



TO: City of Amarillo Full-Time Employees
FROM: Human Resources Department
RE: Open Enrollment for 2026

The City of Amarillo's Open Enrollment for 2026 will begin at 8:00am on Monday, October 27, 2025, and will end at 11:59pm on Friday, November 7, 2025. Any changes made during the Open Enrollment period will become effective January 1, 2026, and premium changes will be reflected on the paycheck received on January 2, 2026.

The 2026 Open Enrollment will be initiated electronically through Workday (same as last year). Employees will be required to make changes themselves through Workday. Employees will no longer receive Open Enrollment packets in paper form. Beginning on the first day of Open Enrollment (October 27, 2025, at 8am) employees will receive an Open Enrollment event in their My Tasks inbox in Workday.

NEW! City of Amarillo Internet Site – Employee Benefits

The **2026 Open Enrollment Packet** will be posted on the City of Amarillo Internet site located here: amarillo.gov/handbook, click on Employee Benefits. Information about your benefits can be accessed through this site from any internet-enabled device. Using the same link via your phone, under Employee Handbook, select the dropdown menu option , and then make your selection from the dropdown choices. This site is designed to provide employees and other family members enrolled in our benefits to obtain information, not only for Open Enrollment, but for benefits throughout the year. This will be the location used for benefit communications going forward. Take a few minutes to access this site and share this information with enrolled family members.

Enclosed in your packet is a Frequently Asked Questions (FAQs) that includes information about Open Enrollment using Workday and other related tasks. This document will be updated as needed throughout Open Enrollment and be provided on the internet site.

If you do not want to make any changes to your CURRENT medical, dental, or vision elections there is nothing you need to do. Your 2025 elections will continue into 2026.

If you are adding NEW dependents to the medical, dental and/or vision plans, you will be required to upload the required dependent documentation before you submit your changes in Workday. Enrollment will not be accepted without the required documentation. Note, children can remain on these plans up to the age of 26. See enclosed "Documentation Required – Adding Dependents to Healthcare Plans." Failure to provide the required documentation by the established deadline will result in your dependents not being added to the desired benefit plans.

If you are switching medical and/or dental plans (Plan 1 to 2 or Plan 2 to 1), you will make these changes in Workday.

If you are dropping medical, dental and/or vision coverage on yourself and/or dependents, you will make these changes in Workday.

If you want to enroll in a Healthcare and/or Dependent Care Flexible Spending Account (FSA) for 2026, you must enroll during Open Enrollment with a January 1, 2026, effective date. FSA elections will be entered through Workday. FSA elections do not roll over into the next year.

If you are making any changes during Open Enrollment and have not updated your life insurance beneficiaries in 2024 or 2025, you will be required to update your life insurance beneficiaries for Basic Life Insurance and/or Additional Employee Life Insurance in Workday. See enclosed "Creating New or Existing Beneficiaries in Workday" for assistance on how to make these beneficiary changes. Note, the Human Resources Department does have a paper life insurance beneficiary form on file if your elections were not updated in Workday.

Below are some Key Points regarding Open Enrollment:

Medical Plans

- No Vendor Change – Aetna will remain our medical provider into 2026.
- Premiums – There will be a no increase in medical premiums.
- Plan Design – There will be no plan design changes under either plan. See enclosed “Overview of Medical Plans” for more information on the differences between the two plans.
- New Medical Cards – Will be mailed to your home address listed in Workday by year end. **Remember to present your new card at time of service to your provider beginning January 1, 2026.**

Prescription Drug Plan

- Vendor Change – Effective January 1, 2026, the pharmacy provider will change to RxBenefits, Inc., with OptumRx. More detailed information about this change to the pharmacy benefits will be mailed to your home address on file by year end and on the internet site amarillo.gov/handbook under Employee Benefits.
- Prescription Co-Pays – There will be no changes to prescription co-pays, and a prescription co-pay handout is provided in the open enrollment packet.
- New Medical Cards – The Aetna medical card will continue to have the prescription information on the back of card and new cards will be mailed to your home address listed in Workday by year end. **Remember to present your new card at time of service to your provider beginning January 1, 2026.**
- Pharmacy Network – This network is administered by OptumRx with over 65,000 retail locations, full mail order capabilities and a dedicated specialty pharmacy.

Dental Plans

- Vendor Change – Effective January 1, 2026, the dental provider will change to Delta Dental.
- Premiums – There will be no increase in dental premiums.
- Plan Design – There will be no plan design changes under either plan. See enclosed “Overview of Dental Plans” for more information on the differences between the two plans.
- New Dental Cards – A dental card will be mailed to your home address in Workday by year end. Note, you can continue to provide the employee’s social security number for verification of benefits where no dental card will be needed. **Remember to present your new card at time of service to your provider beginning January 1, 2026.**
- Delta Dental Networks – You will receive the largest discount on dental services by using a Delta Dental PPO dentist. Enrollees also have access to Delta Dental Premier network dentists, but at a lesser discount. Enclosed is a flyer that explains the differences between using an in-network vs. out-of-network provider and a summary of the differences is explained below.

- Delta Dental PPO Network - Find a dentist at www.deltadentalins.com, scroll down the page and locate **Find a Dentist**, and enter **Location** (required). You can search by just **Location** or by **Dentist or Office Name**. **Select a Network** and choose from the drop-down **Delta Dental PPO** then select **Find a Dentist**.
- Delta Dental Premier Network - If your current dentist is not part of the PPO network or you want to expand your search further, consider a Delta Dental Premier dentist. Follow the same steps above but select **Delta Dental Premier** as the network.

PPO and Premier providers are considered in-network, both network providers file the claim to Delta Dental, and there is no balance billing. In terms of coverage, benefits and co-insurance remain the same regardless of the provider the member decides to visit.

- Out-of-Network (Non-Delta Dental Providers) – There are no discounts using these providers. In addition, the dental provider may charge the member up front for the full cost of services. Once the claim is received/processed by Delta Dental, a reimbursement check will be mailed in the employee’s name. Delta Dental does not send checks to out-of-network providers.

Dental Plans (Continued)

- **Orthodontia Lifetime Benefit Balance Transition**

Any remaining orthodontia lifetime benefit balance at the end of the year will automatically be transferred to the new dental provider.

Vision Coverage

- **Vendor Change** – Effective January 1, 2026, the vision provider will change to Aetna Vision.
- **Premiums** – There will be a 3% decrease in premiums for the vision plan. Provided below are the per pay period premium amounts depending on what coverage you elect. There is a decrease in premiums from \$0.09 cents up to \$0.27 cents.
 - Employee Only - \$2.67 (\$0.09 difference)
 - Employee Plus Spouse – \$4.99 (\$0.17 difference)
 - Employee Plus Child(ren) – \$5.06 (\$0.17 difference)
 - Employee Plus Family - \$7.81 (\$0.27 difference)

- **Plan Design** – There is only one change in the plan design where you no longer have a co-pay when using an in-network provider for your annual exam. This is a cost savings where currently you pay a \$10.00 co-pay for an eye exam and \$25.00 co-pay for a contact lenses exam. See enclosed “2026 Vision Summary” for more information about the vision plan.

Note, your vision benefits begin January 1, 2026, with Aetna Vision so prior usage of vision benefits start over with the new vendor (i.e., if you purchased new frames in 2025, you would be eligible to purchase frames in 2026).

- **New Vision Cards** – Two vision cards will be mailed to your home address in Workday by year end. Included with your ID card will be 10 in-network vision providers that are closest to your home zip code. **Remember to present your new card at time of service with your provider beginning January 1, 2026.**
- **Aetna Vision Preferred Network** – Aetna provides the right mix of in-network providers nationwide and online. Go to AetnaVision.com, select **Find a Provider** to start searching for in-network providers. Enclosed is a flyer that provides an overview of some of these providers. Note, beginning January 1, 2026, this search will include Walmart and Sam’s Club as being in-network.

Flexible Spending Accounts (FSAs) for Healthcare and Dependent Care

- **Vendor Change** - Effective January 1, 2026, the FSA provider will change to Inspira Financial (through Aetna).
- **IRS Limit Maximums for 2026**
 - FSA for Healthcare – Will increase \$200 from \$3,200 to \$3,400 in 2026.
 - FSA for Dependent Care – IRS limits are determined by your tax filing status.
 - Married Filing Separately – Will increase \$1,250 from \$2,500 to \$3,750.
 - Single, Head of Household, or if Married Filing Jointly - Will increase \$2,500 from \$5,000 to \$7,500.

Note, the minimum annual amount you can contribute under either FSA plan is \$100.

- **New FSA Cards** – **Enrollees in the Healthcare FSA plan** will receive a debit card mailed to your home address in Workday by year end. There is no debit cards issued when enrolling in a Dependent Care FSA plan. **Remember to present your new card at time of service with your provider beginning January 1, 2026.**
- **Grace Period** – Provides extra time to incur expenses. You have from January 1, 2026, through December 31, 2026, and an additional grace period through March 15, 2027, to incur expenses for 2026 (15-1/2 months total). Deadline to submit reimbursements for 2026 is June 15, 2027.
- Refer to the enclosed “2026 Overview of FSA Plans” for more information about these plans.

Flexible Spending Accounts (FSAs) for Healthcare and Dependent Care (Continued)

IMPORTANT – PLEASE READ IF YOU ARE CURRENTLY ENROLLED IN AN FSA PLAN IN 2025

- Your ASIFlex Debit Card will be shutoff and can no longer be used for a two-week period beginning Wednesday, December 17, 2025, through Wednesday, December 31, 2025. This is called a blackout period due to the transition of vendors at year end.
- Eligible expenses incurred during this blackout period can be submitted to the new vendor Inspira beginning January 1, 2026.
- Due to the grace period, unused FSA monies prior to the blackout will roll over to the new vendor and be made available January 1, 2026. You have until March 15, 2026, to use your 2025 FSA monies and the deadline to submit these reimbursements is by June 15, 2026.
- If you have 2025 funds left in your account after March 15, 2026, and no further expenses to submit, then you will forfeit these funds per IRS regulations.
- A targeted communication will be mailed to employees currently enrolled in a 2025 FSA account that have a balance in their account as of October 13, 2025, to ensure that the blackout period is communicated to impacted employees.

Additional Life Insurance for You and Your Eligible Dependents and Long-Term Disability Insurance for Yourself

- No Vendor Change – The Standard Life Insurance Company will remain our life insurance and long-term disability provider into 2026.
- Premiums
 - Additional Life Insurance – There will be a no increase in premiums.
 - Long-Term Disability – There will be a 10% decrease in premiums.
 - Additional Life Insurance Employee Age Bracket and Employee/Spouse Age Reduction Changes - Workday will automatically update any changes to your premiums and/or coverage levels at the beginning of each calendar year based on age bracket changes or age reductions at age 70 or 75 from the previous calendar year (January 1 through December 31st). These changes will be reflected on the first paycheck received in January.
- Plan Design – There will be no plan design changes under either plan.

Open Enrollment for 2026 Instructions:

Employees Currently Enrolled in Additional Life Insurance Plan(s) for Employee, Spouse and/or Dependent Children:

The following elections can be made during Open Enrollment without going through Evidence of Insurability (EOI):

- Employee Additional Life – You can apply for an increase up to \$20,000 (\$10,000 or \$20,000). This amount cannot exceed the guaranteed issued amount of \$250,000. The combined maximum benefit of your Basic Life and Additional Life Insurance Benefit may not exceed 8 times your Annual Earnings.
- Spouse Additional Life – You can apply for an increase up to \$20,000 (\$10,000 or \$20,000), but not to exceed \$50,000. The amount of your Spouse Additional Life cannot exceed 100% of the amount of your Life Insurance.

Employees Currently Enrolled in Additional Life Insurance Plan(s) for Employee, Spouse and/or Dependent Children:

The following elections can be made during Open Enrollment and require Evidence of Insurability (EOI):

- Employee Additional Life – Any amounts over \$20,000 or amounts that exceed the guaranteed issue of \$250,000, must go through EOI.
- Spouse Additional Life – Any amounts elected above \$20,000 must go through EOI, but no more than \$50,000 can be elected.
- Dependent Children Additional Life – This benefit covers all children up to 26 years of age. If you no longer have eligible children and are enrolled in this benefit it is the employee's responsibility to drop coverage under this plan.

Additional Life Insurance for You and Your Eligible Dependents and Long-Term Disability Insurance for Yourself

Open Enrollment for 2026 Instructions (Continued):

Employees “Not” Currently Enrolled in Additional Life Insurance Plan(s) for Employee, Spouse and/or Dependent Children:

- Employee Additional Life and Spouse Additional Life - All amounts elected must go through EOI.
- Dependent Children Additional Life – You can enroll in this coverage for the first time for a \$10,000 policy that covers all children through 25 years of age. No EOI is required.

Employees “Not” Currently Enrolled in Long-Term Disability Plan for Employee

- EOI will be required for a new enrollment.

✓ **What is Evidence of Insurability (EOI)?**

EOI is an application process where you or your legal spouse provides information about past and current health events to be considered for additional life insurance or long-term disability insurance.

✓ **How do I Submit EOI?**

After you submit your life insurance and/or long-term disability elections through Workday that require EOI, you will receive a My Tasks in your Workday Inbox. In the My Tasks, there is a link to the website

(<https://myeoi.standard.com/646089> and policy number 646089 is required when logging in for EOI) where you and/or your legal spouse will complete the EOI within 31 calendar days from the last day of Open Enrollment. The EOI submittal deadline is Monday, December 8, 2025.

Other Action Required – Personal Information Update

Additional benefit information due to changing vendors in 2026 will include mailing information to your home address on file such as new cards for medical (including prescription), dental, vision and FSA. These changes are transferred electronically to the benefit vendors except for employees enrolled in the TMRS retirement plan, Amarillo Fireman Relief and Retirement Fund (AFRRF) plan, and AFLAC. You will need to contact these vendors directly to make these changes and the Finance Department for the AFRRF retirement plan. Instructions to review and/or change this information are provided below.

To review your current information in Workday, log into your profile either through your computer or the App.

- Using Your Computer – To the left of your computer, select **Contact**, then see your **Home Contact Information**. If you need to make an update to your home address or phone number, select **Edit**, then click on the pencil  and enter your changes, then click **Submit**.
- Workday App – Click on **Profile** at bottom of your screen, Click **Actions**, Click on **Personal Data**, and click on **Change My Home Contact Information**, click on the pencil  to the left of the screen, click on the address or phone number that needs changed, Click on **Done** when finished.

Enclosed in the packet is:

- ✓ 2026 Open Enrollment Memo
- ✓ Open Enrollment Frequently Asked Questions (FAQs)
- ✓ Documentation Required – Adding Dependents to Healthcare Plans
- ✓ 2026 Healthcare Insurance Employee Premiums (Per Pay Period)
- ✓ 2026 Overview of Medical Plans
- ✓ 2026 Prescription Drug Plan
- ✓ 2026 Overview of Dental Plans
- ✓ Delta Dental – In-Network vs. Out-of-Network Benefits
- ✓ 2026 Overview of Vision Plan
- ✓ Aetna Vision Preferred Network Choices
- ✓ 2026 Overview of FSA Plans
- ✓ Creating New or Existing Beneficiaries in Workday

Questions about your Benefits? Hours of Operation: M-F, 8am to 5pm.

Email: benefits@amarillo.gov; Telephone: (806) 378-4235; In Person: City Hall, 1st Floor, HR Department, Rm. 1100

Open Enrollment Frequently Asked Questions (FAQs)

1. How can I access Open Enrollment through Workday.

○ Via your Work Computer

Log into your work computer and sign into your Workday account. You can access Open Enrollment two ways:

1. Click on **My Tasks**  and go to the Open Enrollment Change event. Under Change Benefits for Open Enrollment, click on **Let's Get Started**.
2. Click on  **MENU** in the upper left-hand corner of the screen. Click on  **Benefits and Pay**, then under **Needs Attention**, Click **Enroll** under Benefit Event: Open Enrollment, click on **Let's Get Started**.

○ Via your Phone Using Workday App

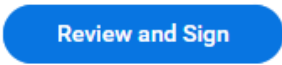
Log into the App and sign into your Workday account. You can access Open Enrollment two ways:

1. Click on **My Tasks**  and go to the Open Enrollment Change event. Under Change Benefits for Open Enrollment, click on **Let's Get Started**.

2. Click on **Apps**  and then click on  **Benefits and Pay** to find the benefit event for open enrollment.

2. How do I View, Make Changes and/or Enroll in Benefit Plans.

1. Click **Manage** under each Benefit Tile to view your current elections. If there is anything you want to change, follow the instructions provided under each benefit selected.
2. Click **Enroll** if enrolling in a benefit plan for the first time and follow the instructions provided. **If you want to enroll in a Healthcare and/or Dependent Day Care Flexible Spending Account**, you must make your elections in Workday.

3. After your elections have been entered, click on .

4. If this window pops up:

Additional Changes



Select a beneficiary for the following plans: Additional Life & ADD - The Standard Insurance Group (Employee), Basic Life & ADD - The Standard Insurance Group (Employee)

You will be required to update your beneficiary for the following plans: Basic Life & ADD and Additional Life & ADD (if enrolled). Click on the **X** and it will take you back to the benefit tiles.

Open Enrollment Frequently Asked Questions (FAQs)

5. Click **Manage** under Basic Life & Add tile.

Confirm and Continue

6. Click on

7. Click on the **plus (+) sign** to add a beneficiary or trust.

8. Click on the **three lines**.



9. Choose from an Existing Beneficiary Persons or Existing Trusts or Add New Beneficiary or Trust.

10. If Adding a New Beneficiary, the screen will pop up and select **Continue**.

11. Insert **Relationship**, **Date of Birth**, and **Gender**.

Legal Name

12. Under **Legal Name** insert **First Name** and **Last Name**.

Contact Information

13. Under **Contact Information** add **Phone Number** with Area Code, **Phone Device**, and **Type**. Add

OK

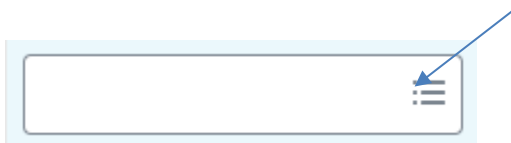
Address and **Type**. Select

National IDs

14. Under **National IDs** you will be inserting their Social Security Number. Click on

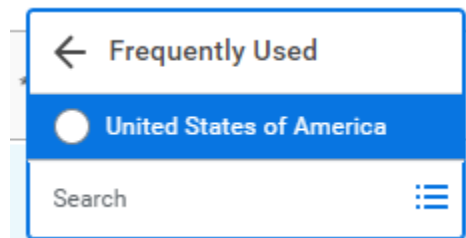


15. Under ***Country** Click on the three lines

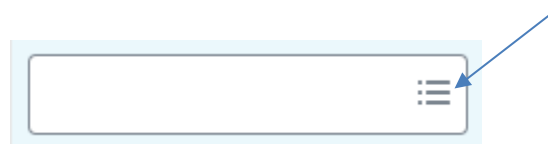


Open Enrollment Frequently Asked Questions (FAQs)

16. Click on **Frequently Used** then Select United States of America.

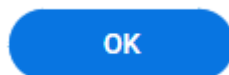


17. Under ***National ID Type** Click on the three lines



18. Select **Social Security Number (SSN)**

19. Under **Add/Edit ID** enter Social Security Number



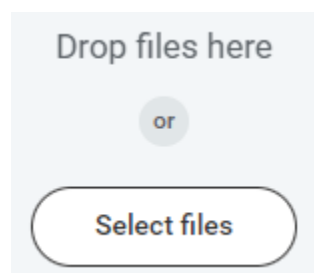
20. Click

21. If enrolled in Additional Life & ADD for Employee. Follow the same process for adding beneficiaries.

Review and Sign

22. When finished making your changes, click on

23. If you add a NEW dependent for the first time and enroll in medical, dental and/or vision plans, you will be required to attach dependent documentation under **Attachments** section.



Open Enrollment Frequently Asked Questions (FAQs)

24. Click ☐ I Accept

25. Click 

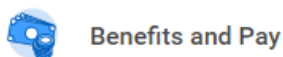
26. If EOI is required based on your elections, you will receive a notification in your “My Tasks”  .

Once EOI is completed, Click 

3. **Once I submit my Open Enrollment elections for the first time, can I go back and update my elections.**
Yes, your last election submitted at the close of Open Enrollment will be the final submittal. See the instructions below on how to resubmit.

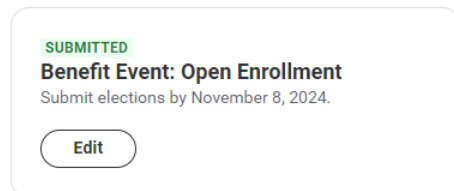
○ **Via your Work Computer**

✓ Go to your Employee Profile, under Menu (left hand side of the screen) select



✓ Under Needs Attention, Select **Edit**.

Needs Attention



✓ 

✓ then select

○ **Via your Phone Using Workday App**



✓ Click on **Apps**  , then click on **Benefits and Pay**  .

✓ Under Needs Attention, Select **Edit**.

Open Enrollment Frequently Asked Questions (FAQs)

4. If I am unable to obtain the required dependent documentation during the Open Enrollment deadline what happens.

There will be no extension given. Dependent documentation must be uploaded and approved by the Human Resources Department by the Open Enrollment deadline. No exceptions will be made.

5. I am adding a dependent to the health insurance, and I cannot find my dependent's social security card. What do I need to do.

You can contact the Social Security office and request a replacement Social Security card. Documentation showing you requested a replacement card can be uploaded in Workday with the other required dependent documentation and once the actual Social Security card is received, you will provide a copy to the Human Resources Department.

6. I don't have a copy of my dependent's birth certificate how do I obtain a copy.

If your dependent was born in the State of Texas, you can obtain a copy from the Vital Statistics Department in City Hall on the first floor. Outside the State of Texas, you can request a new birth certificate online through the county the dependent was born in. A copy of this request can be uploaded and when the birth certificate is received, you will provide a copy to the Human Resources Department.

7. Where can I find a copy of the Open Enrollment Communications

City of Amarillo Internet Site – amarillo.gov/handbook then click on Employee Benefits.

8. What are the key differences between the Medical and Dental Plans.

An overview of the two plans is provided in the 2026 Open Enrollment packet.

9. If I am adding a dependent during Open Enrollment and I am having difficulty uploading my dependent documentation, what should I do.

- After entering your changes in Workday through the enrollment screen, click on **Save for Later**. By doing this it will allow the Benefits team to upload the documentation on your behalf and then you can finalize your Open Enrollment. Note, if you already clicked **Review and Sign** and tried to submit your

Error

1. Page Error

- Attachment required for new dependents

enrollment on the next page where you received this error message then you will select **Cancel** then select **Discard**. This will take you to the previous screen where you click on **Save for Later**.

- You have two options for the Human Resources Department to upload your documentation.
 - 1st option – In person at City Hall, 1st floor, Rm. 1100 (M-F, 8am to 5pm)
 - OR
 - 2nd option – Email dependent documentation to benefits@amarillo.gov. In the email, provide your full name, employee number and what you are requesting.

Open Enrollment Frequently Asked Questions (FAQs)

10. How do I upload dependent documentation via the computer or through the App on my phone.

- **Via your Work Computer**

After completing your elections in Workday for Open Enrollment, click **Review and Sign**. Under Attachments section, click on **Drop File or Select Files** from your computer. Once uploaded, click **Accept**, then **Submit**.

- **Via your Phone Using Workday App**

✓ After completing your elections in Workday for Open Enrollment, click **View Summary**. Under

Camera

Gallery

Attachments section, click on  **View/Edit**. Click on  to select from the 3 options **File browser**.

11. How do I obtain a copy of my Open Enrollment elections after submitting my changes.

After you have submitted your elections, you will click on **View 2026 Benefits Statement**. In the lower left-hand corner, you can click Print to obtain a copy of your elections OR download a PDF by clicking



12. How do I know if my Open Enrollment elections were submitted successfully.

- Go to your Profile, select Actions>Benefits>View My Benefit Election History.

Benefits Details

- Click on Benefits Elections Active in Blue under Benefits Details

Benefit Elections Active on 01/01/2025

- Click on PDF in the upper right-hand corner of the screen  and select Download.

City of Amarillo

Documentation Required to Add Dependents to Healthcare Plans

Employees can add eligible dependents (legal spouse and/or children up to age 26 years of age) to any of the healthcare plans: medical (includes prescription), dental, vision, and life insurance. These changes can be made mid-year for any Qualifying Life Event (QLE), or during the annual Open Enrollment window, which is generally held in October/November each year. Some examples of a QLE include newborn, marriage, divorce, adoption, court-ordered dependent changes, or loss of coverage. For QLEs, employees have **31 CALENDAR DAYS** from the event date to make changes to their benefits. Failure to make changes within the 31 Calendar Days will result in no coverage. The next opportunity to enroll your eligible dependent(s) would be during the next Open Enrollment period with an effective date of January 1st of the following calendar year.

Employees making changes for Qualifying Life Events or during the Open Enrollment period will be required to submit the following documentation when adding eligible dependents in Workday.

Legal Spouse (Opposite Sex or Same Sex)

- ✓ Marriage License
- ✓ Legal Spouse's Birth Certificate
- ✓ Legal Spouse's Social Security Card

Texas Common Law Spouse (Opposite Sex or Same Sex)

- ✓ Affidavit of Common Law Marriage
- ✓ Common Law Spouse's Birth Certificate
- ✓ Common Law Spouse's Social Security Card

Child

- ✓ Child's Birth Certificate (must have the employee's name as the parent of the child or if stepchild must have legal spouse's name on the birth certificate*).

*If you add a stepchild, a marriage license will be required.

- ✓ Child's Social Security Card
- ✓ If adding a Newborn, a hospital certificate "will not be accepted."

Note: Birth certificates for children born in the State of Texas can be obtained from the Vital Statistics Department in City Hall. Birth certificates for newborns are not mailed out to the parents automatically; they must be requested in person at City Hall, and it takes up to a week from date of birth for them to be available for purchase.

- ✓ Grandchild – Birth Certificate, Social Security Card and legal document awarding guardianship is required.

Note: Changes will not be accepted without the required dependent documentation and must be received within 31 calendar days of the event date for Qualifying Life Events or by the Open Enrollment deadline imposed each year. There will be no exceptions made for failure to turn in required documentation by these deadlines.

Questions, please call the Benefits Department M-F, 8am to 5pm CST by phone at (806) 378-4235, email benefits@amarillo.gov or in person at City Hall, Rm. 1100

2026 Healthcare Insurance Employee Premiums (Per Pay Period)

MEDICAL PREMIUMS

Medical Plan 1	Medical Plan 2
Employee Only - \$26.34	Employee Only - \$28.97
Employee and Spouse - \$84.44	Employee and Spouse - \$101.32
Employee and Child(ren) - \$71.46	Employee and Child(ren) - \$85.75
Employee and Family - \$134.86	Employee and Family - \$161.83

DENTAL PREMIUMS

Dental Plan 1	Dental Plan 2
Employee Only - \$19.37	Employee Only - \$21.30
Employee and Spouse - \$36.51	Employee and Spouse - \$40.17
Employee and Child(ren) - \$34.08	Employee and Child(ren) - \$37.50
Employee and Family - \$51.12	Employee and Family - \$56.23

VISION PREMIUMS

Vision Plan
Employee Only - \$2.67
Employee and Spouse - \$4.99
Employee and Child(ren) - \$5.06
Employee and Family - \$7.81

2026 Overview of Medical Plans

The Medical Plans are an Exclusive Provider Organization (EPO) medical plan through Aetna and it offers you access to a broad network of in-network providers and facilities. The medical plan will only provide coverage for in-network services. Out-of-network services “will not” be covered under the medical plan. However, in emergency situations out-of-network services may be covered under the medical plan. Note: Outside the local Amarillo area there is a nationwide network through Aetna where you can seek care from other in-network providers and facilities.

In the local Amarillo area, the in-network hospital/facilities you can use is through Northwest Texas Hospital. Services performed at BSA hospital/facilities are out-of-network and will not be covered under the medical plan.

Locate in-network providers/facilities at www.Aetna.com or through the Aetna Health App (Text “AETNA” to 90156 to receive a link to download the Aetna Health App). First time users must set up and register an account through the Aetna site or App. Once registered, you can locate in-network providers/facilities locally or nationwide. You must log into your account every time to locate in-network facilities/providers. Aetna customer service representatives are also available to assist with in-network searches, and their number is located on your Aetna card.

A medical card with prescription information on the back of the card is mailed to your home address on file for new hires and replacement cards can be requested by contacting Aetna customer service.

Overview of Medical Plans:

There are two medical plans that you can choose from. An overview of the two plans is provided below.

	Both Medical Plans	Medical Plan 1	Medical Plan 2
Deductible (per calendar yr.)	\$1,500 Individual \$3,000 Family		
Out-of-Pocket Limit (per calendar yr.)* *Includes deductible, coinsurance, and co-pays	\$5,000 Individual \$10,000 Family	Prescription co-pays applies	Medical and Prescription co-pays applies
Other Medical Services (In-Network) - Coinsurance	Covered at 80%, AFTER Deductible		
Physician Services Medical Co-Pays		Not covered under this Plan.	Office Visit \$25 Specialist (includes mental health, speech, physical and occupational therapy) \$50
Urgent Care Clinics – IN-NETWORK	Covered under both Plans.		

Summary of Medical Plan Coverage:

MEDICAL PLAN 1	
FEATURES	IN-NETWORK
Deductible (per calendar year)	\$1,500 Individual \$3,000 Family
Out-of-Pocket Limit (per calendar year) Includes deductible, coinsurance, and prescription co-pays	\$5,000 Individual \$10,000 Family
Out-of-Network Coverage	None , except for emergencies
PREVENTIVE CARE	IN-NETWORK
Routine Adult Physical Exams/Immunizations	Covered 100% (deductible/co-pay waived)
Routine Well Visit Exams	Covered 100% (deductible/co-pay waived)
PHYSICIAN SERVICES	IN-NETWORK
Office and Specialty Visits	Covered 80%, AFTER Deductible
DIAGNOSTIC PROCEDURES	IN-NETWORK
Diagnostic X-Ray	Covered 80%, AFTER Deductible
Diagnostic Laboratory <u>using Quest Diagnostic Labs</u>	Covered 100% (deductible/co-pay waived) Note: Quest Diagnostic Labs has facilities across the U.S. Log into your account online at www.Aetna.com to find a Quest location.
Diagnostic Laboratory (other than Quest)	Covered 80%, AFTER Deductible IF done by any other laboratory/physician office.
Diagnostic Complex Imaging (MRI/CT/PET SCAN)	Covered 80%, AFTER Deductible
EMERGENCY MEDICAL CARE	IN-NETWORK
Urgent Care	Covered 100% (deductible/co-pay waived)
Walk-In Clinics	Covered 100% (deductible/co-pay waived)
Emergency Room	Covered 80%, AFTER Deductible
Ambulance	Covered 80%, AFTER Deductible
HOSPITAL CARE (Northwest Texas Hospital - Nwth)	IN-NETWORK
Inpatient Coverage (In Amarillo, the only in network facility is NWTH)	Covered 80%, AFTER Deductible
Inpatient Maternity Coverage (includes delivery and postpartum care)	Covered 80%, AFTER Deductible
Outpatient Hospital or Surgery	Covered 80%, AFTER Deductible
MENTAL HEALTH SERVICES	IN-NETWORK
Inpatient and Outpatient Treatment	Covered 80%, AFTER Deductible
ALCOHOL/DRUG ABUSE SERVICES	IN-NETWORK
Outpatient Treatment	Covered 80%, AFTER Deductible

OTHER SERVICES	IN-NETWORK
Outpatient Short-Term Rehabilitation Includes Speech, Physical, and Occupational Therapy	Covered 80%, AFTER Deductible
Spinal Manipulation Therapy	Covered 80%, AFTER Deductible Limited to 20 visits per calendar year
Durable Medical Equipment	Covered 80%, AFTER deductible
Prosthetics	Covered 80%, AFTER deductible
Hearing Aids	\$2,000 maximum every 3 years, AFTER Deductible

MEDICAL PLAN 2	
FEATURES	IN-NETWORK
Deductible (per calendar year)	\$1,500 Individual \$3,000 Family
Out-of-Pocket Limit (per calendar year) Includes deductible, coinsurance, and medical/prescription co-pays	\$5,000 Individual \$10,000 Family
Out-of-Network Coverage	None , except for emergencies
PREVENTIVE CARE	IN-NETWORK
Routine Adult Physical Exams/Immunizations	Covered 100% (deductible/co-pay waived)
Routine Well Visit Exams	Covered 100% (deductible/co-pay waived)
PHYSICIAN SERVICES	IN-NETWORK
Office Visit	\$25 Co-pay
Specialist Visit (includes mental health)	\$50 Co-pay
DIAGNOSTIC PROCEDURES	IN-NETWORK
Diagnostic X-Ray	Covered 80%, AFTER Deductible
Diagnostic Laboratory <u>using Quest Diagnostic Labs</u>	Covered 100%. Note: Quest Diagnostic Labs has facilities across the U.S. Log into your account online at www.Aetna.com to find a Quest location.
Diagnostic Laboratory (other than Quest)	Covered 80%, AFTER Deductible IF done by any other laboratory/physician office.
Diagnostic Complex Imaging (MRI/CT/PET SCAN)	Covered 80%, AFTER Deductible
EMERGENCY MEDICAL CARE	IN-NETWORK
Urgent Care	Covered 100% (deductible/co-pay waived).
Walk-In Clinics	\$25 Co-pay
Emergency Room	Covered 80%, AFTER Deductible
Ambulance	Covered 80%, AFTER Deductible
HOSPITAL CARE (Northwest Texas Hospital - NWTH)	IN-NETWORK
Inpatient Coverage (In Amarillo, the only in network facility is NWTH)	Covered 80%, AFTER Deductible
Inpatient Maternity Coverage (includes delivery and postpartum care)	Covered 80%, AFTER Deductible
Outpatient Hospital or Surgery	Covered 80%, AFTER Deductible
MENTAL HEALTH SERVICES	IN-NETWORK
Inpatient and Outpatient Treatment	Covered 80%, AFTER Deductible

ALCOHOL/DRUG ABUSE SERVICES	IN-NETWORK
Outpatient Treatment	Covered 80%, AFTER Deductible
OTHER SERVICES	IN-NETWORK
Outpatient Short-Term Rehabilitation Includes Speech, Physical, and Occupational Therapy	\$50 Co-pay
Spinal Manipulation Therapy	\$50 Co-Pay (Specialist Office Visit) Limited to 20 visits per calendar year
Durable Medical Equipment	Covered 80%, AFTER deductible
Prosthetics	Covered 80%, AFTER deductible
Hearing Aids	\$2,000 maximum every 3 years, AFTER Deductible

100% Covered Medical Services – Both Medical Plans

If enrolled in either medical plan the following medical services are covered at 100%. This allows you and your enrolled family members to have quality care at no cost.

Preventative Care Screenings: There are preventative care services that are covered at 100%. Contact Aetna customer service for more information on preventative care services that are available.

In-Network Urgent Care Clinic Visits:

Urgent care clinic visits will be covered 100% when using an in-network facility.

CVS Virtual Care: CVS Virtual Care is a virtual medical benefit offered to employees and their dependents enrolled in the medical plan. Virtual visits are available for minors 18 months to 18 years old. When dependents become an adult (18 years of age or older and are enrolled in the medical plan), they can get adult care options by setting up their own account.

It's your care, your way

Enrolled members will have access to on-demand sick care, primary care, and mental health services at no cost to the member. This virtual care option is in addition to your traditional in-network providers. Access is included in your medical plan, made available through Aetna®, a CVS Health® company.

Here is what is included:

On-demand Sick Care – Available to adults and children over 18 months (24/7 including holidays):

- Obtain virtual care ASAP for non-emergency services with licensed providers for common illnesses (cough, colds, flu), common infections (ear, sinus, skin, urinary tract infections), and one-time medication refills.

Virtual Primary Care – Available to adults ages 18 and up (M-F, 7:00am to 7:00pm CST):

- Choose a dedicated provider and get a supporting Care Team.
- Schedule a primary care visit with your provider in days, not weeks.
- Ask your Care Team questions at any time, from anywhere through secure messaging.
- Schedule visits for routine care, sick care, and chronic illness management for things like diabetes, high blood pressure, allergies, etc.

Virtual Mental Health Services – Available to adults and children ages 13 and up (7 days a week, 8:00am to 7:30pm CST):

- Consult with a licensed therapist for mental health services and get help with medication management.

Additional Benefits:

- When in person follow up care is needed, CVS will help coordinate those referrals with in-network providers.
- Access to your personal health information and lab results is available through the health dashboard.

What's next? Active your virtual care benefit by following the instructions below. Register and set up your account for future virtual care or to learn more about these virtual care services. You can also click on “Get Quick Care” after logging into the Aetna website (www.Aetna.com) or App. A telephonic option is not available with this benefit.

1 Activate your virtual care benefit. Visit CVS.com/virtual-care/amarillo.

2 Click the “Get care now >” button.

3 To register, under “Use your CVS.com account,” click the “Sign in >” button.

4 Enter your mobile number or email address and click “Continue.”

5 If you don't have an account, you can create one by entering your name, date of birth, mobile number and a password. You only have to do this once.

6 Under “Patient's insurance member ID,” enter your ID from your ID card (WXXXX XXXXX).

7 Tell us how we can help by entering a condition, symptom or care type. Find care that works in your schedule.

♥ CVS

How do you want to schedule your visit?

Use your CVS.com account

Sign in >

♥

Sign in or create an account

First, we'll check to see if you already have an account or ExtraCare® membership.

Mobile number or email

By continuing, you agree to our [Terms of Use](#) and [Privacy Policy](#)

Continue

♥

Create your account

All fields are required unless marked optional.

Let's check that David can get CVS Virtual Care

All fields required.

Date of birth

Example: MM/DD/YYYY

Month

Day

Year

01

01

0000

☐ Show date of birth

♥ aetna

Aetna Select Care Access

ID M1234 56789

PAYE

Find the care you need

All fields are required.

Select the care you need

Enter a symptom or condition and select a service.

Select a location

Enter a ZIP code or city, then select a location.

Next

24-Hour Nurse Line: The 24-Hour Nurse Line can provide helpful information and possibly prevent an unneeded trip to the doctor's office. You can call the toll-free number listed in this guide on pg. 2 or go to www.Aetna.com and log into your account.

Quest Diagnostic Labs: Lab work is 100% paid. Log into your account at www.Aetna.com to locate local/nationwide providers. The Amarillo location is 2207 S. Western Street, Space 50, Amarillo, TX 79109, and phone number is 1-806-358-0880. Hours of operation: M-Th 8am to 5pm (closed for lunch from 12:30 to 1:30pm) and Friday 8am to 2:00pm. To schedule an appointment, you can call 1-888-277-8772 or go online at <https://appointment.questdiagnostics.com>.

2026 Prescription Drug Plan

If you enroll in the medical plan, you will automatically receive prescription drug coverage through **RxBenefits, Inc. using OptumRx**. Your prescription drug plan information will be located on the back side of your Aetna medical card. Note, copays do apply towards the out-of-pocket maximum under the medical plan.

Category	Retail (30-Day Supply)	Retail/Mail Order* (90-Day Supply)
Generic Drugs**	\$15	\$30
Preferred Brand Drugs	\$35	\$70
Non-Preferred Brand Drugs	\$50	\$100
Specialty Drugs – only through OptumRx Specialty Pharmacy (limited to a 30-day supply only)	\$65	N/A

*A 90-day supply may result in greater cost savings.

**You may be eligible for a lower co-pay when filling generic prescriptions at Walmart or Sam's Club.

Overview of Dental Plans

There are two dental plans that you can choose from. An overview of the two plans is provided below.

	Both Dental Plans	Dental Plan 1	Dental Plan 2
Annual Individual Benefit Maximum		\$1,000	\$1,500
Annual Deductible for Basic/Major Restorative and Children Orthodontia Services		Individual \$50 Family \$100 Deductible Applies Only if Using an Out-of-Network Provider	None
Preventive Services (Cleanings – 3 per year, exams and x-rays)*	100% (no deductible)		
Basic Services (Fillings, simple extractions, crown, denture and bridge recementations)*		80% (after deductible if using out-of-network provider)	80%
Major Services (Implants, bridges, dentures, in- and onlay crowns)*		50% (after deductible if using an out-of-network provider)	50%
Orthodontia for Children (up to 19 years of age)	\$1,500 Lifetime Benefit		
Orthodontia for Adult (Employee & Legal Spouse)		Not covered under this Plan.	\$1,500 Lifetime Benefit

Keep smiling

Delta Dental PPO™



Stay in network to save

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a PPO dentist at deltadentalins.com.

If you can't find a PPO dentist, consider a Delta Dental Premier® dentist. These dentists have agreed to set fees and offer another opportunity to save.

Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at deltadentalins.com.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need to

provide your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.⁴ Log in to your online account to find this date.

Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care⁵, you can receive significant savings on LASIK procedures and hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

Save with a PPO dentist



PPO



PREMIER



NON-DELTA DENTAL

¹ In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

³ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

⁴ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

⁵ Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

West Virginia: Learn about our commitment to providing access to a quality dentist network at deltadentalins.com/about/legal/index-enrollee.html.

Benefit Highlights: Delta Dental PPO™

Plan Benefit Highlights for: City of Amarillo
Group Number: 23642 - Low Plan

Effective Date: 1/1/2026

Benefits	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Deductibles per member each calendar year	No Deductible	No Deductible	\$50/ \$100
Deductibles waived for Diagnostic & Preventive?	Waived for Non Delta Dental Dentists only		
Deductibles waived for Orthodontics?	Yes, for all Dentists		
Maximums Per member each calendar year	\$1,000	\$1,000	\$1,000
D&P counts toward maximum?	Yes, for all Dentists		

Covered Services*	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D&P) Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	100%	100%
Basic Services Fillings and Simple Extractions	80%	80%	80%
Endodontics Root Canals	80%	80%	80%
Periodontics Surgical and Non-Surgical Periodontics	80%	80%	80%
Oral Surgery	80%	80%	80%
Major Services Crowns, Inlays, Onlays and Cast Restorations	50%	50%	50%
Prosthodontics Bridges, Dentures and Denture Repair/Reline/Rebase	50%	50%	50%
Implants Implant Services	50%	50%	50%
Orthodontic Services Dependent Children only up to age 19. Adults not covered	50%	50%	50%
Orthodontic Maximums	\$1,500 Lifetime	\$1,500 Lifetime	\$1,500 Lifetime

For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).

* Limitations may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental Insurance Company 1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	Customer Service 800-521-2651 deltadentalins.com	Claims Address P.O. Box 1809 Alpharetta, GA 30023-1809
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This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Benefit Highlights: Delta Dental PPO™

Plan Benefit Highlights for: City of Amarillo
Group Number: 23642 - High Plan

Effective Date: 1/1/2026

Benefits	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Deductibles per member each calendar year	No Deductible	No Deductible	No Deductible
Maximums Per member each calendar year	\$1,500	\$1,500	\$1,500
D&P counts toward maximum?	Yes, for all Dentists		

Covered Services*	Delta Dental PPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D&P) Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	100%	100%
Basic Services Fillings and Simple Extractions	80%	80%	80%
Endodontics Root Canals	80%	80%	80%
Periodontics Surgical and Non-Surgical Periodontics	80%	80%	80%
Oral Surgery	80%	80%	80%
Major Services Crowns, Inlays, Onlays and Cast Restorations	50%	50%	50%
Prosthodontics Bridges, Dentures and Denture Repair/Reline/Rebase	50%	50%	50%
Implants Implant Services	50%	50%	50%
Orthodontic Services Only for dependent children up to 19 years of age and for Adults (Employee and Legal Spouse only)	50%	50%	50%
Orthodontic Maximums	\$1,500 Lifetime	\$1,500 Lifetime	\$1,500 Lifetime

For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).

* Limitations may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental Insurance Company 1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	Customer Service 800-521-2651 deltadentalins.com	Claims Address P.O. Box 1809 Alpharetta, GA 30023-1809
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This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.



You've got options

With a Delta Dental PPO™ or Delta Dental PPO Plus Premier™ plan, you can visit the dentist of your choice.



You want to visit a dentist you know and trust. Most of the time, your dentist is a part of our network, one of the nation's largest. But what if they're not? We've got you covered either way. With a Delta Dental PPO™ or Delta Dental PPO Plus Premier™ plan, you're free to visit any licensed dentist, including those outside our network.

But for cost savings and convenience, a Delta Dental dentist is always your best choice.

	In-network dentist	Out-of-network dentist
Benefits	Some plans are designed so you pay less out of pocket when you visit a Delta Dental provider.	Some plans increase your out-of-pocket costs when you go out-of-network. Check your benefit booklet to make sure you understand your benefits.
Discounted fees	In-network dentists agree to charge discounted rates for their services.	Out-of-network dentists have not agreed to the discounted rates.
No prepayment required	You'll pay only your portion of the bill, and Delta Dental will pay our share directly to your dentist.	Delta Dental will reimburse you for the service according to your benefits, but the dentist is likely to charge you up front for the full cost of the service.
Protection from balance billing	In-network dentists won't charge you more than your expected share of the bill.	Out-of-network dentists may charge you for the difference between what the plan pays and their usual rate.
No unbundling	In-network dentists agree not to charge separately for services that are part of a treatment, like tooth preparation or local anesthetic.	Out-of-network dentists may charge for these services separately, making your overall costs higher.
Quality assurance	All Delta Dental dentists go through a rigorous credentialing process to ensure they are properly licensed and trained and carry the required levels of liability insurance for their area of practice.	We can't verify that out-of-network dentists are properly licensed, credentialed or provide quality care.
Claim submission	In-network dentists file claims on your behalf.	You will likely have to file your own claims.
Patient advocacy	We can advocate on behalf of our members, ensuring they receive the best treatment and care.	Delta Dental can't advocate on behalf of our members.



deltadentalins.com/members

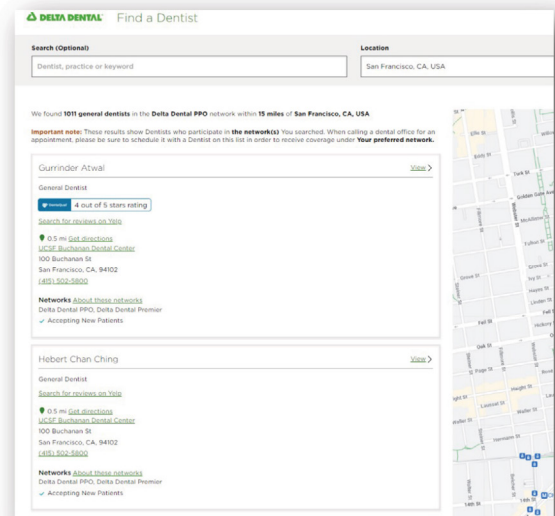
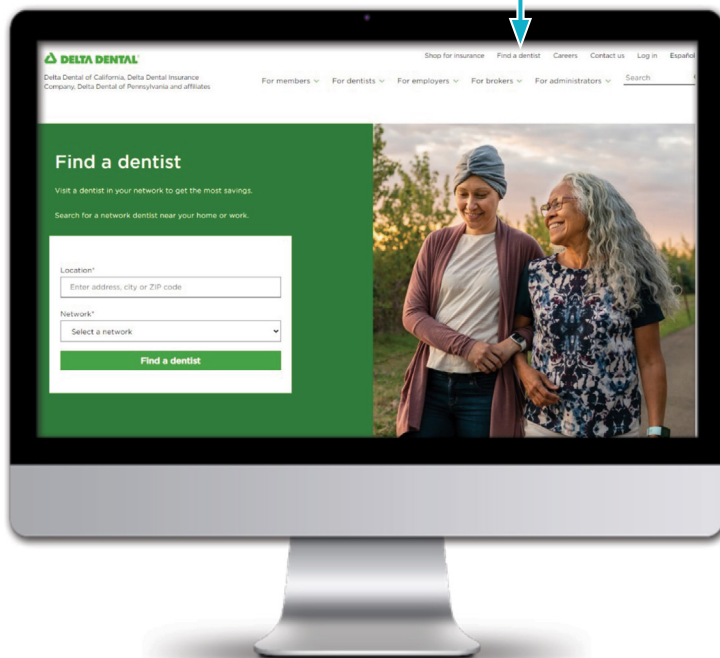
Want to find an in-network dentist?

That's easy! Visit **deltadentalins.com** and search in your area with our Find a Dentist tool. We continuously evaluate and recruit dentists into our network to make sure we're meeting the needs of our members.

Have a claim to file?

If you recently visited an out-of-network dentist, you'll likely have to submit a claim. Claim forms are available when you log in to your account at **deltadentalins.com**. If you haven't registered, creating an account is easy.

Members can search for a new dentist right from the home page of our website. They can also use the Cost Estimator tool to see their projected cost for a dentist visit or procedure.



Questions?

If you have any questions about your coverage or how to find a dentist, please log in to your account at **deltadentalins.com** to learn more. You can also contact us at **deltadentalins.com/about/contact**.



Summary of Benefits for City Of Amarillo Aetna VisionSM Preferred

Effective Date: 01/01/2026 External Plan ID: 1062300101 Frequency (Exam/Frame/Lens): 12/24/12	In Network Member Cost Aetna Vision Network	Out of Network Member Reimbursement*
Exam		
Eye Exam with Dilation as Necessary	\$0 Copay	\$35 Reimbursement
Retinal Imaging	Member pays discounted fee of \$39	Not Covered
Standard Contact Lens Fit /Follow Up ¹	Member pays discounted fee of \$40	Not Covered
Premium Contact Lens Fit /Follow Up ¹	10% off retail price	Not Covered
Frames		
Any Frame available, including frames for prescription sunglasses	\$0 Copay; \$150 Allowance**, 20% off balance over allowance	\$75 Reimbursement
Standard Plastic Lenses		
Single Vision	\$0 Copay	\$25 Reimbursement
Bifocal	\$0 Copay	\$40 Reimbursement
Trifocal	\$0 Copay	\$55 Reimbursement
Lenticular	\$0 Copay	\$55 Reimbursement
Standard Progressive Lens (copay includes bifocal cost)	\$65 Copay	\$40 Reimbursement
Premium Progressive Lens Tier 1 (copay includes bifocal cost) ²	\$85 Copay	\$40 Reimbursement
Premium Progressive Lens Tier 2 (copay includes bifocal cost) ²	\$95 Copay	\$40 Reimbursement
Premium Progressive Lens Tier 3 (copay includes bifocal cost) ²	\$110 Copay	\$40 Reimbursement
Premium Progressive Lens Tier 4 (copay includes bifocal cost) ²	\$175 Copay	\$40 Reimbursement
Lens Options		
UV Treatment	Member pays discounted fee of \$15	Not Covered
Tint (Solid And Gradient)	Member pays discounted fee of \$15	Not Covered
Standard Plastic Scratch Coating	Member pays discounted fee of \$15	Not Covered
Polycarbonate Lenses - Adult	Member pays discounted fee of \$40	Not Covered
Polycarbonate Lenses - Children to age 19	Member pays discounted fee of \$40	Not Covered
Standard Anti-Reflective Coating	Member pays discounted fee of \$45	Not Covered
Premium Anti-Reflective Coating Tier 1 ²	Member pays discounted fee of \$57	Not Covered
Premium Anti-Reflective Coating Tier 2 ²	Member pays discounted fee of \$68	Not Covered
Premium Anti-Reflective Coating Tier 3 ²	\$85 Copay	Not Covered
Photochromic/Transitions Plastic - Adult	Member pays discounted fee of \$75	Not Covered
Photochromic/Transitions Plastic - Children to age 19	Member pays discounted fee of \$75	Not Covered
Other Add-Ons	20% off retail price	Not Covered
Contact Lenses		
Conventional	\$0 Copay; \$150 Allowance**, 15% off balance over allowance	\$120 Reimbursement
Disposable	\$0 Copay; \$150 Allowance	\$120 Reimbursement
Medically Necessary	Covered in Full	\$200 Reimbursement

Frequency	Children to age 19	Adults age 19 and over
Exam	once every Calendar Year	once every Calendar Year
Frame	once every two Calendar Years	once every two Calendar Years
Lenses	once every Calendar Year	once every Calendar Year
Contact Lenses	once every Calendar Year	once every Calendar Year

Lens Coverage can be used for eyeglass lenses OR 1 order of contact lenses

In Network Discounts

Discounts cannot be combined with any other discounts or promotional offers and may not be available on all brands

Additional pairs of eyeglasses or prescription sunglasses ³	Up to 40% off prescription eyeglasses/sunglasses and 15% off conventional contact lenses once the funded benefit has been used
Non-covered Items ⁴	20% off retail price
Lasik Laser vision correction or PRK from U.S. Laser Network ⁵ . Call 1-800-422-6600	15% discount off retail price or 5% discount off promotional price
Hearing Discounts ⁶ - two ways to save: Hearing Care Solutions 1-866-344-7756 Amplifon Hearing Health Care 1-877-301-0840	Save on hearing aids, exams, batteries, repairs and more

Partial list of exclusions and limitations

Enrolled members can access our secure member website once their plan becomes effective. Enrolled subscribers will receive a welcome packet with ID card mailed to their home within 15 business days after enrollment is processed.

*Out of network coverage is available. To receive reimbursement up to the amounts listed above, a claim form with itemized receipt is required. Reimbursement will not exceed the providers actual charge. Claims forms can be found at aetnavision.com or by calling customer service Monday through Sunday at 1-877-973-3238. Completed claim forms can be submitted electronically or mailed to Aetna, PO Box 8504 Mason, OH 45040-7111. You also have access to Allied Providers, such as Costco Vision, who will apply your out-of-network benefits at the point of service and handle the claim submission process for you.

**Allowances are one-time use benefits. No remaining balances may be used. The plan does not provide a declining balance benefit.

¹Contact lens fit and two follow-up visits are allowed once an eye exam has been completed.

²Premium progressives and premium anti-reflective Brand designations are subject to annual review and change based on market conditions. Ask your eye care provider for more information. Premium Progressive Lens cost includes bifocal cost.

³Additional pair discount applies to purchases made after the plan allowances have been exhausted. Discounts are not insurance.

⁴Non covered discounts may not be available in all states.

⁵Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

⁶Aetna does not endorse any vendor, product or service associated with these discount offers. Vendors are independent of Aetna, not agents or employees. Programs, products and services may not be available at all times. Certain offers may not be available in some states. Products and services are provided by Hearing Care Solutions and Amplifon Hearing Health Care (formerly HearPO).

Key Definitions

Copayment - The fixed amount paid by the member under the plan. Providers should collect all copayments

Allowance - Dollar amount to be applied toward the cost of materials or a service

Reimbursement - Dollar amount to be paid to the member from Aetna up to the providers' billed charge

Out-of-Pocket - The amount the member must pay after benefits have been applied

Discount - Percentage off the providers billed charge or retail cost

Standard Polycarbonate - 1.5 mm center thickness with spherical curves

Standard Scratch-Resistant Coating - Front-side factory scratch coat

Standard Progressive Lens - Multi-focal design that produce a gradual change in focus without lines or junctions

Conventional Contact Lens - Lenses intended for ongoing, daily-wear use; rigid gas-permeable lenses are included

Disposable Contact Lens - Lenses that are designed and labeled to be replaced at specified time intervals (e.g., daily, weekly, monthly)

Medically Necessary Contact Lenses - To correct visual acuity to 20/40 or better if such correction is not possible with conventional lenses; or if aphakic lenses are prescribed after cataract surgery

Policies and plans are insured and/or administered by Aetna Life Insurance Company (Aetna). Certain claims administration services are provided by First American Administrators, Inc. and certain network administration services are provided through EyeMed Vision Care ("EyeMed"), LLC.

Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Plan features and availability may vary by location and are subject to change. These are the plan's main exclusions and limitations. See the booklet-certificate for a complete description. The plan does not cover: special vision procedures, such as orthoptics, vision therapy or vision training; vision services or supplies that do not meet professionally accepted standards; plano (nonprescription) lenses; nonprescription sunglasses; two pair of glasses in lieu of bifocals; medical and/or surgical treatment of the eyes; cosmetic services; lost or broken lenses, frames, glasses or contact lenses.

Providers in the Aetna Vision network are contracted and credentialed through EyeMed Vision Care, LLC according to EyeMed's requirements. EyeMed and Aetna are independent contractors and not agents of each other. Provider participation may change without notice.

Refer to Aetna.com for more information about Aetna® plans.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability. Aetna provides free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, call 877-973-3238. If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with Civil Rights Coordinator by contacting: Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512. 1-800-648-7817, TTY: 711, Fax: 859-425-3379, CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD). Help for those who speak another language and for the hearing impaired.

For language assistance in your language call 877-973-3238. Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación.

Salaried employees may earn compensation on the sale of Aetna products. The compensation varied depending on a number of factors, including customer segment and product selected. Combining all factors, compensation for each product quoted averages less than 8% of the total first year annual premium. Aetna offers additional bonus programs, which may also apply. Neither Aetna nor the employee has material ownership interest in the other. The employee may not alter the amount of compensation received from Aetna. You may obtain additional information about the compensation expected to be received by eligible employees, based in whole or in part on the sale of an Aetna product, or alternative options presented, by contacting Aetna at www.aetna.com/about-us/forms/employee-compensation-disclosure.html.

Network Choices

Aetna VisionSM Preferred offers the right mix of the most desired independent, national, and regional providers, ensuring you have the choices you want and the convenience you expect.

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS[®]

PEARLE
VISION[™]

OPTICAL[®]

****The City of Amarillo plan also includes Walmart and Sam's Club as providers****

Check out these regional providers below:

Abba Eye Care
All About Eyes
America's Best
Bard Optical
C&B Optical One
Clarkson Eyecare
Cohen's Fashion Optical
Crown Optical
Devlyn Optical
Doctors Vision Center
Dr. Tavel Family Eye Center
Drs. May & Hettler
Eye Associates of New Mexico
Eye Boutique
Eyecarecenter OD PA

Eyeglass World
Eyeland Vision Center
EyeMart Express
EyeMart Optical Outlet
Firstsight Vision Services
For Eyes Optical
Gulf Coast Optometry
Heartland Vision
Henry Ford Optimeyes
Ilori
Insight Eye LensCrafters
Marion Eyecenters
Meijer Optical
Macy's Optical Midwest
Eye Consultants

Midwest Vision CentersMy
Eye Dr.
National Vision
Nationwide Vision Center
Northeastern Eye Institute
Oakley Store
Optical Shop of Aspen
Optical Shoppe in Fred
Meyer Optyx
Ossip Optometry
Pearle Vision
Rx Optical
Schaeffer Eye Center
See Inc.
Shopko

Site for Sore Eyes
Southwestern Eye Center
Sterling Optical
SVS Vision
Target Optical
Texas State Optical
Today's Vision
Union Square Eyecare
Vision World
Vogue Vision Centers
Wing Eyecare
Wisconsin Vision

*Listing is not all-inclusive. Actual insurance acceptance may vary by location.

Online, in-network providers:

LENSCRAFTERS

lenscrafters.com

OPTICAL[®]

targetoptical.com

contactsdirect

contactsdirect.com

OAKLEY

oakley.com

Ray-Ban

ray-ban.com

GLASSES.COM

glasses.com

LASIK, in-network providers:

LasikPlus⁺

The LASIK Vision
INSTITUTE

T L C
Laser Eye Centers[®]



Finding a vision provider is easy. Scan the QR code, visit **AetnaVision.com** or call us at **1-877-973-3238**.

Policies and plans are insured and/or administered by Aetna Life Insurance Company (Aetna). Certain claims administration services are provided by First American Administrators, Inc. and certain network administration services are provided through EyeMed Vision Care ("EyeMed"), LLC.

Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Plan features and availability may vary by location and are subject to change.

Providers in the Aetna Vision network are contracted and credentialed through EyeMed Vision Care, LLC according to EyeMed's requirements. EyeMed and Aetna are independent contractors and not agents of each other. Provider participation may change without notice.

Refer to **Aetna.com** for more information about Aetna[®] plans. Aetna is part of the CVS Health[®] family of companies.

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FLEXIBLE SPENDING ACCOUNT (FSA)

Save smarter with an FSA

Use your pretax dollars to pay for eligible out-of-pocket health and dependent care expenses

The savings are real. With an FSA, you set aside pretax earnings to pay for eligible health and dependent care expenses. That adds purchasing power, because the money you would have paid in taxes is available for you to spend.



→ Health care FSA

Eligible health care expenses include copays, coinsurance, and deductibles; dental and vision expenses; prescriptions and over-the-counter health care supplies from select retailers.

Plus, you may enjoy extra savings on eligible over-the-counter health care items for online and in-store purchases.

→ Dependent care FSA

Pay for eligible child and adult care expenses, such as day care, preschool, and nursery school, in-home aid, and more. Funds are for your dependent(s) age 12 or younger or a spouse or dependent incapable of self-care.

You can contribute up to the IRS limit in pretax dollars and, for health care FSAs, the full amount is available to use from the start of the plan year.*



Helpful FSA tips

- 1 Save your receipts, in case you need to submit documentation for a purchase.
- 2 Check IRS contribution limits and the list of common eligible expense items on your employer's plan document or at inspirafinancial.com.
- 3 Change your contribution if you have a change in status**, such as marital, employment, or number of tax dependents.
- 4 There is a use-it-or-lose-it rule — you should carefully estimate your expenses so you don't lose funds at the end of the year. There's a run-out period that gives you extra time to submit claims for reimbursement and some plans offer a grace period that gives you additional days to use your funds.* See your plan details to know how long you have to submit your claims after your plan year ends.
- 5 You must be working or looking for work to use your dependent care funds. If you're married, your spouse must either be working, looking for work, or a full-time student.

Choose your way to pay

→ Pay yourself back

with funds from your FSA when you use cash, a check, or your personal credit card.

→ Pay your provider

directly from your account.

→ Use your Inspira Card™

for a health care expense and it will be paid automatically from your account. Save receipts and explanation of benefits in case you need to substantiate a purchase.

Get the Inspira Mobile™ app

It's the easiest way to manage your account and view alerts, submit claims, and use the barcode scanner to verify eligible items in-store.

⇒ Add an FSA to your benefits plan today

For more information visit inspirafinancial.com or scan the QR code.



*Employer plans may differ. See your employer's Summary Plan Description for specific details about your plan.

**You must apply for a change in your election through your employer. See your employer's Summary Plan Description for specific details about your plan.

Note: Standard text messaging rates and other rates from your wireless carrier may apply when using the Inspira App.

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This material is for informational purposes only. It is not an offer of coverage and it does not constitute a contract. In case of a conflict between your plan documents and the information in this material, the plan documents will govern. Eligible expenses may vary from employer to employer. Please refer to your employer's Summary Plan Description ("SPD") for more information about your covered benefits. Information is believed to be accurate as of the production date; however, it is subject to change.

Creating New or Changing Existing Beneficiaries in Workday

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Create New Beneficiary and Add to Your Beneficiary Allocations Per Benefit Plan
(Basic Life & ADD and if enrolled in Additional Life & ADD for Employee)

Create Beneficiary Profile

To create a new beneficiary profile and add them as a primary beneficiary, you will start by selecting the plus sign under the Primary Beneficiaries section.

*Primary Beneficiaries 0 items

+

Beneficiary

Percentage

No Data

Once the plus sign has been selected, a drop-down box will appear under the Beneficiary Section. Click the 3 bars  and click on **Add New Beneficiary or Trust**.

*Primary Beneficiaries 1 item

+

Beneficiary

-

Search

Existing Beneficiary Persons

Existing Trusts

Add New Beneficiary or Trust

The Add New Beneficiary screen will appear and click on **Continue**.

Fill out the following information – **Relationship** (select 3 bars and choose from drop down box), **Date of Birth**, **Gender** (select 3 bars and choose from drop down box).

Legal Name

Select . Enter **First Name** and **Last Name**.

3

Create New Beneficiary and Add to Your Beneficiary Allocations Per Benefit Plan (Continued)
(Basic Life & ADD and if enrolled in Additional Life & ADD for Employee)

Contact Information

Select [dropdown]. Add **Phone Number** with Area Code, Select **Phone Device** and **Type** (select 3 bars and choose from drop down box). Scroll down the page and add **Address** and **Usage** (select 3 bars and choose from drop down box).

National IDs

Scroll up the page and Select [dropdown]. This is where you will enter their Social Security Number. Note, while this is not required it is preferred in case you do not update your beneficiary contact information and the beneficiaries need to be contacted if a death occurs. The life insurance vendor can locate the beneficiaries if there is a social security number on file.

Click on the plus sign.

National IDs 0 items



		*Country	*National ID Type	Current ID	Add/Edit ID	Issued Date
No Data						

Under **Country**, select the 3 bars and click on Frequently Used and select United States of America. If not residing in USA, select By Country Alphabetically.

Under **National ID Type**, select the 3 bars and click on Social Security Number.

Under **Add/Edit ID**, enter 9 digit Social Security Number.

Click the **OK** button.

Under the beneficiary just entered, enter the Percentage allocated for this beneficiary. Continue this process until the percentage equals 100% for all beneficiaries elected. You will need to elect at least one Primary Beneficiary at 100% under each plan.

If you want to add Secondary Beneficiaries, you will follow the same steps shown above for this section. Note, the secondary beneficiar(ies) will be considered if the primary beneficiar(ies) elected are deceased at the time the death claim is submitted.

Once completed, click the **Save** button.

Create New Trust Profile and Add to Your Beneficiary Allocations Per Benefit Plan (Basic Life & ADD and if enrolled in Additional Life & ADD for Employee)

Create Trust Profile

To create a Trust profile as a primary beneficiary you will start by selecting the plus sign under the Primary Beneficiaries section.

*Primary Beneficiaries 0 items



+	Beneficiary	Percentage
No Data		

Once the plus sign has been selected a drop-down box will appear under the Beneficiary Section. Click the 3 bars  and click on **Add New Beneficiary or Trust**.

*Primary Beneficiaries 1 item

+	Beneficiary
-	Search 
◀	Existing Beneficiary Persons >
Secondary B	Existing Trusts >
+	Add New Beneficiary or Trust

The Add New Trust screen will appear and click on **Continue**.

Fill out the following information – Trust Name, under Trustee Contact Information add **First and Last Name**. If you have contact Phone and/or Address of Trustee then this can be provided (it is not required).

Once completed, click the **OK** button.

Create New Trust Profile and Add to Your Beneficiary Allocations Per Benefit Plan (Continued)
(Basic Life & ADD and if enrolled in Additional Life & ADD for Employee)

Under the beneficiary just entered, enter the Percentage allocated for this beneficiary. Continue this process until the percentage equals 100% for all beneficiaries elected. You will need to elect at least one Primary Beneficiary at 100% under each plan.

If you want to add Secondary Beneficiaries, you will follow the same steps shown above for this section. Note, the secondary beneficiar(ies) will be considered if the primary beneficiar(ies) elected are deceased at the time the death claim is submitted.

Once completed, click the **Save** button.

Add Existing Beneficiaries to Your Beneficiary Allocations Per Benefit Plan (Basic Life & ADD and if enrolled in Additional Life & ADD for Employee)

Existing Beneficiary Profile

To add an existing beneficiary profile as a primary beneficiary you will start by selecting the plus sign under the Primary Beneficiaries section.

*Primary Beneficiaries 0 items



	Beneficiary	Percentage
No Data		

Once the plus sign has been selected a drop-down box will appear under the Beneficiary Section. Click the 3 bars and click on **Existing Beneficiary Persons**.

*Primary Beneficiaries 1 item

	Beneficiary
	Search Existing Beneficiary Persons > Existing Trusts > Add New Beneficiary or Trust

Secondary B

	Beneficiary
--	-------------

Select an Existing Beneficiary Person from the list. Enter the Percentage allocated for this beneficiary. Continue this process until the percentage equals 100% for all beneficiaries elected.

You will need to elect at least one Primary Beneficiary at 100% under each plan.

If you want to add Secondary Beneficiaries, you will follow the same steps shown above for this section. Note, the secondary beneficiary(ies) will be considered if the primary beneficiary(ies) elected are deceased at the time the death claim is submitted.

When you are done, click the **Save** button.

Add Existing Trust Profile to Your Beneficiary Allocations Per Benefit Plan (Basic Life & ADD and if enrolled in Additional Life & ADD for Employee)

Existing Trust Profile

To add an existing Trust profile as a primary beneficiary you will start by selecting the plus sign under the Primary Beneficiaries section.

*Primary Beneficiaries 0 items ⌵ ⌶ ⌵

	Beneficiary	Percentage
No Data		

Once the plus sign has been selected a drop-down box will appear under the Beneficiary Section. Click the 3 bars  and click on **Existing Trusts**.

*Primary Beneficiaries 1 item

	Beneficiary
	Search  Existing Beneficiary Persons > Existing Trusts > Add New Beneficiary or Trust

Secondary B

	Beneficiary
--	-------------

Select the Existing Trust from the list. Enter the Percentage allocated for this beneficiary. Continue this process until the percentage equals 100% for all beneficiaries elected. You will need to elect at least one Primary Beneficiary at 100% under each plan.

If you want to add Secondary Beneficiaries, you will follow the same steps shown above for this section. Note, the secondary beneficiary(ies) will be considered if the primary beneficiary(ies) elected are deceased at the time the death claim is submitted.

When you are done, click the **Save** button.