TO: City of Amarillo Full-Time Employees
FROM: Human Resources Department
RE: Open Enrollment for 2027

The City of Amarillo's Open Enrollment for 2027 will begin at **8:00am on Monday, October 26, 2026**, and will end at **11:59pm on Friday, November 6, 2026**. Any changes made during the Open Enrollment period will become effective January 1, 2027. Any premium changes will be reflected on the paycheck received on January 15, 2027.

Open Enrollment Through Workday

Open Enrollment will be completed electronically through Workday. The Open Enrollment event will appear in your **My Tasks** inbox beginning **Monday, October 26, 2026, at 8:00am**. Employees will make benefit changes directly in Workday. Printed Open Enrollment packets will not be distributed.

City of Amarillo Website – Employee Benefits

The **2027 Open Enrollment Packet** will be posted on the City of Amarillo website located here: amarillo.gov/handbook, click on **Employee Benefits** or click on this direct link: Employee Benefits - City of Amarillo. Information about your benefits can be accessed through this site from any internet-enabled device. Using the same link via your cell phone, under Employee Handbook, select the dropdown menu option ☰, and then make your selection from the dropdown choices.

This website 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 **2027 Enrollment 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 will be provided on the website.

Important Reminders

- ✓ **No Changes to Your Medical, Dental, or Vision Benefits**: If you do not want to make any changes to your current **medical, dental, or vision** elections, no action is required. Your 2026 elections will continue into 2027.
- ✓ **Adding New Dependents**: If you add a new dependent to medical, dental or vision coverage, required dependent documentation must be submitted through Workday **no later than the Open Enrollment deadline of Friday, November 6, 2026, at 11:59pm**. See enclosed **Documentation Required to Add Eligible Dependents to Benefit Plans**. If the required documentation is not received by the deadline, the dependent(s) will not be added to coverage.
- ✓ **Dropping Medical, Dental and/or Vision Coverage** – If dropping coverage on yourself or enrolled dependents, you will make these changes in Workday.
- ✓ **Switching Medical or Dental Plans (Plan 1 to 2 or Plan 2 to 1)** – You will make these changes in Workday.
- ✓ **Flexible Spending Accounts (FSAs)**: If you want to enroll in a Healthcare and/or Dependent Care Flexible Spending Account (FSA) for 2027, **enrollment is required during Open Enrollment through Workday**. **FSA elections do not roll over into the next calendar year**.
- ✓ **Changing Beneficiaries in Workday** – If you make any changes during Open Enrollment and have not updated your life insurance beneficiaries since 2024, 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, if beneficiary changes for life insurance are not updated since Workday went live in 2024, the Human Resources Department will refer to the last completed paper beneficiary form on file with the City.

Important Reminders (Continued)

- ✓ **Children Turning 26 Years of Age -** Children can remain on the Medical, Dental, Vision and Additional Life Insurance plan for Children up to the age of 26.
    - Enrolled in Medical, Dental or Vision Plans – Coverage will automatically end the last day of the month they turn 26 years of age.
    - If you have enrolled in the Additional Life Insurance plan for Children and you no longer have any children that are 26 years of age, you will need to drop this coverage during Open Enrollment. Failure to do this will result in you paying premiums for a benefit that you would not receive any benefit due to children being 26 years of age or older.

Below are some Key Points regarding 2027 Open Enrollment:

Medical Plans

- No Vendor Change – Aetna will remain our medical provider into 2027.
- Premiums – There will be a **no change in medical premiums**.
- Plan Design – There will be no plan design changes under either plan. See enclosed **2027 Overview of Medical Plans** for more information on the differences between the two plans.
- Medical Cards – If you enroll in medical for the first time or add new dependents, 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, 2027**.

Prescription Drug Plan

- No Vendor Change – RxBenefits using OptumRx to dispense prescriptions will remain our pharmacy provider into 2027.
- Prescription Co-Pays – There are **no changes to prescription co-pays**. See enclosed **2027 Prescription Drug Plan**.
- Medical Card w/Prescription Information – The Aetna medical card will continue to have the prescription information on the back of card**. Remember to present your new card at time of service to your provider beginning January 1, 2027**.
- 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

- No Vendor Change – Delta Dental will remain our dental provider into 2027.
- Premiums – There will be **no change in dental premiums**.
- Plan Design – There will be no plan design changes. See enclosed **2027 Overview of Dental Plans** for more information on the differences between the two plans.
- Dental Cards – If you enroll in dental for the first time or add new dependents, dental cards will be mailed to your home address (listed 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, 2027**.

Vision Coverage

- No Vendor Change – Aetna Vision will remain our vision provider in 2027.
- Premiums – There will be **no change to vision premiums**.
- Plan Design – There will be no plan design changes. See enclosed **2027 Overview of Vision Plan** for more information on the differences between the two plans.
- Vision Cards – If you enroll in vision for the first time or add new dependents, vision cards will be mailed to your home address (listed in Workday) by year end**.** Included with your ID card will be ten (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, 2027**.

Flexible Spending Accounts (FSAs) for Healthcare and Dependent Care

- No Vendor Change – Inspira Financial will remain our FSA provider in 2027.
- No Changes to IRS Limit Maximums for 2027
    - FSA for Healthcare – The minimum you can contribute is $100 and maximum is $3,400.
    - FSA for Dependent Care – IRS limits are determined by your tax filing status.
        - Married Filing Separately – The minimum you can contribute is $100 and maximum is $3,750.
        - Single, Head of Household, or if Married Filing Jointly – The minimum you can contribute is $100 and maximum is $7,500.
- FSA Cards – If you enrolled in the Healthcare FSA in 2026 you will not receive a new debit card. You will use this same debit card in 2027. If you are enrolling for the first time in a Healthcare FSA, you will be mailed a debit card to your home address (listed in Workday) by year end.
- Grace Period – Provides extra time to incur expenses. You have from January 1, 2027, through December 31, 2027, and an additional grace period through March 15, 2028, to incur expenses for 2027 (15-1/2 months total). Deadline to submit reimbursements for 2027 is June 15, 2028.
- Refer to the enclosed **2027 Overview of FSA Plans** for more information about these plans.

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

- No Vendor Change – The Standard Life Insurance Company ("The Standard") will remain our life insurance and long-term disability provider in 2027.
- Premiums
    - Additional Life Insurance – There will be a **no change in premiums**.
    - Long-Term Disability – There will be **no change 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 in the first paycheck received in January.
- Plan Design – There will be no plan design changes under either plan.

Open Enrollment for 2027 Instructions for Additional Life Insurance and Long-Term Disability:

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.
- Dependent Children Additional Life – This benefit covers all children through 25 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.

Employees Currently Enrolled in Additional Life Insurance Plan(s) for Employee and Spouse**:**
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.

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 Apply for EOI?
NEW in 2026 for 2027 Open Enrollment – You will receive an invitation to apply for EOI from the Standard Life Insurance Company. The invitation will be sent to your work email address and will include a secure online link and login instructions. If a work email address is not available, you will be mailed an invitation to your home address (listed in Workday).

2026 Benefit Changes Effective Now!

There have been two changes that are effective now and continuing through 2027. First, we have made a change when using out-of-network dental providers. See the red highlighted information below. The information provided below is also included in your **2027 Overview of Dental Plans** and in the **2027 Full-Time Benefits Guide** located at the City of Amarillo's Employee Benefits site.

- **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. Provided below are the differences between using an in-network vs. out-of-network provider.
    - 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) – Delta Dental does not have negotiated fee agreements with out-of-network providers, so your out-of-pocket costs may be higher than when using a Delta Dental network provider.

Effective in 2026, Delta Dental may pay covered benefits directly to an out-of-network dental provider if the provider agrees to accept payment from Delta Dental. If the provider does not accept direct payment, you may be required to pay the full cost of services at time of treatment and submit a claim to Delta Dental for reimbursement. Claim forms are available when you log in to your account at www.deltadentalins.com**.**

- **Employee Assistance Program (EAP) Website and Phone Number Changes** The second change is the EAP provider AllOneHealth has a new phone number (800) 451-1834 (24/7) and a new website AllOneHealth.com/portal. After logging in, click **Sign Up** to create an account using your work email and company code: **amarillo**. Note, the previous EAP phone number and website are still working and will redirect you when used, but they will no longer be working at the end of 2026. Going forward, use this new phone number and website. Enclosed is the **EAP Flyer** as a reminder of this benefit for you and anyone living in your household. There are other services other than counseling provided by your EAP benefit and this information can be found on the Employee Benefits website.

Questions?

The Benefits team is available Monday through Friday, 8:00am to 5:00pm.
Email: benefits@amarillo.gov
Phone: (806) 378-4235
In Person: City Hall, Human Resources Department, Room 1100

Enclosed in the packet is:

- 2027 Open Enrollment Memo
- Open Enrollment Frequently Asked Questions (FAQs)
- Documentation Required to Add Eligible Dependents to Benefit Plans
- 2027 Healthcare Insurance Employee Premiums (Per Pay Period)
- 2027 Overview of Medical Plans
- 2027 Prescription Drug Plan
- 2027 Overview of Dental Plans
- 2027 Overview of Vision Plan
- 2027 Overview of FSA Plans
- Creating New or Existing Beneficiaries in Workday
- EAP Flyer

City of Amarillo
Documentation Required to Add Eligible Dependents to Benefit Plans

Employees may enroll eligible dependents in the City of Amarillo's medical (including prescription drug coverage), dental, vision, and legal spouse and/or children optional life insurance plans, subject to the eligibility requirements of each plan. Eligible dependents generally include a legal spouse and dependent children up to 26 years of age. This applies to new hires, status changes from part-time to full-time, mid-year qualifying life event (QLE) changes, and Open Enrollment. Examples of qualifying life events (QLEs) include marriage, birth, adoption, divorce, loss or gain of other coverage, and certain court-ordered changes.

If adding eligible dependents, dependent documentation must be provided within 31 calendar days from the event date when submitting in Workday. Failure to turn in the required documentation by this deadline will result in no coverage for the eligible dependent(s). There will be no exceptions made for failure to turn in the required documentation by the 31-calendar day deadline. Missing an enrollment deadline for a QLE means waiting until the next Open Enrollment period with a January 1st effective date.

Provided below is the required dependent documentation:

Legal Spouse (Opposite or Same Sex)	Marriage certificate/license; spouse's birth certificate; Social Security card.
Texas Common Law Spouse (Opposite or Same Sex)	Declaration of Informal Marriage or other City-accepted proof; birth certificate; Social Security card.
Biological child	Birth certificate naming the employee as parent; Social Security card.
Stepchild	Birth certificate naming the employee's spouse as parent; employee's marriage certificate/license; child's Social Security card.
Adopted Child / Child Placed for Adoption	Adoption decree or placement documents; birth certificate and Social Security card when available.
Grandchild / Child Under Guardianship	Birth certificate; Social Security card; court-issued guardianship or other legal documentation. Coverage depends on plan eligibility.

Newborns

Enroll the newborn in Workday **within 31-calendar days** from the date they are born and provide the dependent documentation noted above. 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 with the Vital Statistics Department, and it takes up to a week from date of birth for the document to be available.

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

Updated: October 2026

2027 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

2027 Overview of Medical Plans

The City's medical plans are **Exclusive Provider Organization (EPO) plans through Aetna.** The plans provide access to a broad network of in-network providers and facilities. **Except for certain emergency situations, services received from out-of-network providers and facilities are not covered by the medical plan.**

Local Amarillo Network:
In the Amarillo area, **Northwest Texas Hospital and its affiliated facilities** are in-network under the medical plan. Services provided at **BSA Hospital and its facilities are out-of-network and are not covered** under the medical plan, except where required for emergency care.

Nationwide Network:
Outside the local Amarillo area, you have access to Aetna's nationwide network of in-network providers and facilities. This allows you to seek care from participating providers and facilities when traveling or receiving care outside the Amarillo area.

Finding In-Network Providers and Facilities:
You can locate in-network providers and facilities at **www.Aetna.com** or through the Aetna Health App. To download the app, text **AETNA** to 90156.

First time users must create and register an account through the Aetna website or app. Once registered, you can search for in-network providers and facilities locally or nationwide. You must be logged into your Aetna account when searching for in-network providers and facilities.

Aetna Customer Service representatives are also available to assist with provider and facility searches. Aetna's customer service number is located on your Aetna member ID card.

Aetna Medical ID Card
New employees will receive an Aetna medical ID card at their home address on file. The medical card includes prescription information on the back of the card. 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 applicable	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**
Primary Care Provider (PCP) and Specialty Office Visits	Covered 80%, AFTER Deductible
DIAGNOSTIC PROCEDURES	**IN-NETWORK**
Diagnostic X-Ray Diagnostic Laboratory using Quest Diagnostic Labs Diagnostic Laboratory (other than Quest)	Covered 80%, AFTER Deductible 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. 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 80%, AFTER Deductible
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 WELLNESS SUPPORT SERVICES	**IN-NETWORK**
Inpatient and Outpatient Treatment	Covered 80%, AFTER Deductible
SUBSTANCE USE SUPPORT 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**
Primary Care Provider (PCP) Visit	$25 Co-pay
Specialty Office Visit (includes mental health)	$50 Co-pay
DIAGNOSTIC PROCEDURES	**IN-NETWORK**
Diagnostic X-Ray Diagnostic Laboratory using Quest Diagnostic Labs Diagnostic Laboratory (other than Quest)	Covered 80%, AFTER Deductible 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. 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 WELLNESS SUPPORT SERVICES	**IN-NETWORK**
Inpatient and Outpatient Treatment	Covered 80%, AFTER Deductible

SUBSTANCE USE SUPPORT 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 you are enrolled in either medical plan, certain medical services are covered at 100% **when plan requirements are met**. This means you and your enrolled family members may receive these services with **no out-of-pocket cost** when using an in-network provider or facility, as applicable.

Preventative Care Screenings: Certain preventative care services and screenings are covered at 100%. Contact Aetna Customer Service for more information on preventative care services that are available under the medical plan.

In-Network Urgent Care Clinic Visits:
Urgent care clinic visits are covered 100% when using an in-network urgent care facility. Coverage is subject to the visit being for an urgent medical condition as defined by the medical plan. If the services are determined to be non-urgent or more appropriate for routine or primary care, the visit may be subject to applicable plan cost-sharing or may not be covered at 100%.

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):

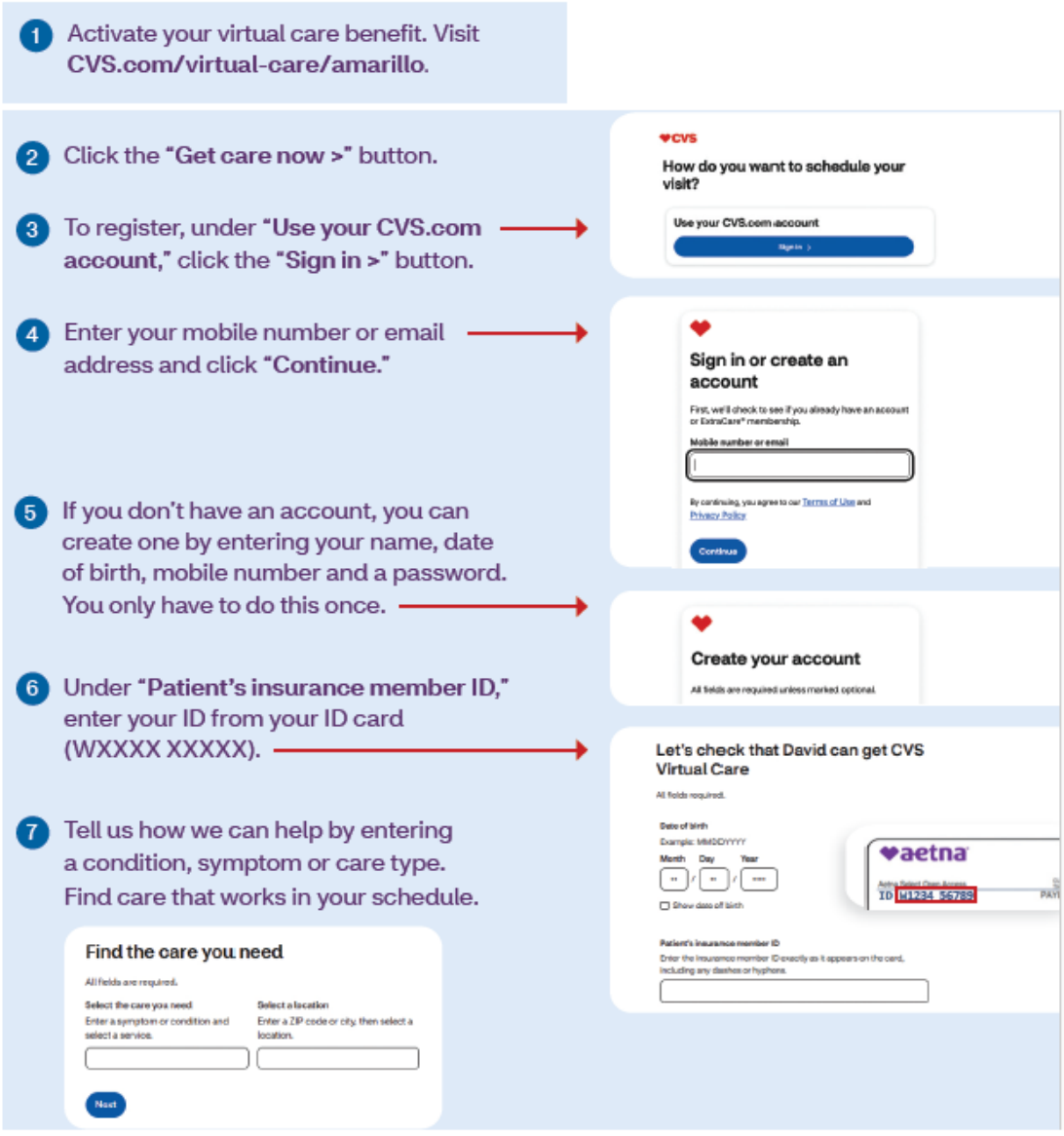
- Consult with a licensed therapist for mental health services and get help with medication management.

Additional Benefits:

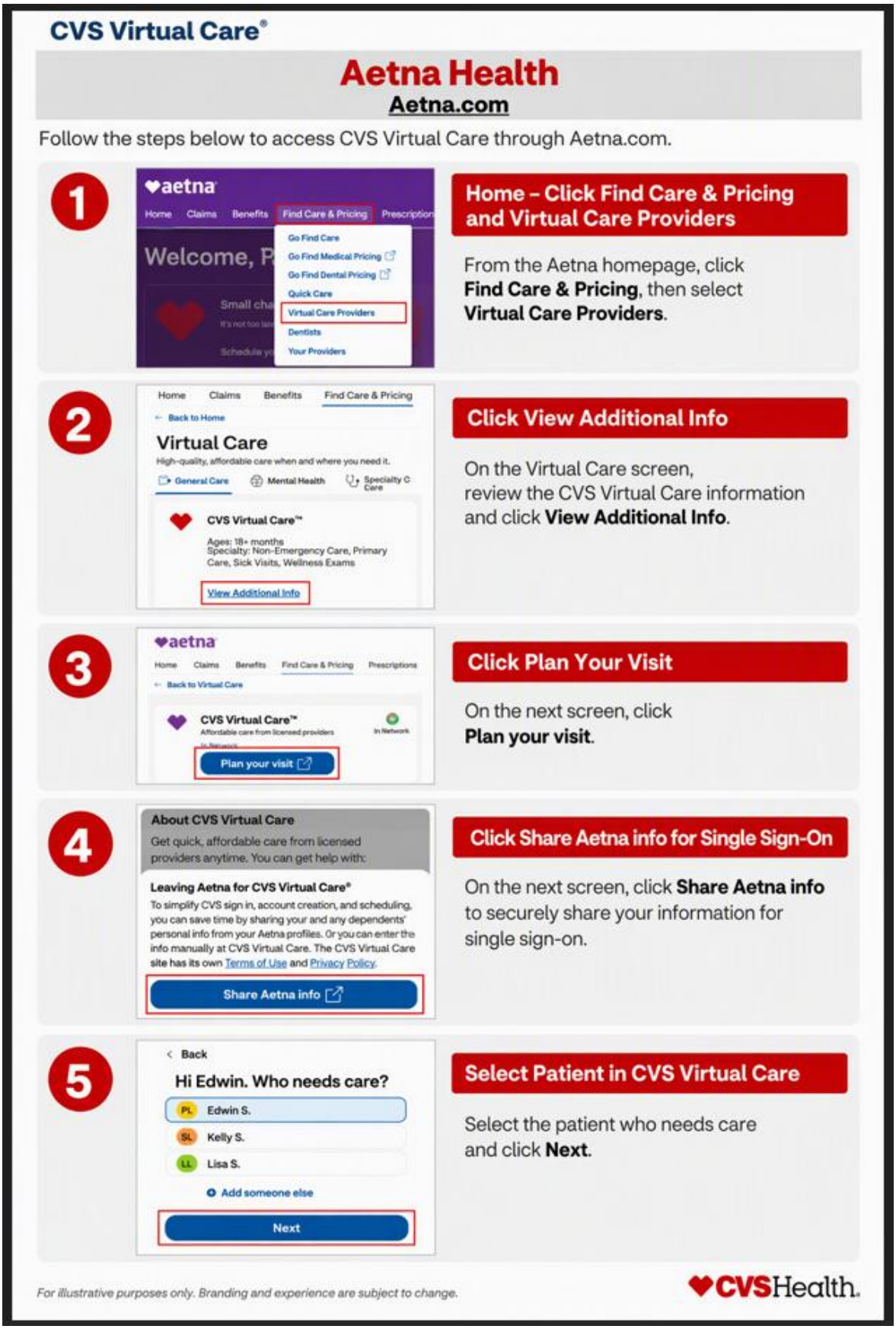
- When in person follow up care is needed, CVS will help coordinate those referrals with in-network providers.
- Access to your personal health information and lab results is available through the health dashboard.

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.

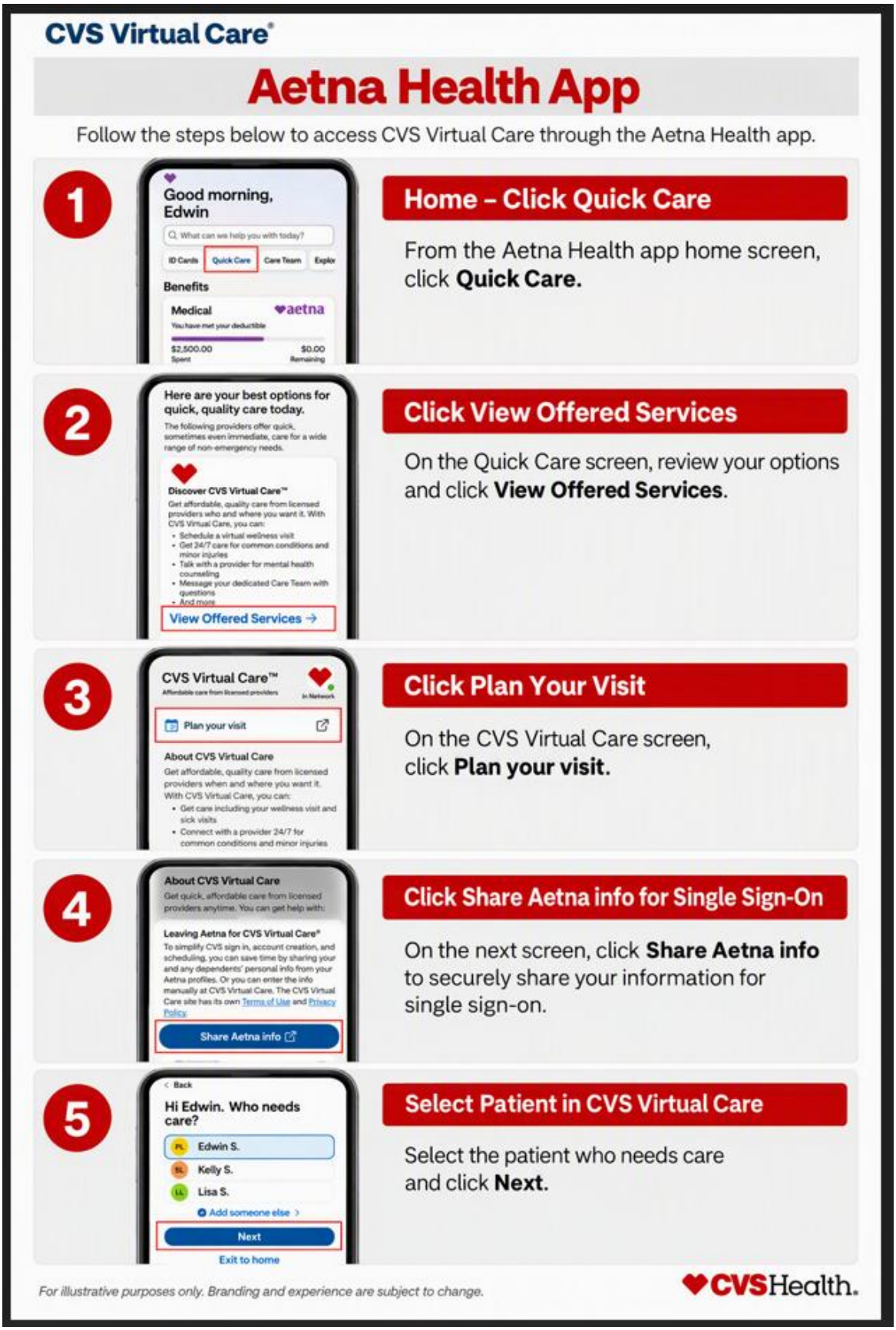
Provided below are the instructions on how to access the website through **CVS.com/virtual-care/amarillo**:



Provided below are the instructions on how to access the website through the Aetna website **www.aetna.com**:



Provided below are the instructions on how to access the website through the A**etna App**:



24-Hour Nurse Line: The 24-Hour Nurse Line provides access to registered nurses who can answer health-related questions, provide guidance, and help you determine whether you may need to seek medical care. This service may help prevent an unnecessary visit to a doctor's office or urgent care facility. You can call the toll-free number listed in this guide on **pg. 2** or access the Nurse Line through your account at **www.Aetna.com**.

Quest Diagnostic Laboratory Services: Eligible laboratory services performed through **Quest Diagnostics** are covered at 100% when plan requirements are met. To locate a Quest Diagnostics facility, log into your account at **www.Aetna.com** to search for local and nationwide providers.

Local Quest Diagnostics Location:
2207 S. Western Street, Space 50, Amarillo, TX 79109
Phone: 1-806-358-0880.

Hours:
Monday through Thursday: 8:00am to 5:00pm
Closed for lunch: 12:30pm to 1:30pm
Friday: 8:00am to 2:00pm

Scheduling an Appointment:
Call **1-888-277-8772** or schedule online at **https://appointment.questdiagnostics.com**.

Prescription Drug Plan

If you enroll in the medical plan, you will automatically receive prescription drug coverage through **RxBenefits using OptumRx.** Your prescription drug plan information will be located on the back side of your Aetna medical card. Note, copays apply towards the out-of-pocket maximum under the medical plan (not towards the deductible). Using your Smartphone, download the OptumRx App for quick access to your prescription information.

Category	Retail (30-Day Supply)	Retail/Mail Order* (90-Day Supply)
Generic Drugs	**$10**	**$20**
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**	Not Available – You may only get a 30-day supply

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

RxBenefits is the pharmacy provider for the City of Amarillo. RxBenefits administers the prescription drug program on behalf of the City of Amarillo and OptumRx serves as the pharmacy benefit manager that dispenses the prescriptions.

Key Points Regarding Your Pharmacy Benefits

- **RxBenefits Member Services and Portal**
  - **Member Services**: If you have questions about your pharmacy benefits, contact the RxBenefits Member Services Team using any of the following options:
    - **Chat with a live agent via the RxBenefits member portal:** Monday-Friday, 9:00am to 6:00pm Central
    - **Email: CustomerCare@RxBenefits.com**
    - **Call:** 1-800-334-8134, Monday-Friday, 7:00am to 8:00pm Central
  - **Member Portal – RxBenefits.com**: Access your pharmacy benefits information 24/7 from any device by registering on the My RxBenefits member portal at **Member.RxBenefits.com**. Once registered, you can set up your communication preferences, chat with a live agent, and so much more.

- **Options Available to Fill Your Prescriptions**
  - **In-Network Retail Pharmacies**
    - **OptumRx Website**: Go to **optumrx.com** and register by creating an account to get started. Once registered, you can locate a pharmacy.
    - **Optum App**: Once the App is downloaded (see enclosed flier) and you register for the first time you can locate a pharmacy.
  - **Mail Order**: Visit **optumrx.com** or use the OptumRx App where you can sign up for home delivery for a three-month supply of your medication (excludes specialty prescriptions).
  - **Optum Specialty Pharmacy**
    - Available 24/7 by phone 1-855-427-4682.
    - Sign in or register for the first time at **specialty.optumrx.com**.

If no medical card is available at time of dispensing your prescription, provide the following information to the retail pharmacy provider: RXBIN: 610011, RXPCN: IRX, and RXGRP: RXBENEFIT). Your medical card may be required, but this information is provided if needed.

Refer to the Prescription Benefit Coverage (PBC) document for a summary of information regarding your pharmacy benefits. This document is available on the internet site cityofamarillo/handbook, then click on Retiree Benefits and it is located under the Pharmacy section.

2027 Overview of Dental Plans

The Dental Plans will continue to provide you and your family with coverage for typical dental expenses, such as cleanings, x-rays, and fillings. The dental plan is provided through **Delta Dental**. The Delta Dental Provider Network used is PPO or Premier.

DENTAL PLAN 1 (LOW PLAN)

Benefit Highlights: Delta Dental PPO™

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

Effective Date: 1/1/2027

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	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.

DENTAL PLAN 2 (HIGH PLAN)

Benefit Highlights: Delta Dental PPO™

Plan Benefit Highlights for: City of Amarillo
Group Number: 23642 - High Plan
Effective Date: 1/1/2027

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 Adults and Dependent Children	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.

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 x-rays, sealants, and space maintainers)	100% (no deductible)		
Basic Services (Fillings and simple extractions, root canals, surgical and non-surgical periodontics, and oral surgery)		80% (after deductible if using out-of-network provider)	80%
Major Services (Crowns, inlays and onlays, cast restorations, bridges, dentures and denture repair/reline/rebase and implant services)		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

Dental Information

- **Dental Cards** – A dental card will be mailed to your home address on file with the City. The employee's social security number can be presented to the dental provider for verification of benefits if no dental card is in your possession at time of service.
- **Delta Dental App** – Download the Delta Dental App and you can check plan details, browse claim history, get a cost estimate, find an in-network dentist and view your member ID card or save it to your digital wallet.
- **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. Provided below are the differences between using an in-network vs. out-of-network provider.
    - 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) – Delta Dental does not have negotiated fee agreements with out-of-network providers, so your out-of-pocket costs may be higher than when using a Delta Dental network provider.

      Effective in 2026, Delta Dental may pay covered benefits directly to an out-of-network dental provider if the provider agrees to accept payment from Delta Dental. If the provider does not accept direct payment, you may be required to pay the full cost of services at time of treatment and submit a claim to Delta Dental for reimbursement. Claim forms are available when you log in to your account at **www.deltadentalins.com.**
- **Virtual Dentistry** – You can schedule live video visits with an in-network dentist or submit photos to receive a personalized treatment recommendation within 24 hours. Get started at **www1.deltadentalins.com/members/virtual-dentistry.html**.
- **Discounts on Hearing Aids** – Discounts on hearing aids and one year of free follow-up care is available through Amplifon. Call 888-779-1429 or visit their website at **amplifonusa.com/deltadentalins**.
- **Discounts on LASIK Eye Surgery** – Discount on LASIK eye surgery, including pre- and post-operative visits at over 900 LASIK locations nationwide. Call QualSight at 855-248-2020 or visit their website at **qualsight.com/-delta-dental**.

Vision Plan

The Vision Preferred Plan is administered by **Aetna Vision using the EyeMed network**. You will save money by utilizing in-network providers. Lens coverage can be used for eyeglasses or one order of contact lenses, but not both.

Aetna Vision℠ Preferred

Summary of Benefits for City Of Amarillo

Effective Date: 01/01/2027 Frequency (Exam/Frame/Lens): 12/24/12 Enhanced Plan-WAL Current Vision Plan 988283 - Package A	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; 80% of Charge less $na allowance	$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]	Member pays discounted fee of $85	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.

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

[2]Premium 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.

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

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

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

[6]Aetna 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).

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.

Vision Information

- **Vision Card** – Two family vision cards will be mailed to your home address as listed in Workday. You can access, print additional cards, download your card to your digital wallet, and request a replacement card via the Aetna Vision Website or Aetna Vision Preferred App. Included with your ID card will be a list of 10 in-network vision providers that are located closest to your home zip code. Should you not have your card available upon visiting a vision provider, you are able to provide your name and date of birth for vision coverage confirmation.
- **Aetna Vision Preferred App** – The Aetna Vision Preferred App allows you to check benefits, track claims, find in-network vision providers, receive contact lens replacement and upcoming exam reminders, and obtain a digital ID card. Download the App and register using your Member ID. If you have already registered an account on the **AetnaVision.com** website, you can log onto the App using the same account information.
- **AetnaVision.com** – If you have not set up an account, you may register using your member ID or using your social security number.
- **Aetna Vision Preferred Network** – Aetna provides the right mix of in-network providers using the EyeMed network nationwide and online. Go to **AetnaVision.com**, select **Find a Provider** to start searching for in-network providers.
- **Cost Estimator** – Register or log into your account at **AetnaVision.com** and click the Estimate Costs tab to get a clear summary of your estimated out-of-pocket costs based on your selections.
- **Online Shopping Available** – Online shopping is available through Lenscrafters.com, TargetOptical.com, Ray-Ban.com, Glasses.com, ContactsDirect.com, BeFitting.com, and Oakley.com. Your plan benefits will be automatically applied at checkout.
- **Extra Discounts** – Special offers are available at **AetnaVision.com** and the Aetna Vision Preferred App. Get up to 40% off an extra pair of eyeglasses, 20% off non-prescription sunglasses and accessories, and discounts on LASIK laser vision correction, plus other exclusive special offers.

2027 Overview of Flexible Spending Account (FSA) Plans

Inspira Financial is the vendor for Flexible Spending Accounts for Health Care and Dependent Care. 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. You can enroll in one or both FSA plans. A list of eligible expenses can be found on the **inspirafinancial.com** website.

What is a Health Care Flexible Spending Account (HCFSA)?
Eligible health care expenses include copays, coinsurance, and deductibles; dental and vision expenses; prescriptions and over-the-counter health care supplies from select retailers for yourself, your legal spouse, and eligible children.

A Debit Card will be automatically mailed to new enrollees in the HCFSA plan only and can be presented at point of sale in place of submitting a claim.

How much can I contribute to my HCFSA?
The minimum you can contribute is $100 and maximum is $3,400.

What is a Dependent Care Flexible Spending Account (DCFSA)?
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 must be working or looking for work to use your dependent care funds. If you're married, your legal spouse must either be working, looking for work, or a full-time student.

How much can I contribute to my DCFSA?
The minimum you can contribute is $100. Your contribution maximum limit is determined by your tax filing status. Married Filing Separately is $3,750 and Single, Head of Household, or if Married Filing Jointly is $7,500.

Does a DCFSA impact the tax credit on my income tax return?
You cannot claim a tax credit for amounts contributed to your DCFSA. However, you may be able to claim a tax credit for amounts, up to IRS limits, not contributed to your DCFSA.

How do I submit claims and get reimbursed?

- HCFSA – As you incur expenses, you can submit a claim to be reimbursed. FSA monies elected under this Plan are available when you first become eligible for benefits or at the beginning of the calendar year following your Open Enrollment election.
    - DCFSA – Your funds are available as you contribute throughout the year via payroll deduct into your account.

Under both FSA Plans there are several easy ways to submit claims. You do not have to choose only one option; you can use multiple options throughout the year:

- **Inspira Debit Card for Health Care FSA**
  Use your Inspira Debit Card for a health care expense and it will be paid automatically from your FSA account. Save receipts and explanation of benefits (EOB) in case you need to substantiate a purchase.
    - Keeping your Debit Card Active – The IRS requires Inspira to verify that debit card purchases are eligible expenses so you may need to provide documentation for a card purchase. Keep copies of detailed receipts or explanations of benefits (EOBs) in case verification is required.
    - Email Notifications - Sign up to receive email notifications so you will know right away when documentation is needed. Log into the Inspira website, click your name in the top right and select communication settings.
    - Ways to Submit Documentation – Log into the Inspira website. Go to My Claims, then Claim Activity and click Add Receipt.

- **Inspira Mobile App** – Download the App and log into your account. Then, just snap a picture of your itemized receipt and submit a claim via the App. You can also access your balance and account statement. This is the easiest way to manage your account and view alerts, submit claims, and use the barcode scanner to verify eligible items in-store.
- **Inspira Online** – Sign into your online account to submit a claim. Go to **inspirafinaancial.com** to see your account statement and balance, submit claims, sign up for email, text alerts and direct deposit.

Reimbursements will generally be made to you within three business days following receipt of a complete claim. Log into your **inspirafinancial.com** account to sign up for direct deposit reimbursement to a bank account of your choice.

Grace Period

There is a grace period allowed under both FSA Plans. The grace period lets you spend or use remaining funds from the prior calendar year on new eligible expenses. The run-out period lets you file claims from the previous year. You must file your claims (even those from the grace period) by the end of the run-out period (e.g., March 31st).

Example (Calendar Year Plan):

- **Plan Year:** Jan 1 - Dec 31.
- **Grace Period:** Jan 1 - Mar 15 (for new spending).
- **Run-Out Period:** Jan 1 - Mar 31 (to submit claims for Dec 31 or earlier spending).

Creating New or Changing Existing Beneficiaries in Workday

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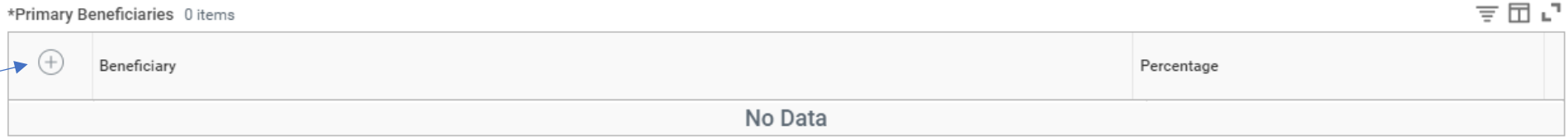
Add Existing Beneficiaries to Your Beneficiary Allocations Per Benefit Plan **7**

Add Existing Trust Profile to Your Beneficiary Allocations Per Benefit Plan **8**

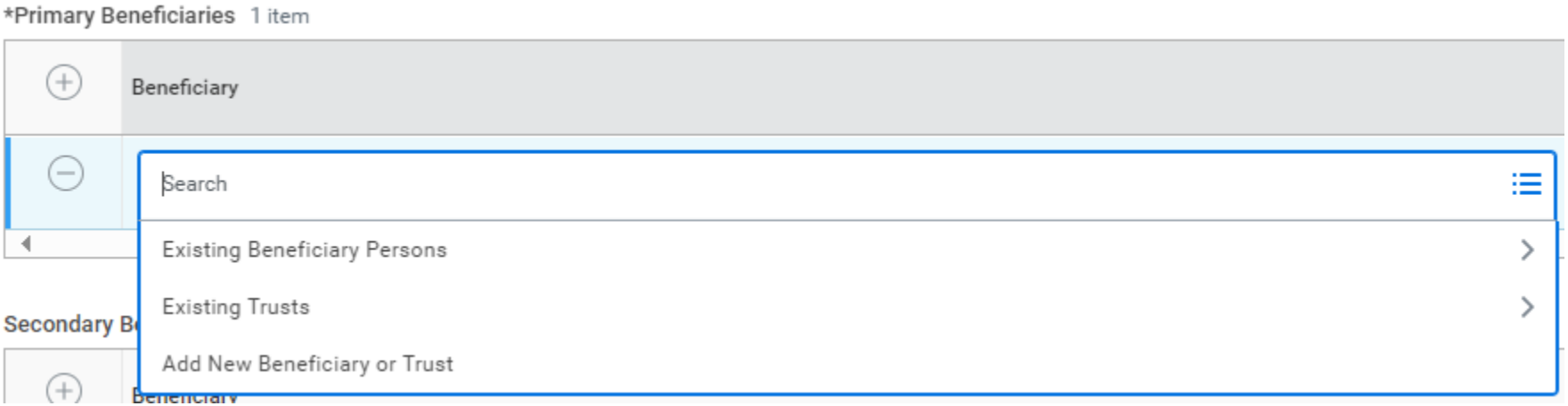
Create New Beneficiary and Add to Your Beneficiary Allocations Per Benefit Plan
(Basic Life & ADD and if enrolled in Additional Life & ADD for Employee)

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.



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**.



The Add New Beneficiary or Trust screen will appear. Select **Add New Beneficiary** 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).

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

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)

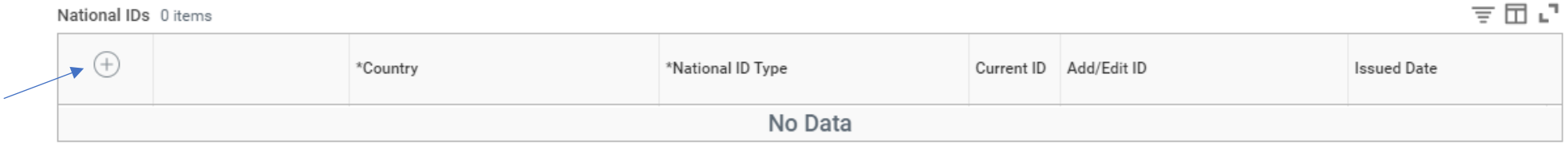
Contact Information

Select _____. 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 _____. 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.



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**, selec 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.

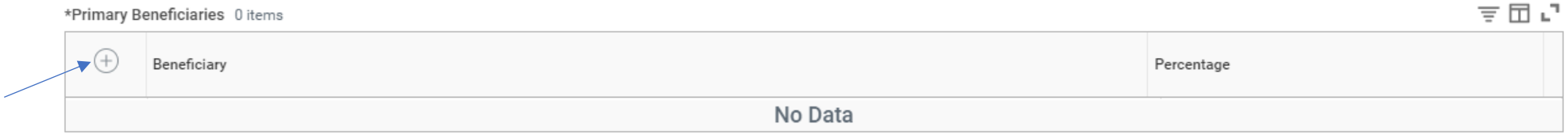
If you want to add Secondary Beneficiaries, you will follow the same steps shown above for this section. Note, the secondary beneficiar(ies) will be considered if the primary beneficiar(ies) elected are deceased at the time the death claim is submitted.

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

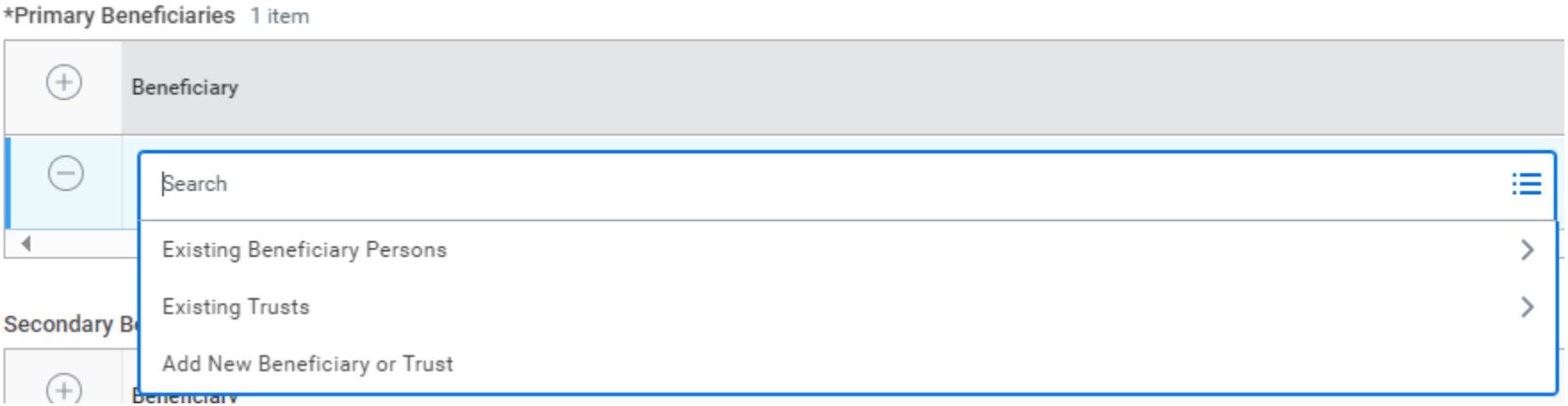
Create New Trust Profile and Add to Your Beneficiary Allocations Per Benefit Plan
(Basic Life & ADD and if enrolled in Additional Life & ADD for Employee)

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.



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.**



The Add New Beneficiary or Trust screen will appear. Select **Add New Trust** 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.

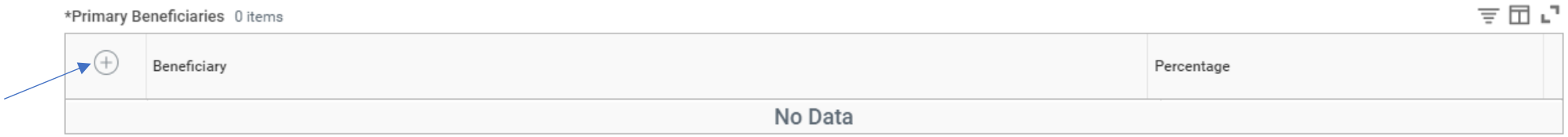
If you want to add Secondary Beneficiaries, you will follow the same steps shown above for this section. Note, the secondary beneficiar(ies) will be considered if the primary beneficiar(ies) elected are deceased at the time the death claim is submitted.

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

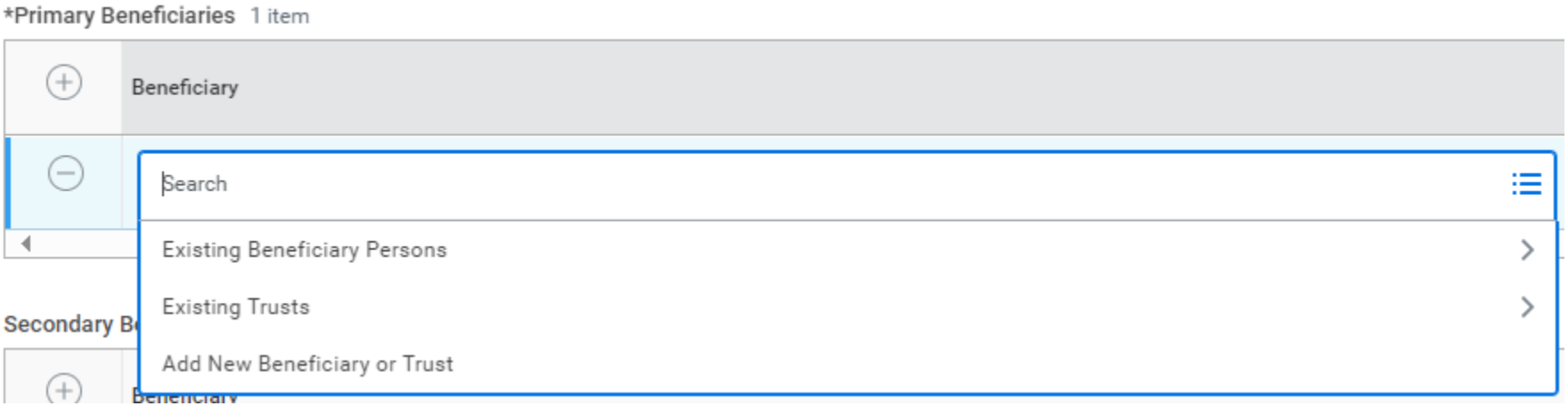
Add Existing Beneficiaries to Your Beneficiary Allocations Per Benefit Plan
(Basic Life & ADD and if enrolled in Additional Life & ADD for Employee)

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.



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.**



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.

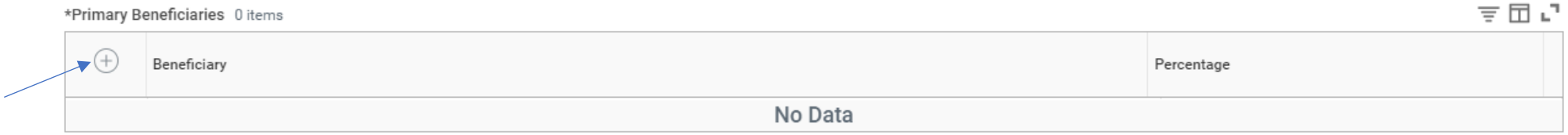
If you want to add Secondary Beneficiaries, you will follow the same steps shown above for this section. Note, the secondary beneficiar(ies) will be considered if the primary beneficiar(ies) elected are deceased at the time the death claim is submitted.

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

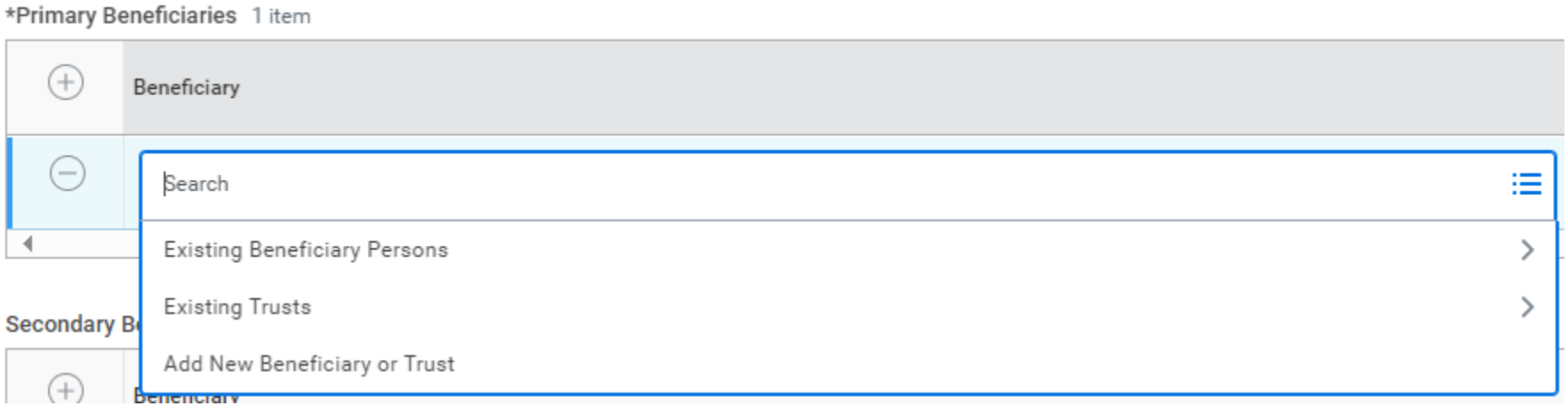
Add Existing Trust Profile to Your Beneficiary Allocations Per Benefit Plan
(Basic Life & ADD and if enrolled in Additional Life & ADD for Employee)

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.



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**.



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 beneficiar(ies) will be considered if the primary beneficiar(ies) elected are deceased at the time the death claim is submitted.

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

Life comes with challenges.

AllOne Health is here to help.

AllOne Health can help you reduce stress, improve mental health, and make life easier by connecting you to the right information, resources, and referrals.

All services are free, confidential, and available to you and your family members as well as retireees. This includes access to short-term counseling and the wide range of services listed below:

Mental Health Sessions
Manage stress, anxiety, and depression, resolve conflict, improve relationships, and address any personal issues. Choose from in-person sessions, video counseling, or telephonic counseling.

Life Coaching
Reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and achieve greater balance.

Financial Consultation
Build financial wellness related to budgeting, buying a home, paying off debt, resolving general tax questions, preventing identity theft, and saving for retirement or tuition.

Legal Referrals
Receive referrals for personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.

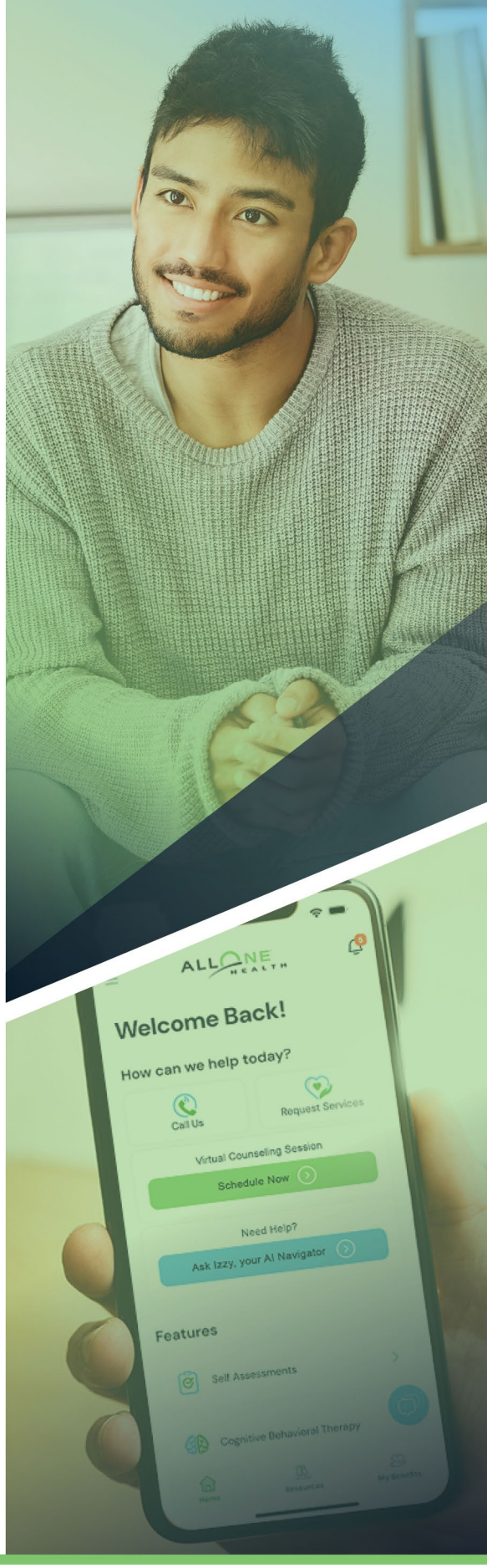
Work-Life Resources and Referrals
Obtain information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.

Personal Assistance
Save time with referrals for travel and entertainment, seeking professional services, cleaning services, home food delivery, and managing everyday tasks.

Medical Advocacy
Get help navigating insurance, obtaining doctor referrals, securing medical equipment, and planning for transitional care and discharge.

Take the High Road
AllOne will reimburse you with a future Uber ride credit for cab, Uber, and Lyft fares up to $45.00 (excludes tip) in the U.S once per year. One trip per participant (18+ years of age). Your receipt may be submitted up to 60 days from the date of service.

Member Portal and the AllOne Health App
Instantly access 24/7/365 mental health support with self-scheduled virtual counseling sessions, on-demand self-help resources, and guidance from Izzy, your AI navigator. Download the AllOne Health App and use the company code below to sign up.



Contact AllOne Health
Call: 800-451-1834
Visit: **allonehealth.com/portal**
Member Portal & App Registration Code: **amarillo**

Download the AllOne Health App

ALLONE HEALTH