Basic Life & AD&D Benefits – Securian



Effective January 1, 2026

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

BENEFICIARY INFORMATION

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

BASIC LIFE/AD&D BENEFITS	Ochs
Class Description	All Full-Time Active Employees Working at least 40 Hours per Week
Basic Life & AD&D Schedule	Two times Base Annual Earnings up to \$400,000
Guarantee Issue For New Employees	\$400,000
Minimum Benefit	\$10,000
Employee Age Reduction Schedule	To 65% @ Age 70, To 50% @ Age 75
Waiver of Premium	Included to age 60
Accelerated Death Benefit	Up to 75% of Life Benefit
Conversion	Included

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



Voluntary Life & AD&D Benefits – Securian



City of Galveston Group Term Life and Accidental Death and Dismemberment (AD&D) Insurance

Insurance products issued by Minnesota Life Insurance Company or Securian Life Insurance Company and administered by Ochs.

Life Insurance Coverage Available - No Health Questions!

There are many reasons to consider Supplemental Life Insurance and there are certain times in which you can enroll for coverage without answering health questions. **Below is a summary of those options.**

Looking for a higher amount of coverage? A full list of your life Insurance coverage options is outlined on the following pages. To apply for coverage other than the amounts listed below, health questions and underwriting approval is required.

NEW HIRE OPPORTUNITY

New hire eligibility refers to when you are hired and become eligible for benefits.

- ✓ **Employee** - up to **\$100,000**
- ✓ **Spouse** - up to **\$50,000**
- ✓ **Child** - **all coverage**

ANNUAL ENROLLMENT OPPORTUNITY

Available during your employer's annual enrollment period.

- ✓ **Employee** - up to **\$20,000**, not to exceed \$100,000 when combined with current coverage (Insureds that have been previously declined for coverage must provide evidence of insurability.)
- ✓ **Child** - **all coverage**

QUALIFIED STATUS CHANGE

If you experience an employment or family status change, check with your employer within 31 days to confirm guaranteed coverage availability.



Your Basic and Supplemental Life Insurance Coverages:

Basic Life Coverage - 100% employer paid & automatically enrolled

Basic term life	2x salary , rounded to the next higher \$1,000 Minimum of \$10,000; Maximum \$400,000	<ul style="list-style-type: none"> ✓ Includes a matching AD&D benefit ✓ Includes a Line of Duty benefit ✓ Coverage reduces beginning at age 70
------------------------	--	---

Supplemental Life Coverage - 100% employee paid

Supplemental term life	Elect in \$10,000 increments Maximum \$750,000	<ul style="list-style-type: none"> ✓ Includes a matching AD&D benefit
-------------------------------	---	--

Spouse term life	Elect in \$10,000 increments Maximum \$300,000	<ul style="list-style-type: none"> ✓ Includes a matching AD&D benefit
-------------------------	---	--

Child term life	Elect \$10,000 or \$15,000	<ul style="list-style-type: none"> ✓ Includes a matching AD&D benefit ✓ Includes 1st newborn child benefit ✓ Available to elect without health questions each annual enrollment
------------------------	--	--

If your spouse or child is eligible for employee coverage, they cannot also be covered as a dependent. Only one employee may cover a dependent child. It is the employee's responsibility to notify their employer when dependents are no longer eligible.

Monthly Cost:

Employee or Spouse Supplemental Life and AD&D	
Age	Rate per \$1,000
<25	\$ 0.07
25-29	\$ 0.08
30-34	\$ 0.10
35-39	\$ 0.11
40-44	\$ 0.14
45-49	\$ 0.23
50-54	\$ 0.39
55-59	\$ 0.63
60-64	\$ 0.77
65-69	\$ 1.33
70-74	\$ 2.08
75*	\$ 2.40

*Rates beyond age 75 are available upon request.
Rates increase with age and all rates are subject to change.

Here's how to calculate your monthly premium:

Total supplemental term life coverage amount	\$ _____
÷ 1,000	\$ _____
× your rate (based on your age)	\$ _____
= Monthly premium	\$ _____

Here's how Riley calculated their monthly premium:

Riley elected a total supplemental term life coverage amount of	\$150,000
÷ 1,000	\$150.00
× Riley's rate (based on their age of 42)	\$0.12
= Riley's monthly premium	\$18.00

Child Life and AD&D	
\$10,000	\$15,000
\$2.30	\$3.45

One premium covers all eligible children from live birth to age 26



Why Life Insurance?

No matter where you are in life, there are many reasons to consider Life Insurance. Group Life Insurance protects you and your family from the unexpected loss of life and income during working years. AD&D Insurance provides additional financial protection if the insured's death or dismemberment is due to a covered accident, whether it occurs at work or elsewhere. Life and AD&D Insurance benefits are disbursed to you and/or your beneficiaries to help pay for things like:

- ✓ Your mortgage or rent
- ✓ Childcare or education costs
- ✓ Medical bills or other expenses
- ✓ Funeral and burial costs

How much Life Insurance do I need?

To estimate the amount of Life Insurance you need, you'll want to determine what you must protect in the event of your death. Determine your needs today.

Check out our Life Insurance calculator: [click here](#).

Or scan here:



Naming a Beneficiary:

Naming a beneficiary is an important right of Life Insurance ownership; this determines who receives the death benefit. It is recommended that you review and update your beneficiaries periodically. Events such as marriage, birth/adoption of children, divorce or death may change how you want your Life Insurance benefit paid.

Continuation:

If you are no longer eligible for coverage as an active employee, you may be eligible to continue your coverage after employment. No health questions are needed and rates are generally higher than active rates. If you would like to continue your coverage, be sure to enroll within 31 days of your current coverage ending.



Questions



ochs@ochsinc.com



800-392-7295

Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life Insurance Company is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in St. Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.

Products are offered under policy form series 14-31700.

Securian Financial is the marketing name for Securian Financial Group, Inc. and its subsidiaries. Securian Life Insurance Company and Minnesota Life Insurance Company are subsidiaries of Securian Financial Group, Inc.

Ochs, Inc.

A Securian Financial Company
400 Robert Street N, Ste. 1880, St. Paul, MN 55101

F-ochs Rev 10-2024
3003440

DOFU 9-2023

Short-Term Disability – Madison National Life Insurance Company (Ochs)



Voluntary Group Short Term Disability Insurance Offering Initial Enrollment Effective January 1, 2025

City of Galveston

Effective January 1, 2025, the City of Galveston is offering a Voluntary Group Short Term Disability plan, underwritten by Madison National Life Insurance Company, Inc and serviced by Ochs.

Benefit Amount

You may elect 60% of your basic weekly earnings, to a maximum weekly benefit of \$1,500.

When Benefits Begin

Benefit payments will begin after one of the following timeframes:

For a covered injury: 14 calendar days

For a covered sickness (including pregnancy): 14 calendar days

When Benefits Ends

Commencing at the end of the Elimination Period and continuing for the lesser of **11 weeks** or until Long Term Disability Benefits commence, whichever comes first.

Earning Income While Disabled

Benefits are reduced by other income you may receive during a disability, including Social Security or a State Retirement Disability benefit plan. See your certificate of insurance for details.

Pre-Existing Conditions

Definition: A pre-existing condition is a condition for which you have consulted a medical provider or received medical treatment or services during the 3-month period prior to your effective date of coverage.

Coverage under this plan: You cannot receive benefits due to a pre-existing condition until you have been continuously covered under the group policy for at least 12 months and been actively at work for at least one day after the end of the 12 months.

This flyer is not the insurance contract. It is only a brief description of your insurance. Complete details including all benefits, exclusions, and limitations, will be contained in the certificate of insurance which will be issued at a later date.

For questions about your plan, please contact Ochs: 1-800-392-7295 or ochs@ochsinc.com



Short Term Disability Calculation

1. Enter your basic weekly salary (basic annual salary divided by 52). 1. _____
2. Multiply the amount from (1) by 0.60. **Do not enter more than \$1,500.** This is your maximum weekly benefit. 2. _____
3. Divide amount from (2) by \$10 3. _____
4. Multiply amount from (3) by the age rate from the chart below. This is your approximate monthly premium for your selected benefit amount. Your rate will be reevaluated annually according to your attained age on each subsequent policy anniversary. 4. _____

Monthly Rate per \$10 of Weekly Benefit	
Age	Rate
18 - 24	\$0.50
25 - 29	\$0.32
30 - 34	\$0.35
35 - 39	\$0.34
40 - 44	\$0.38
45 - 49	\$0.44
50 - 54	\$0.54
55 - 59	\$0.73
60 - 64	\$0.91
65+	\$1.10

This flyer is not the insurance contract. It is only a brief description of your insurance. Complete details including all benefits, exclusions, and limitations, will be contained in the certificate of insurance which will be issued at a later date.

For questions about your plan, please contact Ochs: 1-800-392-7295 or ochs@ochsinc.com

Long-Term Disability – Madison National Life Insurance Company (OCHS)



Voluntary Group Long Term Disability Insurance Offering Initial Enrollment Effective January 1, 2025

City of Galveston

Effective January 1, 2025, the City of Galveston is offering a Voluntary Group Long Term Disability plan, underwritten by Madison National Life Insurance Company, Inc and serviced by Ochs.

Class 01: All Other Eligible Employees

Class 02: Firefighters

Benefit Amount

You may elect a benefit of 60% of your basic monthly earnings, to a maximum monthly benefit of \$6,500.

Elimination Period

Benefits will begin 90 days after suffering a covered illness or accident.

Earning Income While Disabled

Benefits are reduced by other income you may receive during a disability, including Social Security or a State Retirement Disability benefit plan. See your certificate of insurance for details.

Annual Enrollment Period

During your annual enrollment period, evidence of insurability will be required for all increases. **The pre-existing condition exclusion applies to all amounts elected during the annual enrollment period.**

Pre-Existing Conditions

Definition: A pre-existing condition is a condition for which you have consulted a medical provider or received medical treatment or services during the 3-month period prior to your effective date of coverage.

Coverage under this plan: You cannot receive benefits due to a pre-existing condition until you have been continuously covered under the group policy for at least 12 months and been actively at work for at least one day after the end of the 12 months.

This flyer is not the insurance contract. It is only a brief description of your insurance. Complete details including all benefits, exclusions, and limitations, will be contained in the certificate of insurance which will be issued at a later date.

For questions about your plan, please contact Ochs: 1-800-392-7295 or ochs@ochsinc.com



Long Term Disability Calculation

1. Enter your basic monthly salary (basic annual salary divided by 12). This amount cannot exceed \$10,833. 1. _____
2. Divide amount from (1) by \$100 and enter that result. 2. _____
3. Multiply amount from (2) by the age rate from the chart below. This is your approximate monthly premium. Your rate will be reevaluated annually according to your attained age on each subsequent policy anniversary. 3. _____

Monthly Rate per \$100 of Covered Payroll	
Age	Rate
18 - 24	\$0.13
25 - 29	\$0.13
30 - 34	\$0.16
35 - 39	\$0.23
40 - 44	\$0.28
45 - 49	\$0.39
50 - 54	\$0.50
55 - 59	\$0.47
60 - 64	\$0.55
65 - 99	\$0.43

This flyer is not the insurance contract. It is only a brief description of your insurance. Complete details including all benefits, exclusions, and limitations, will be contained in the certificate of insurance which will be issued at a later date.

For questions about your plan, please contact Ochs: 1-800-392-7295 or ochs@ochsinc.com

Critical Illness Insurance – Symetra

Quick View

Critical Illness Insurance



prepared for City of Galveston

When a major illness is diagnosed, there can be several expenses that aren't covered by major medical insurance. Critical Illness insurance pays a lump sum benefit when a covered illness is diagnosed. This benefit would be paid **directly to you** to help cover out of pocket expenses.

Choose a Benefit Amount	Covered Illnesses	Provisions
\$10,000 \$20,000 \$30,000	Invasive Cancer Heart Attack Stroke Major Organ Transplant End Stage Renal Failure	Guarantee Issue No Pre-existing Condition Waiting period
		Different Illness Diagnosis: <i>1 day separation</i>
Spouse coverage at 100% Child(ren) coverage at 100% <i>No additional premium</i>	Skin Cancer \$1,000 Once per calendar year	Same Illness Diagnosis: <i>6-month separation</i>
		Portable at same rate No maximum number of pay outs

Health Screening Benefit

\$100 Payable once per person per calendar year

Bi-Weekly Deductions (26 Pay Periods)

	\$10,000		\$20,000		\$30,000	
	*Spouse benefit: \$10,000 Children benefit: \$10,000		*Spouse benefit: \$20,000 Children benefit: \$20,000		*Spouse benefit: \$30,000 Children benefit: \$30,000	
Attained Age	Employee Only	Employee + *Spouse	Employee Only	Employee + *Spouse	Employee Only	Employee + *Spouse
to 29	\$2.03	\$4.06	\$4.06	\$8.12	\$6.09	\$12.18
30-39	\$2.72	\$5.45	\$5.45	\$10.89	\$8.17	\$16.34
40-49	\$5.08	\$10.15	\$10.15	\$20.31	\$15.23	\$30.46
50-59	\$10.15	\$20.31	\$20.31	\$40.62	\$30.46	\$60.92
60-69	\$20.35	\$40.71	\$40.71	\$81.42	\$61.06	\$122.12
70 +	\$38.72	\$77.45	\$77.45	\$154.89	\$116.17	\$232.34

*Spouse rate based on employee age

Eligible child(ren) are automatically covered to the age of 26 with no premium charged

IMPORTANT – This document is designed to provide a high-level overview of the benefits contained herein and does not contain a comprehensive overview of each plan. Refer to each benefit brochure for a complete listing of all benefit features, limitations, and exclusions. Where any discrepancy exists, policy language prevails.

Accident Insurance – Symetra

Quick View

Accident Insurance



prepared for City of Galveston

Accident insurance pairs well with those who have active lifestyles or children involved in sports/other extracurricular activities. This plan is designed to pay benefits directly to you based on treatment received and injuries sustained from a covered accident.

Benefit and Amount				Provisions
Urgent Care	\$300	X-Ray	\$200	Off the job
Follow Up	\$100 (6)	Lacerations	up to \$800	Over 20 additional benefits
Physical Therapy	\$100 (10)	Concussion	\$200	No limit on the number of accidents
Fractures	Up to \$10,000	Hospital Admission	\$1,500	25% Child Organized Sports Rider
Dislocations	Up to \$10,000	Hospital Confinement	\$300 (365 days)	Portable at the same rate

Health Screening Benefit

\$50 Payable once per person per calendar year

*Fracture Schedule		*Dislocation Schedule	
Coccyx/1 Rib/Finger/Toe	\$300	1 Finger or Toe	\$100
Ribs (2 Or More)/Facial Bones/Nose	\$650	2 Or More Fingers / 2 Or More Toes	\$250
Hand/Wrist/Lower Jaw	\$1,000	Bones of the Hand (except fingers)/ Collarbone	\$750
Foot/Ankle/Collarbone/Kneecap/ Vertebral Processes/Upper Jaw	\$1,200	Elbow/Lower Jaw/Wrist/Foot/Ankle	\$1,250
Forearm	\$1,600	Shoulder/Knee (except patella)	\$1,600
Leg/Shoulder Blade	\$2,000	Hip	\$5,000
Arm	\$2,500		
Vertebral Body (excluding vertebral processes/Hip/Thigh)	\$3,000		
Skull	\$5,000		

*Open reduction fractures/dislocations will pay at 200% of the listed amount

Bi-Weekly Deductions (26 Pay Periods)

Employee	Employee & Spouse	Employee & Children	Family
\$4.07	\$6.76	\$9.55	\$12.59

IMPORTANT – This document is designed to provide a high-level overview of the benefits contained herein and does not contain a comprehensive overview of each plan. Refer to each benefit brochure for a complete listing of all benefit features, limitations, and exclusions. Where any discrepancy exists, policy language prevails.

**IMPORTANT: This is a fixed indemnity policy,
NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call [800.318.2596](tel:800.318.2596) (TTY: 855.889.4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



Hospital Indemnity Insurance – Symetra

Quick View

Hospital Indemnity Insurance



prepared for City of Galveston

The cost of a hospital stay can be financially difficult if money is tight, and you're not prepared. Having the right coverage in place before you experience an unexpected sickness or injury can help eliminate the stress of financial concerns and provide support when needed most.

Benefit Name		Amount	
Initial Hospital Admission (24 hrs.)		\$1,000 (first day)	
Daily Hospital Confinement		\$150 (up to 364 days)	
ICU Admission (24 hrs.)		\$1,000 (first day)	
Daily ICU Confinement		\$450 (up to 29 days)	
Provisions			
Guarantee Issue?		Yes!	
Pre-existing Condition Waiting Period?		No!	
Pre-existing pregnancy covered?		Yes!	
Mental and Nervous Disorders covered?		Yes!	
Drug and Alcohol Addiction covered?		Yes!	
Portable?		Yes!	
Bi-Weekly Deductions (26 Pay Periods)			
Employee	Employee & Spouse	Employee & Children	Family
\$7.60	\$15.01	\$12.33	\$20.19

IMPORTANT – This document is designed to provide a high-level overview of the benefits contained herein and does not contain a comprehensive overview of each plan. Refer to each benefit brochure for a complete listing of all benefit features, limitations, and exclusions. Where any discrepancy exists, policy language prevails.

Permanent Life Insurance – Symetra

Quick View

Permanent Life Insurance



prepared for City of Galveston

Permanent Life Insurance offers you and your family long-term financial security with coverage that lasts a lifetime. In addition to providing lifelong protection, this plan also includes living benefits, ensuring financial support in the event of a long-term care stay.

Life Insurance	Long-Term Care			Provisions	
Employee Guaranteed Issue up to \$100,000	Benefit Trigger 2 of 6 Activities of Daily Living Bathing Dressing Toileting Transferring Feeding Continence			Guarantee Issue	
Spouse Modified Guaranteed Issue up to \$25,000	90-day Elimination Period			Rates based on employee age, spouse age, and tobacco status	
Child(ren) Coverage Available	4% of Life Insurance Volume payable for 25 months , for licensed care			Terminal Illness Benefit Less than 24 months of life expectancy, up to 75% of benefit is payable	
Permanent Rate Your rate will never increase due to age	Restoration Benefit Restores 100% of the benefit amount accelerated			Portable at the same rate even if you change jobs or retire	
Universal LifeEvents (ULE) issue age is 18-64				With Restoration, benefits can double the policy value	
Universal Life (UL) issue age is 65-75					
Universal LifeEvents			Universal Life		
How Universal LifeEvents works	Example: \$50,000 Policy	Ages 18 – 64	After Age 70	Example \$50,000 Policy	Ages 65 – 75
Higher living benefits during working years.	Life Insurance Benefit	\$50,000	\$16,667	Life Insurance Benefit	\$50,000
Long-term care (LTC) benefits stay the same throughout your life.	LTC Benefit	\$50,000	\$50,000	LTC Benefit	\$50,000

Universal LifeEvents benefit is reduced to one-third at the later age of 70 or the beginning of the 15th policy year.

Please see the Benefits Counselor for information on rates.

IMPORTANT – This document is designed to provide a high-level overview of the benefits contained herein and does not contain a comprehensive overview of each plan. Refer to each benefit brochure for a complete listing of all benefit features, limitations, and exclusions. Where any discrepancy exists, policy language prevails.

Employee Assistance Program (EAP)

Effective January 1, 2026

The Employee Assistance Program (EAP) can help you resolve problems that affect your personal life or job performance. The Employee Assistance Program (EAP) is offered to all employees and immediate family members through University of Texas Health Science Center (“UT”). It is a completely confidential counseling program that covers issues such as:

- Legal / Financial
- Depression / Stress
- Drug / Alcohol Abuse
- Emotional Problems
- Financial Pressures
- Grief Issues
- Family / Relationship Problems
- Other Personal Concerns

EAP staff members are available 24 hours a day, 7 days a week, every day of the year by calling 713.500.3327. Staff members are highly trained professionals with experience in family, personal, work related and substance abuse issues.

UT EAP can also be reached through their website.

Website	www.mylifevalues.com
Username	cog
Password	cog



Making Enrollment Changes During the Year

What Constitutes a Qualifying Life Event?

Benefits Allowed to Change										
Qualifying Life Event You have 31 Days from your Qualifying Life Event to Change Coverage	Medical	Dental	Vision	Supp. EE Life	Vol. Sp. Life	Vol. Child Life	Dep. Care	Health Care	Beneficiaries	Documentation
Change in marital status: <ul style="list-style-type: none"> ▪ Marriage ▪ Divorce or Annulment ▪ Legal Separation ▪ Domestic Partner Dissolution ▪ Death of Spouse 	✓	✓	✓		✓		✓	✓	✓	Marriage Certificate Divorce Decree Final Court Document Notarized Statement of Disenrollment Death Certificate
Change in the number of dependents: <ul style="list-style-type: none"> ▪ Birth ▪ Adoption ▪ Guardianship of a Child ▪ Death of a Dependent 	✓	✓	✓			✓	✓	✓	✓	Birth Certificate, Hospital Announcement Adoption Agreement Court Decree for Guardianship Death Certificate
Dependent Becomes Eligible	✓	✓	✓	✓	✓	✓	✓	✓	✓	Provide Name, Social Security Number, and Date of Birth for dependents
Dependent Loses Other Coverage	✓	✓	✓				✓	✓	✓	Proof of Loss of Coverage, such as termination letter; Certificate of Creditable Coverage
Dependent Gains Other Coverage	✓	✓	✓				✓	✓	✓	Proof of Coverage with start date of benefits and name(s) of covered dependents
A change in Employee's, spouse's, or dependent's work hours (including a switch between full and part-time status)	✓	✓	✓				✓	✓	✓	Proof of loss of Coverage due to employment status change, such as a Certificate of Creditable Coverage or letter from the company
Change in Dependent Care Costs							✓			Letter from your Day Care ✓ Provider
Court Ordered Dependent, add or drop from coverage	✓	✓	✓			✓	✓	✓	✓	Contact your Benefits Team Directly

Legal Notices

Patient Protections Disclosure

The City of Galveston's Medical PPO Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Blue Cross Blue Shield of Texas or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the plan administrator.

Women's Health & Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

If you would like more information on WHCRA benefits, please call your Plan Administrator.

Newborns' and Mothers' Health Protection Act

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

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **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, 2025. Contact your state for more information on eligibility.

ALABAMA – Medicaid

<http://myalhipp.com>
855.692.5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
<http://myakhipp.com/> | 866.251.4861
CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

<http://myarhipp.com>
855.MyARHIPP (855.692.7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
916.445.8322 | Fax: 916.440.5676 | Email: hipp@dhcs.ca.gov

COLORADO – Medicaid and CHIP

Health First Colorado (Colorado’s Medicaid Program)
<https://www.healthfirstcolorado.com>
Member Contact Center: 800.221.3943 | State Relay 711
Child Health Plan Plus (CHP+)
<https://hpcf.colorado.gov/child-health-plan-plus>
Customer Service: 800.359.1991 | State Relay 711
Health Insurance Buy-In Program (HIBI)
<https://www.mycohibi.com/>
HIBI Customer Service: 855.692.6442

FLORIDA – Medicaid

www.flmedicaidptprecovery.com/flmedicaidptprecovery.com/hipp/index.html
877.357.3268

GEORGIA – Medicaid

GA HIPP: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
678.564.1162, Press 1
GA CHIPRA: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
678.564.1162, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program
All other Medicaid
<https://www.in.gov/medicaid/> | 800.457.4584
Family and Social Services Administration
<http://www.in.gov/fssa/dfr/> | 800.403.0864

IOWA – Medicaid and CHIP (Hawki)

Medicaid: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
800.338.8366
Hawki: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
800.257.8563
HIPP: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>
888.346.9562

KANSAS – Medicaid

<https://www.kancare.ks.gov/>
800.792.4884 | HIPP Phone: 800.967.4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
855.459.6328 | KIHIPP.PROGRAM@ky.gov
KCHIP: <https://kynect.ky.gov/> | 877.524.4718
Medicaid: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

www.medicaid.la.gov or www.ldh.la.gov/lahipp
888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)

MAINE – Medicaid

Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US
800.442.6003 | TTY: Maine relay 711
Private Health Insurance Premium:
<https://www.maine.gov/dhhs/ofi/applications-forms>
800.977.6740 | TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

<https://www.mass.gov/masshealth/pa>
800.862.4840 | TTY: 711 | Email: masspreassistance@accenture.com

MINNESOTA – Medicaid

<https://mn.gov/dhs/health-care-coverage/>
800.657.3672

MISSOURI – Medicaid

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
573.751.2005

MONTANA – Medicaid

<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
800.694.3084 | Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

<http://www.ACCESSNebraska.ne.gov>
Phone: 855.632.7633 | Lincoln: 402.473.7000 | Omaha: 402.595.1178

NEVADA – Medicaid

<http://dhcftp.nv.gov>
800.992.0900

NEW HAMPSHIRE – Medicaid

<https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
603.271.5218 | Toll free number for the HIPP program: 800.852.3345, ext. 15218 | Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid>
800.356.1561
CHIP: <http://www.njfamilycare.org/index.html>
800.701.0710 (TTY: 711) | Premium Assistance: 609.631.2392

NEW YORK – Medicaid

https://www.health.ny.gov/health_care/medicaid/
800.541.2831

NORTH CAROLINA – Medicaid

<https://dma.ncdhhs.gov>
919.855.4100

NORTH DAKOTA – Medicaid

<https://www.hhs.nd.gov/healthcare>
844.854.4825

OKLAHOMA – Medicaid and CHIP

<http://www.insureoklahoma.org>
888.365.3742

OREGON – Medicaid and CHIP

<http://healthcare.oregon.gov/Pages/index.aspx>
800.699.9075

PENNSYLVANIA – Medicaid and CHIP

<https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
800.692.7462
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
CHIP Phone: 800.986.KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

<http://www.eohhs.ri.gov>
855.697.4347 or 401.462.0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

<http://www.scdhhs.gov>
888.549.0820

SOUTH DAKOTA – Medicaid

<http://dss.sd.gov>
888.828.0059

TEXAS – Medicaid

<https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
800.440.0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP)
<https://medicaid.utah.gov/upp/> | Email: upp@utah.gov | 888.222.2542
Adult Expansion: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program: <https://medicaid.utah.gov/buyout-program/>
CHIP: <https://chip.utah.gov/>

VERMONT – Medicaid

<https://dvha.vermont.gov/members/medicaid/hipp-program>
800.250.8427

VIRGINIA – Medicaid and CHIP

<https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid and Chip: 800.432.5924

WASHINGTON – Medicaid

<https://www.hca.wa.gov/>
800.562.3022

WEST VIRGINIA – Medicaid and CHIP

<https://dhr.wv.gov/bms/> or <http://mywvhipp.com/>
Medicaid: 304.558.1700
CHIP Toll-free: 855.MyWVHIPP (855.699.8447)

WISCONSIN – Medicaid and CHIP

<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
800.362.3002

WYOMING – Medicaid

<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
800.251.1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2026)

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

HIPAA Notice Of Privacy Practices Reminder

PROTECTING YOUR HEALTH INFORMATION PRIVACY RIGHTS

City of Galveston is committed to the privacy of your health information. The administrators of the Medical PPO Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting the plan administrator. The notice also is available online on City of Galveston’s Benefits Page.

HIPAA Special Enrollment Rights

CITY OF GALVESTON’S MEDICAL PPO PLAN NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS

Our records show that you are eligible to participate in the City of Galveston’s Medical PPO Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children’s Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children’s Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact the plan administrator.

IMPORTANT WARNING

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children’s health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan’s annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan.

Notice of Creditable Coverage

IMPORTANT NOTICE FROM CITY OF GALVESTON 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 City of Galveston 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. City of Galveston as determined that the prescription drug coverage offered by the medical 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 15 to December 7.

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 The City of Galveston Employee Benefit Trust Health Plan coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current The City of Galveston Employee Benefit Trust Health Plan coverage, be aware that you and your dependents will 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 City of Galveston 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 City of Galveston 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 the “Medicare & You” handbook for their telephone number) for personalized help.
- Call 800.MEDICARE (800.633.4227). TTY users should call 877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 800.772.1213 (TTY 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).

Date: January 1, 2026
Name of Entity/Sender: City of Galveston
Contact—Position/Office: Human Resources and Civil Services
Office Address: 823 Rosenberg St, Galveston, TX, 77550
Phone Number: 409.797.3650

Wellness Program Disclosures

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your plan administrator 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.

Notice Regarding Wellness Program

The City of Galveston wellness program is a voluntary wellness program 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 a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test. 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 incentive of discounted premiums for completing the biometric screening. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive discounted premiums.

Additional incentives of up to \$40 each month may be available for employees who participate in certain health-related activities by using a gym membership at least nine days per calendar month. 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 your plan administrator.

The information from your HRA and the results from your biometric screening 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. 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 City of Galveston may use aggregate information it collects to design a program based on identified health risks in the workplace, City of Galveston 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) the provider 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.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact your plan administrator.

COBRA General Notice

MODEL GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS (FOR USE BY SINGLE-EMPLOYER GROUP HEALTH PLANS)

CONTINUATION COVERAGE RIGHTS UNDER COBRA

INTRODUCTION

You're getting this notice because you recently gained coverage under a group health plan (the Plan). 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 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 a 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 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 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.”

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to <<Client Name>>, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee’s spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.>

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;
- 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: City of Galveston.

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 period¹ 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. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA’s website.) For more information about the Marketplace, visit www.healthcare.gov.

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.

PLAN CONTACT INFORMATION

January 1, 2026
City of Galveston
Human Resources and Civil Services
823 Rosenberg St, Galveston, TX, 77550
409.797.3650

¹ <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

Marketplace Notice

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: GENERAL INFORMATION

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace (“Marketplace”). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

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 in your geographic area.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn’t meet certain minimum value standards (discussed below). The savings that you’re eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

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 is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee’s cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee’s household income.^{1,2}

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

WHEN CAN I ENROLL IN HEALTH INSURANCE COVERAGE THROUGH THE MARKETPLACE?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you’ve had certain qualifying life events, such as getting

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the “minimum value standard,” the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by [HealthCare.gov](https://www.healthcare.gov) and either submit a new application or update an existing application on [HealthCare.gov](https://www.healthcare.gov) between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 800.318.2596. TTY users can call 855.889.4325.

WHAT ABOUT ALTERNATIVES TO MARKETPLACE HEALTH INSURANCE COVERAGE?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

HOW CAN I GET MORE INFORMATION?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact your plan administrator.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.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 City of Galveston		4. Employer Identification Number (EIN) 74-600905	
5. Employer address 823 Rosenberg St		6. Employer phone number 409.797.3655	
7. City Galveston	8. State TX	9. ZIP code 77550	
10. Who can we contact about employee health coverage at this job? City of Galveston Human Resources Department			
11. Phone number (if different from above)		12. Email address hr@cityofgalveston.org	

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

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

All employees. Eligible employees are:

Some employees. Eligible employees are:
Regular full-time employees

■ With respect to dependents:

We do offer coverage. Eligible dependents are:
Legal spouse

Dependent children, married or unmarried, to age 26 (student status does not apply)

We do not offer coverage.

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

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

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

Disclaimer

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.



This benefit guide prepared by



Gallagher

Insurance | Risk Management | Consulting