

2025 RETIREE BENEFITS



FORT WORTH®


2025 CITY OF FORT WORTH RETIREE HEALTH BENEFITS AND WELLNESS GUIDE

Welcome to the City of Fort Worth 2025 Retiree Health Benefits and Wellness Guide.

The City of Fort Worth continues to be dedicated to its retirees' well-being by providing competitive health benefits and a comprehensive wellness program.

In this guide, you will find It's Well Worth It to learn about the City's exclusive health centers and all the benefit options offered to retirees and the wellness program that assists retirees in maintaining a healthy lifestyle.

Please use this guide to understand the benefits offered to City of Fort Worth retirees and their eligible dependents to assist them in making choices that make the most sense and provide the most value for you and your family..

Inside, you will find the information you need regarding eligibility for its retiree programs and coverage specifics to help you and your family make smart decisions about your health care coverage. However, remember that the official plan and insurance documents will govern your rights and benefits under each plan.

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions and limitations, please refer to the individual summary plan description (SPD), plan document or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail. The City of Fort Worth reserves the right to make changes at any time to the benefits, costs and other provisions relative to your benefits.

Questions regarding specific coverage issues can be directed to:

City of Fort Worth Human Resources

Address:

100 Fort Worth Trail, Fort Worth TX 76102

Hours of Operation:

Monday-Friday 8 a.m.-5 p.m.














Benefit Questions:

benefits@fortworthtexas.gov

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Type	Resources	Phone number	Website/Email
Basic & Supplemental Life and AD&D	Securian Financial	866-365-2374	www.lifebenefits.com
City of Fort Worth Employee Health Centers (limited to Pre-65 retirees)	Texas Health Physicians Group®	800-574-0606	www.fortworthemployeehealthcenter.com
457 Deferred Compensation	TIAA	800-842-2252	www.tiaa.org/fortworth 
Dental	MetLife	800-GetMet8 (800-438-6388)	www.metlife.com/insurance/dental-insurance/dental-insurance-center 
Diabetes Support (limited to Pre-65 retirees)	Virta Health		www.virtahealth.com/cofw support@virtahealth.com 
Discount Program	Beneplace	800-683-2886	www.beneplace.com/cofw
HSA	HealthEquity	877-924-3967	www.healthequity.com 
Human Resources	Benefits Office Wellness Program	817-392-7782 817-392-8556	www.fortworthtexas.gov/benefits benefits@fortworthtexas.gov
Musculoskeletal Care (limited to Pre-65 retirees)	Airrosti	800-404-6050	www.airrosti.com 
Online Enrollment Portal	Empyrean		www.cfwbenefits.com
Pension	Fort Worth Retirement Office	817-632-8900	www.fwretirement.org
Personalized Health & Benefits Support (limited to Pre-65 retirees)	Alight	866-307-8835	https://member.alight.com 
Prescriptions (limited to Pre-65 retirees)	Optum Rx®	800-807-5996	www.optumrx.com 
Surgery Options (limited to Pre-65 retirees)	Lantern	855-200-9508	my.lanterncare.com
Medical Plans (limited to Pre-65 retirees)	BlueCross BlueShield of Texas	888-697-0683	http://myblueelementtx.com/ 
Medicare Advantage Plan (limited to retirees over 65 enrolled in Medicare Parts A and B)	Aetna Medicare	888-267-2637	www.aetn navigator.com 
Medicare Pharmacy (limited to retirees over 65 enrolled in Medicare Parts A and B)	Aetna Medicare	866-241-0357	www.aetn navigator.com 
Virtual Visits (Both Pre- and Post-65 retirees)	Teladoc® Health	800-835-2362	www.teladoc.com 
Vision	MetLife	800-METLIFE (800-438-6388)	www.metlife.com/insurance/vision-insurance/vision-insurance-center 
Wellness Vendor (limited to Pre-65 retirees)	Ramp Health™		portal.ramphealth.com support@ramphealth.com 

CITY OF FORT WORTH HUMAN RESOURCES CONTACT INFORMATION

Address: 100 Fort Worth Trail, 15th Floor, Fort Worth, TX 76102 | Hours of Operation: 8 a.m.-5 p.m., Monday-Friday

Human Resources General Email: HRWebmailQuestions@fortworthtexas.gov

HR Division	Information
City of Fort Worth Benefits Division	<p>Website: www.fortworthtexas.gov/departments/hr/employees/benefits Phone: 817-392-7782 Email: benefits@fortworthtexas.gov Fax: 817-392-8869</p>
City of Fort Worth Wellness Program	<p>Phone: 817-392-8556</p>
Fort Worth Employees' Retirement Fund	<p>Website: www.fwretirement.org The Retirement Office is located at: 3801 Hulen St., Ste. 101, Fort Worth, TX 76107 Phone: 817-632-8900 Fax: 817-632-8900 Toll-Free: 800-741-9914 ask@fwretirement.org Hours of Operation: Monday-Friday 7:30 a.m.-4:30 p.m.</p>

EMPLOYEE RETIREE BENEFITS

About Your Eligibility

To be eligible for health insurance as a retiree of the City of Fort Worth, you must be receiving a pension check and choose health insurance at the time of retirement. The last opportunity to pick up health insurance as a retiree is at the time of retirement. There is a 60-day enrollment period. If you choose the City of Fort Worth health coverage, you are eligible to continue as a member to the end of your life. It is also the last opportunity to add eligible dependents to the retiree's health insurance. Children are eligible up to their 26th birthday. Spouses may continue coverage to the end of their life, even if the retiree passes away first, provided they were covered by the retiree at the time of death. As a retiree, if at any time you choose to drop the City's health coverage, it is a permanent choice, unless you are deferring coverage. You are not eligible to rejoin at any time in the future. The same guideline applies to your dependent children and/or spouse in relation to the health coverage. If you get married or have additional children after retirement, you will not be able to add them to the retiree medical insurance. Please be sure to make your choices during the 60-day enrollment period in order to have retiree health insurance through the City of Fort Worth. Once that time frame is closed, your option for health insurance through the City of Fort Worth is no longer available.

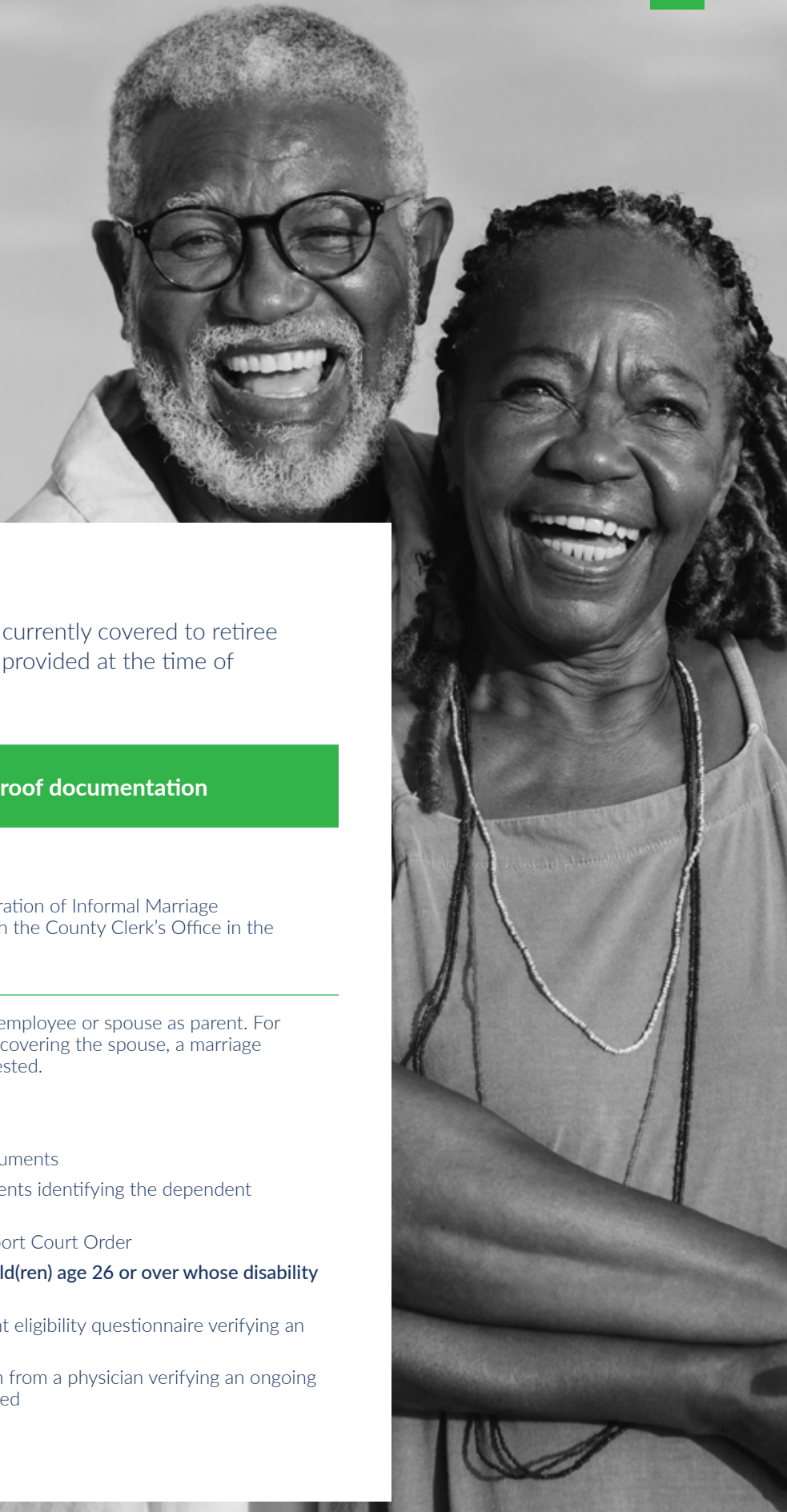
Deferral

As a retiree of the City of Fort Worth, if you are receiving a pension check from the City of Fort Worth and you are also an active employee for another company that provides health insurance, you are required to enroll in your active employer's health coverage. When the job and health coverage end, there is a 30-day period to re-enroll in the City of Fort Worth Benefits in order to have health insurance with the City of Fort Worth again. This same requirement applies to your spouse. You may opt to defer your adult children's coverage when they have employee health insurance through their own employment, but it is not required.

Coverage Effective Dates

Medical, Dental, and Vision: First of the month after 30 days of retirement

Note: Active employee benefits continue until the retiree benefits begin.



Spouse/Dependent Certification

In order to add a spouse or dependents not currently covered to retiree coverage, proof documents may need to be provided at the time of retirement when electing retiree coverage.

Dependent type	Acceptable forms of proof documentation
Spouse	<ul style="list-style-type: none"> • Marriage license • Declaration and Registration of Informal Marriage This is available through the County Clerk’s Office in the county where you live
Dependent Child(ren)	<ul style="list-style-type: none"> • Birth certificate listing employee or spouse as parent. For stepchildren when not covering the spouse, a marriage certificate will be requested. <p>If applicable:</p> <ul style="list-style-type: none"> • Adoption agreement • Legal guardianship documents • Divorce decree documents identifying the dependent child(ren); or • Qualified Medical Support Court Order <p>For disabled dependent child(ren) age 26 or over whose disability began prior to age 26:</p> <ul style="list-style-type: none"> • A completed dependent eligibility questionnaire verifying an ongoing total disability • Written documentation from a physician verifying an ongoing disability may be required

QUALIFYING EVENTS

The qualifying events for retirees are:

Qualifying events	Deadline to enroll or disenroll (within)	Change date
Deferral	30 days following the event	The first of the month of other coverage effective date
Returning from Deferral	30 days following the event	The first of the month after losing other coverage
Death	30 days following the event	Date of death
Divorce	30 days following the event	End of the month in which the divorce occurs



CHOOSING RETIREE BENEFITS

For
NEW
Retirees

Retiree Outprocessing

There are three parts to complete for retiree outprocessing:

1. **Contact the City of Fort Worth Employees' Retirement Fund** at **817-632-8900** about retirement pension benefits;
2. **Contact the City of Fort Worth Health and Benefits Office** at **817-392-7782** to learn about retiree outprocessing for health, dental, vision and other benefits;
3. **Contact the department** where you work regarding their exit process. You need to give at least a two-week notice when leaving employment in order to be eligible for rehire in the future.

Choosing Retiree Benefits

The Empyrean portal is available to choose your retiree benefits online at www.cfwbenefits.com. The option to choose your retiree benefits through the portal is available the 3rd or 4th week of your first month of retirement. You must register by creating your user ID and password the first time you access the portal. If you have previously logged in, your existing user ID and password will work. Once in the portal, click on the Retirement link and follow the prompts.

A paper application is needed if the following situations apply and must be turned in within the 60-day enrollment window:

- If you or your spouse are 65 or older and are going to participate in the Medicare Advantage Plan, or
- If you are deferring coverage for yourself or a family member, or
- If you are choosing to waive out of the City of Fort Worth retiree benefits on a permanent basis.

Invoices: If you chose health, dental or vision coverage and have a premium, invoices will be sent for the first three months of coverage. Your active employee coverage and active rates will continue for one month after your retirement date. The following month will be retiree coverage and rates. Pay these invoices when they are received. Be sure to include the coupon you receive with the invoice when you pay your premium. Review your pension check earnings statements. If the deductions are not coming out by the third month, please call the City of Fort Worth Health and Benefits Office at **817-392-7782**.

Term Check: Your term check will be processed after your final two-week paycheck. The term check (vacation, sick leave and other payable benefit accruals) will be sent direct deposit to your bank account the week after your final paycheck. Taxes are withheld at 22%.

PRE⁶⁵
HEALTH
PLANS

MEDICAL PLANS

Choosing a Medical Option

When it comes to medical coverage, the City offers these choices:

- Consumer Choice Plan (CCP)
- Health Center Plan (HCP)

Consumer Choice Plan (CCP)

The Consumer Choice Plan is a high-deductible health plan (HDHP) in which you pay all medical and prescription drug costs up to the deductible before the insurance begins to pay. The Consumer Choice Plan offers in-network benefits only. When you need care, go to a BlueCross BlueShield in-network doctor or facility. Preventive services including annual checkups, children's immunizations and annual well woman exams are covered at 100% with no coinsurance, and the deductible is waived. If you request or your provider does additional testing to diagnose a condition during your annual checkup, you will be charged the cost of the additional testing.

Quick Facts

All preventive care including routine mammograms and colonoscopies are free to members on the Consumer Choice Plan. Consumer Choice Plan members will be able to use the Employee Health Centers at a discounted rate. Mental health services are treated like medical services in the billing process in the Consumer Choice Plan.





Health Center Plan (HCP)

FREE Primary Care Services in Health Centers

The Health Center Plan (HCP) offers unlimited primary care services for Pre-65 retirees in multiple health centers in the Fort Worth area.

Pre-65 retirees can expect to receive an appointment on the same or next business day for sick visits from the four dedicated Health Centers. Pre-65 retirees under this plan also have access to convenient satellite locations around North Texas. In most cases, they may not have same- or next-day appointments but will still be 100% covered with no copay or coinsurance required for those on the Health Center Plan.

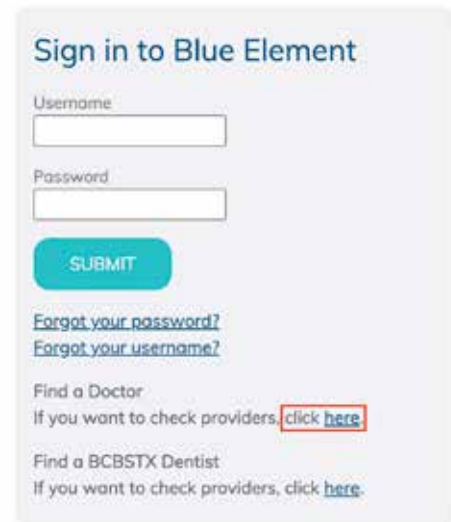
Primary care visits outside of the health centers are available at a \$30 copay for in-network providers. Specialist visits are available at a \$50 copay for in-network providers. Any medical care received from out-of-network providers is not covered. Call care coordinators to schedule your appointment at **800-574-0606**.

Provider search:

1. Go to <http://myblueelementx.com/>
2. Click “here” under “Find a Doctor”
3. The Blue Element PPO network is the default
4. Enter zip code and type of provider sought
5. It’s that simple!

Medical providers can be classified into two different types:

- **Primary Care Physicians** (Family Medicine Practitioners, Internists, OB/GYNs, and Pediatricians)
- **Specialists** (All other providers)



Primary Care Physicians	Specialists
<p>In Network:</p> <ul style="list-style-type: none"> • All Health Center services are FREE • In-Network Physicians = \$30 copay 	<p>In Network:</p> <ul style="list-style-type: none"> • In-Network Physicians = \$50 copay

CITY OF FORT WORTH EMPLOYEE HEALTH CENTERS

City Of Fort Worth Employee Health Centers

Southwestern Health Resources, a collaboration between Texas Health Resources® and UT Southwestern Medical Center, provides exceptional health care benefits for retirees and their dependents. Their four dedicated Employee Health Centers and five satellite sites offer exceptional patient care with convenient access. The top-notch physicians and medical experts available at each location are prepared for any primary care patient needs. If necessary, they can refer patients to in-network specialists for specific medical care. Plus, there are care coordinators and patient navigators to assist with accessing care.



Committed to Outstanding Service

Southwestern Health Resources is fully committed to delivering a high level of service for each and every member of the City's health plan. When you become a patient, you'll have access to:

Prompt appointments

Same- or next-day appointments are available at the four main Employee Health Centers, as are referrals to see specialists when needed.

Short wait time for office visits

For most routine needs, appointments take 30 minutes or less, though labwork or advanced care could take longer. The highly trained staff works with each patient to ensure they are in and out as quickly as possible.

Online access to resources

After your first office visit, you can access a private member portal through www.FortWorthEmployeeHealthCenter.com. This can be used to communicate with physicians, request prescription refills, see results for medical tests, review medical history and more.

Orthobiologics/Stem Cell Therapy

The City is one of few employers who cover Orthobiologics/Stem Cell Therapy under their health insurance plans. Orthobiologics/Stem Cell Therapy uses your platelet-rich plasma or your mesenchymal stem cells as nonsurgical treatment of joint pain and injuries such as osteoarthritis and acute or chronic tendon damage as well as overuse conditions.

EMPLOYEE HEALTH CENTERS

Check your health plan

For Health Center Plan members, there are no copays or deductibles to see providers at the Employee Health Plan Centers. Out-of-pocket expenses are higher for Consumer Choice Plan members. Please refer to the City of Fort Worth's health benefits information about copays, deductibles, and other costs for both health plans.

However, these are key costs to keep in mind:

- Health Center Plan: \$0 copay per visit for primary care services at health centers and satellite offices
- Consumer Choice Plan: \$60 contracted rate per visit for primary care services at health centers and satellite offices

Four main centers & five satellite offices throughout the community

Appointments are quickly available for most needs. Patients are seen on the same day or the next day in many situations. Primary care physicians (PCPs), physician assistants and/or nurse practitioners who are part of the Texas Health Physicians Group and the Southwestern Health Resources Network see patients at the following locations:

City of Fort Worth employee health plan centers

Employee Health Center - Lake Worth
4701 Boat Club Rd., Ste. 325, Fort Worth, TX 76135

Employee Health Center - Magnolia
1320 Hemphill St., Ste. 350, Fort Worth, TX 76104

Employee Health Center - Huguley
12001 South Fwy., Bldg. #5, Ste. 208, Burleson, TX 76028

Employee Health Center - Riverside
100 N. Forest Park Blvd., Ste. 120
Fort Worth, TX 76102

Satellite offices

Texas Health Family Care
7001 Granbury Rd., Fort Worth, TX 76133

Texas Health Family Care
2730 SW Wilshire Blvd., Burleson, TX 76028

Texas Health Family Care
3024 State Hwy. 121, Bedford, TX 76021

Texas Health Family & Sports Care
100 Bouland Rd., Ste. 170, Keller, TX 76248

Texas Health Family Care
101 Crown Pointe Blvd., Ste. 200, Willow Park, TX 76087

Contact us

A team of care coordinators are ready to help you. Whether you need to schedule an appointment, need information, or simply want to know more about the Health Centers or Satellite Offices, call us at:

Phone Number:
800-574-0606

Calls are answered Monday through Friday from 8 a.m. to 5:30 p.m.

The City of Fort Worth Health Center website also makes finding forms and information convenient when you need them. Simply go to www.FortWorthEmployeeHealthCenter.com to learn more.



FOR
NEW
Retirees

FLEXIBLE SPENDING ACCOUNTS

If you are participating in a Flexible Spending Account (FSA) as an active employee, this benefit will end on your last day of work. You have until 30 days from date of termination to request reimbursement for receipts that are for dates of service before your last day of work. FSAs are not a benefit for retirees.





HEALTH SAVINGS ACCOUNT

HealthEquity

If you are enrolled in the Consumer Choice Plan, you can use the Health Savings Account (HSA) to pay for health care expenses. The City of Fort Worth contributes to your HSA, and you can make individual contributions as well. As a retiree, your contributions to the HSA are after taxes; however, you can claim the contribution on your next-year tax return.



The benefits of an HSA include:

- The City will contribute the lump sum amount of \$610 for individual coverage and \$1,000 for family coverage upfront, prorated for those retiring after January 1 and if they are new to the Consumer Choice Plan.
- As a retiree, you can contribute an additional \$3,690 for individual coverage and \$7,550 for family coverage on a post-tax basis through individual payments you make directly to your account through HealthEquity. You can then write off those contributions when you file your taxes the next year.
- If you are over age 55, you can contribute an additional \$1,000.
- Your unused balance rolls over from year-to-year — it is never lost.

Retirees covered by TRICARE, Medicare Part A/B, or their spouses' insurance that is not a qualified high-deductible health plan are not eligible to contribute to the HSA. Split families who only have children on the Consumer Choice Plan will not receive the City's HSA contribution due to IRS requirements.

For the Summary Plan Description and the Summary of Benefits and Coverage, including detailed coverage information, limits, and exclusions, visit the City's benefits website at www.fortworthtexas.gov/benefits. You can also reach out to Alight, the City's Personalized Health and Benefits Support service, at 866-307-8835 for price comparisons and help in finding the right doctor based on your needs.

If you are waiving medical coverage, remember that this is a permanent choice for retirees of the City of Fort Worth.

PERSONALIZED HEALTH & BENEFITS SUPPORT



Alight is here to be your health care partner.

Understanding Your Benefits

Your Alight Health Pro will confirm your benefits coverage and coordinate complex issues between your insurance and doctor — explaining everything in plain terms. You can even rely on your Health Pro to help you stay up-to-date on preventive tests, scheduling appointments, and coordinating the transfer of medical records, and ordering you a new ID card.

Finding A Great Doctor

Whether you're searching for a new primary care physician or seeking out a specialist, let your Alight Health Pro do the legwork. Your Health Pro will not only find one who meets your personal preferences but also will ensure you're maximizing health care benefits by receiving highly rated care with low out-of-pocket costs, and they can even help you with appointment scheduling.

Saving Money On Medical Costs And Prescriptions

Tell your Alight Health Pro exactly what your health care need is, and they will compare the prices of in-network providers and help you find high-quality care at the right price. What's more, your Health Pro is equipped to locate the lowest-cost prescription drug options for you.

To help you get the most out of your health benefits, Alight provides information about and answers to your benefits-related questions. Alight can also help you:

- Find an in-network provider.
- Manage chronic health conditions.
- Receive a second opinion.

1. Visit member.alight.com or download the Alight mobile app from the App Store or Google Play.
2. Follow the prompts to register your member account.
3. Log in or open the app to send secure messages.

When you have questions, the City of Fort Worth has a dedicated line. Simply call **866-307-8835**.

Expert Medical Opinions (EMOs)

Alight

- Virtual second opinions with leading experts.
- Confirm a diagnosis and treatment options.
- Referrals to high-quality physicians for in-person care.
- Consults for complex cases.



2025 NON-MEDICARE RETIREE RATES PER MONTH

Hired prior to 10/5/1988 OR after 10/5/1988 with 25+ years of service

Health Center Plan

2025 Health Plan Cost Per Pay Period	TOTAL Monthly Premium	Completed MHA, tobacco affidavit, and physical	Completed MHA and tobacco affidavit, OR physical	Did not complete MHA, tobacco affidavit, OR physical
Retiree ONLY	\$1,556.60	\$100.00	\$150.00	\$200.00
Retiree + Spouse	\$3,594.03	\$783.13	\$833.13	\$883.13
Retiree + Child(ren)	\$2,645.42	\$471.47	\$521.47	\$571.47
Retiree + Family	\$4,608.90	\$1,120.87	\$1,170.87	\$1,220.87

Consumer Choice Plan

2025 Health Plan Cost Per Pay Period	TOTAL Monthly Premium	Completed MHA, tobacco affidavit, and physical	Completed MHA and tobacco affidavit, OR physical	Did not complete MHA, tobacco affidavit, OR physical
Retiree ONLY	\$1,303.10	\$0.00	\$50.00	\$100.00
Retiree + Spouse	\$3,028.40	\$574.13	\$624.13	\$674.13
Retiree + Child(ren)	\$2,223.26	\$306.21	\$356.21	\$406.21
Retiree + Family	\$3,891.03	\$861.19	\$911.19	\$961.19

2025 NON-MEDICARE RETIREE RATES PER MONTH

Hired after 10/5/1988 and years of service between 15 and 24 years

Health Center Plan

2025 Health Plan Cost Per Pay Period	TOTAL Monthly Premium	Completed MHA, tobacco affidavit, and physical	Completed MHA and tobacco affidavit, OR physical	Did not complete MHA, tobacco affidavit, OR physical
Retiree ONLY	\$1,556.60	\$425.48	\$475.48	\$525.48
Retiree + Spouse	\$3,594.03	\$960.54	\$1,010.54	\$1,060.54
Retiree + Child(ren)	\$2,645.42	\$784.78	\$834.78	\$884.78
Retiree + Family	\$4,608.90	\$1,368.71	\$1,418.71	\$1,468.71

Consumer Choice Plan

2025 Health Plan Cost Per Pay Period	TOTAL Monthly Premium	Completed MHA, tobacco affidavit, and physical	Completed MHA and tobacco affidavit, OR physical	Did not complete MHA, tobacco affidavit, OR physical
Retiree ONLY	\$1,303.10	\$316.57	\$366.57	\$416.57
Retiree + Spouse	\$3,028.40	\$767.52	\$817.52	\$867.52
Retiree + Child(ren)	\$2,223.26	\$659.22	\$709.22	\$759.22
Retiree + Family	\$3,891.03	\$1,069.77	\$1,119.77	\$1,169.77

2025 NON-MEDICARE RETIREE RATES PER MONTH

Hired after 10/5/1988 and years of service between 5 and 14 years

Health Center Plan

2025 Health Plan Cost Per Pay Period	TOTAL Monthly Premium	Completed MHA, tobacco affidavit, and physical	Completed MHA and tobacco affidavit, OR physical	Did not complete MHA, tobacco affidavit, OR physical
Retiree ONLY	\$1,556.60	\$786.97	\$836.97	\$886.97
Retiree + Spouse	\$3,594.03	\$1,145.55	\$1,195.55	\$1,245.55
Retiree + Child(ren)	\$2,645.42	\$1,079.15	\$1,129.15	\$1,179.15
Retiree + Family	\$4,608.90	\$1,493.19	\$1,543.19	\$1,593.19

Consumer Choice Plan

2025 Health Plan Cost Per Pay Period	TOTAL Monthly Premium	Completed MHA, tobacco affidavit, and physical	Completed MHA and tobacco affidavit, OR physical	Did not complete MHA, tobacco affidavit, OR physical
Retiree ONLY	\$1,303.10	\$592.01	\$642.01	\$692.01
Retiree + Spouse	\$3,028.40	\$912.77	\$962.77	\$1,012.77
Retiree + Child(ren)	\$2,223.26	\$861.51	\$911.51	\$961.51
Retiree + Family	\$3,891.03	\$1,164.62	\$1,214.62	\$1,264.62

2025 NON-MEDICARE RETIREE RATES PER MONTH

Hired after 1/1/2009

Health Center Plan

2025 Health Plan Cost Per Pay Period	TOTAL Monthly Premium	Completed MHA, tobacco affidavit, and physical	Completed MHA and tobacco affidavit, OR physical	Did not complete MHA, tobacco affidavit, OR physical
Retiree ONLY	\$1,556.60	\$1,556.60	\$1,606.60	\$1,656.60
Retiree + Spouse	\$3,594.03	\$3,594.03	\$3,644.03	\$3,694.03
Retiree + Child(ren)	\$2,645.42	\$2,645.42	\$2,695.42	\$2,745.42
Retiree + Family	\$4,608.90	\$4,608.90	\$4,658.90	\$4,708.90

Consumer Choice Plan

2025 Health Plan Cost Per Pay Period	TOTAL Monthly Premium	Completed MHA, tobacco affidavit, and physical	Completed MHA and tobacco affidavit, OR physical	Did not complete MHA, tobacco affidavit, OR physical
Retiree ONLY	\$1,303.10	\$1,303.10	\$1,353.10	\$1,403.10
Retiree + Spouse	\$3,028.40	\$3,028.40	\$3,078.40	\$3,128.40
Retiree + Child(ren)	\$2,223.26	\$2,223.26	\$2,273.26	\$2,323.26
Retiree + Family	\$3,891.03	\$3,891.03	\$3,941.03	\$3,991.03

Surviving Spouse Health Center Plan

2025 Health Plan Cost Per Pay Period	TOTAL Monthly Premium	Completed MHA, tobacco affidavit, and physical	Completed MHA and tobacco affidavit, OR physical	Did not complete MHA, tobacco affidavit, OR physical
Spouse	\$2,037.43	\$683.13	\$733.13	\$783.13
Child(ren) only	\$1,088.82	\$371.47	\$421.47	\$471.47
Spouse + Children	\$3,052.30	\$1,020.87	\$1,070.87	\$1,120.87

Consumer Choice Plan

2025 Health Plan Cost Per Pay Period	TOTAL Monthly Premium	Completed MHA, tobacco affidavit, and physical	Completed MHA and tobacco affidavit, OR physical	Did not complete MHA, tobacco affidavit, OR physical
Spouse	\$1,725.30	\$574.13	\$624.13	\$674.13
Child(ren) only	\$920.16	\$306.21	\$356.21	\$406.21
Spouse + Children	\$2,587.94	\$861.19	\$911.19	\$961.19

Medical Plan Comparison

Plan Features	Health Center Plan (HCP)	Consumer Choice Plan (CCP)
Annual Deductible Individual	\$1,500	\$3,300
Family	\$3,000	\$5,400
Total Out-of-Pocket Max Individual	\$6,000	\$6,550
Family	\$12,000	\$13,000
Virtual Visit (Teledoc Health/etc.)	\$0 copay	Contracted rate
Annual Wellness Exam (1x)	\$0 copay	\$0 per year
Primary Care Physician Office Visits (At Health Center)	\$0 copay	\$60 per visit
OB/GYNs/PEDs	\$30 copay	20% after deductible
Specialist	\$50 copay	20% after deductible
Primary Care Physician Office Visits (Not at Health Center)	\$30 copay	20% after deductible
Emergency Room Visits for true emergencies only	\$300 copay (waived, if admitted)	20% after deductible
Mental Health Office Visits	covered at 100%	20% after deductible

Primary Care Physician (PCP) Health Center Plan = \$30 copay Consumer Choice Plan = 20% after deductible	Urgent Care Clinic Health Center Plan = \$75 Consumer Choice Plan = 20% after deductible	Convenience Care Clinic Health Center Plan = \$30 Consumer Choice Plan = 20% after deductible	Nonemergency use of emergency rooms will be: Health Center Plan = \$300, then 50% after deductible Consumer Choice Plan = 50% after deductible	Virtual Visits Health Center Plan = free Consumer Choice Plan = 20% after deductible
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Summary of Plan Benefits

The City of Fort Worth Health Center and Consumer Choice plans provide services in the offices of Primary Care Physicians (PCPs) and Specialists.

For purposes of the City's Health Plan, a PCP will be any physician in the City's Health Centers or anyone who has contracted with BlueCross BlueShield of Texas as a Primary Care Physician. This will include providers who have contracted as a Family Practitioner, a General Practitioner; and an Internal Medicine, Pediatric, or OB/GYN provider and are listed in the BlueCross BlueShield Blue PPO Network as a PCP, a Pediatrician, or an OB/GYN provider. All other providers will be considered Specialists.

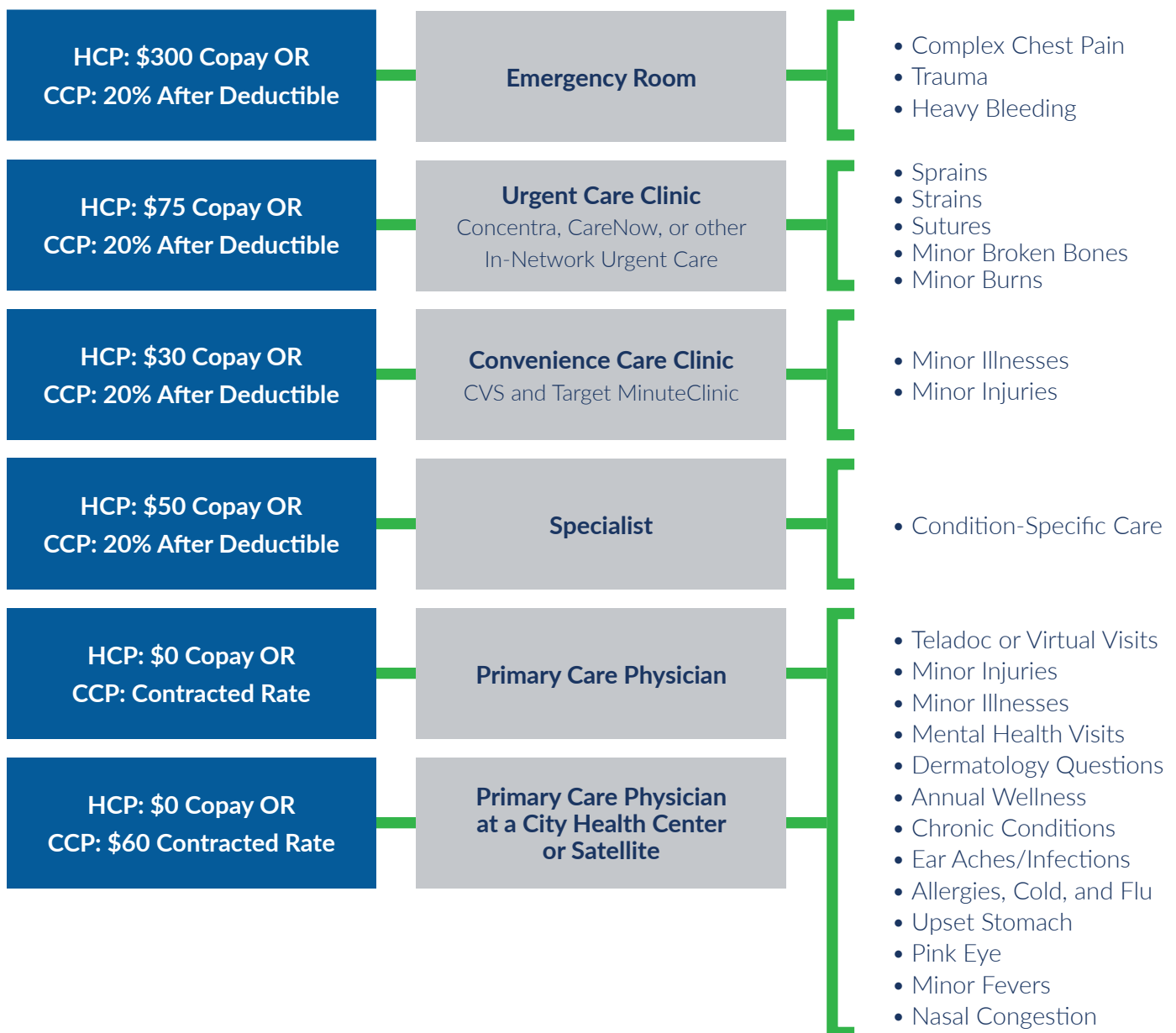
A member is not required to elect a specific PCP, and a referral from the PCP is not required to see a Specialist. Above are some general services and your payment amounts or percentages.

WHERE SHOULD I GO FOR CARE?

It can be overwhelming deciding where to go for health care. It is best to establish a relationship with a Primary Care Physician for routine care and general oversight of your care plan. Since unexpected accidents and illnesses can happen anytime, it is important for you to know what your options are in advance so that you can save time and money.

Did You Know?

If you went to the emergency room for nonemergency care, you could end up with a bill of at least \$1,800. Know before you go. For the Health Center Plan (HCP) and Consumer Choice Plan (CCP), see the friendly user guide below for details:



PRESCRIPTION DRUGS

OPTUM RX

Retail Prescription Program

The Retail Prescription Program uses a network of participating pharmacies. To receive the highest level of benefits, you must use a participating pharmacy.

Prescriptions you fill at nonparticipating pharmacies are generally not covered. If you enroll in one of the City's medical plans, you will automatically receive prescription drug coverage.

For those on the Health Center Plan, certain medications are covered at 100% when prescribed by a physician at one of the four employee health centers or five satellite locations.

Maintenance Medication

Select90 Program

If you are a member who takes maintenance medications for chronic conditions, you will need to use the Select90 Program to fill your prescriptions. You need to go to Walgreens or use Optum Rx mail order for medication to treat conditions such as arthritis, asthma, diabetes, high cholesterol, high blood pressure, and other chronic conditions.

For those on the Consumer Choice Plan, there is a list of preventive maintenance generic and brand name maintenance medications. For both tiers, the deductible is waived and generic medications are covered at 100% and preferred medications are covered, with you paying 20% coinsurance.

Medications that are available over the counter (OTC) are not covered by Optum Rx and generic medications are mandatory. You will need a physician's letter if you are required to receive a brand name.

Plan Features	Health Center Plan (HCP)	Consumer Choice Plan (CCP)
Annual deductible	\$100 In Network	\$3,300 individual/\$5,400 family (include medical and pharmacy costs combined) In Network
Retail – up to 30-day supply - Generic - Preferred (formulary) - Nonpreferred (nonformulary) - Specialty	20% after deductible, \$10 min/\$30 max 20% after deductible, \$30 min/\$50 max 20% after deductible, \$50 min/\$75 max 20% after deductible to a max of \$200	20% after deductible* 20% after deductible** 20% after deductible 20% after deductible
Select90 Maintenance Medications – Optum Rx Mail Order - Generic - Preferred (formulary) - Nonpreferred (nonformulary)	20% after deductible, \$25 min/\$50 max 20% after deductible, \$75 min/\$125 max 20% after deductible, \$125 min/\$175 max	20% after deductible* 20% after deductible** 20% after deductible

* Certain generic preventive maintenance medications are covered at 100%, deductible waived

** Certain preferred preventive maintenance medications are covered at 80%, deductible waived



DIABETES MANAGEMENT



Eligibility:

Employees enrolled in a City Health Plan. We recommend that you consult with your PCP before starting any weight management program.

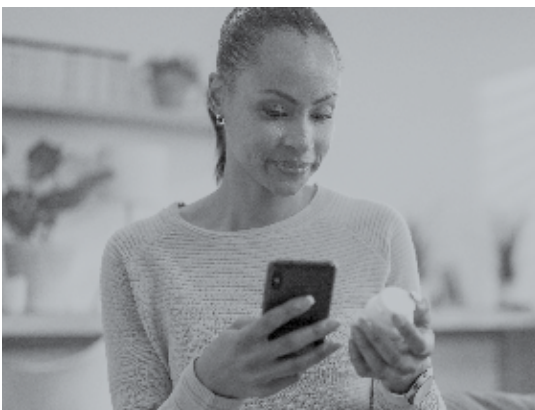
Health Center Plan

- Medications, noninsulin injectables, insulin, syringes, pen needles, strips, and lancets covered through Optum RX at 100% – no copay.
- Durable medical equipment (insulin pump, monitor, and supplies) through BlueCross BlueShield of Texas covered at 100%.

Consumer Choice Plan

- Some medications and insulin covered at 100%, no deductible.
- Syringes, pen needles, strips and lancets covered through Optum RX at 95%, after deductible.
- Durable medical equipment (insulin pump) through BlueCross BlueShield of Texas covered at 95% after the deductible.

*Some diabetes medications are covered under the preventive maintenance medications covered at 100%. See the City's benefits website for complete list.



Virta is a research-backed treatment that reverses Type 2 diabetes. It uses a medically supervised nutritional intervention that is very different from other treatments. In Virta's clinical trial, patients lost weight, eliminated their diabetes medications, and reduced their A1C and blood sugar. Learn more at www.virtahealth.com/cofw or email support@virtahealth.com with questions.

BLOOD PRESSURE & MONITORING PROGRAM – HELLO HEART

PRE⁶⁵
HEALTH
PLANS

Hello Heart makes it simple for you to track your heart health and understand what's going on so you can worry less all from the privacy and comfort of your own phone. This new service is fully sponsored by the City of Fort Worth for employees, retirees, spouses, and dependents (18 years and older) on the City's Employee Health Plan who have high blood pressure (BP) and/or are taking BP medications.

What do you get with Hello Heart?

- Use your personal Hello Heart monitor to check your blood pressure. The Hello Heart smartphone app will instantly save your readings and provide clear explanations of what they mean.
- Easily send your readings and progress reports to your doctor (if you want to) to catch potential issues early.
- Access simple, personalized tips for maintaining a healthy heart!
- Set medication reminders in the Hello Heart app so you never forget!
- Your info is kept 100% private to you on your phone. No one but you will know what your heart is up to. Access the app whenever you need it anywhere, anytime.



 **Hello Heart**



Questions?

If you have any questions, please reach out to Hello Heart support at: support@helloheart.com or call 800-767-3471.

LANTERN

SurgeryPlus has changed their name to Lantern! This will still be the same great bundled surgery option for nonemergency surgeries just with a new name.

When you use Lantern, you could save significantly on surgical procedures. This benefit is automatically available to participants enrolled in the City of Fort Worth's medical plans.

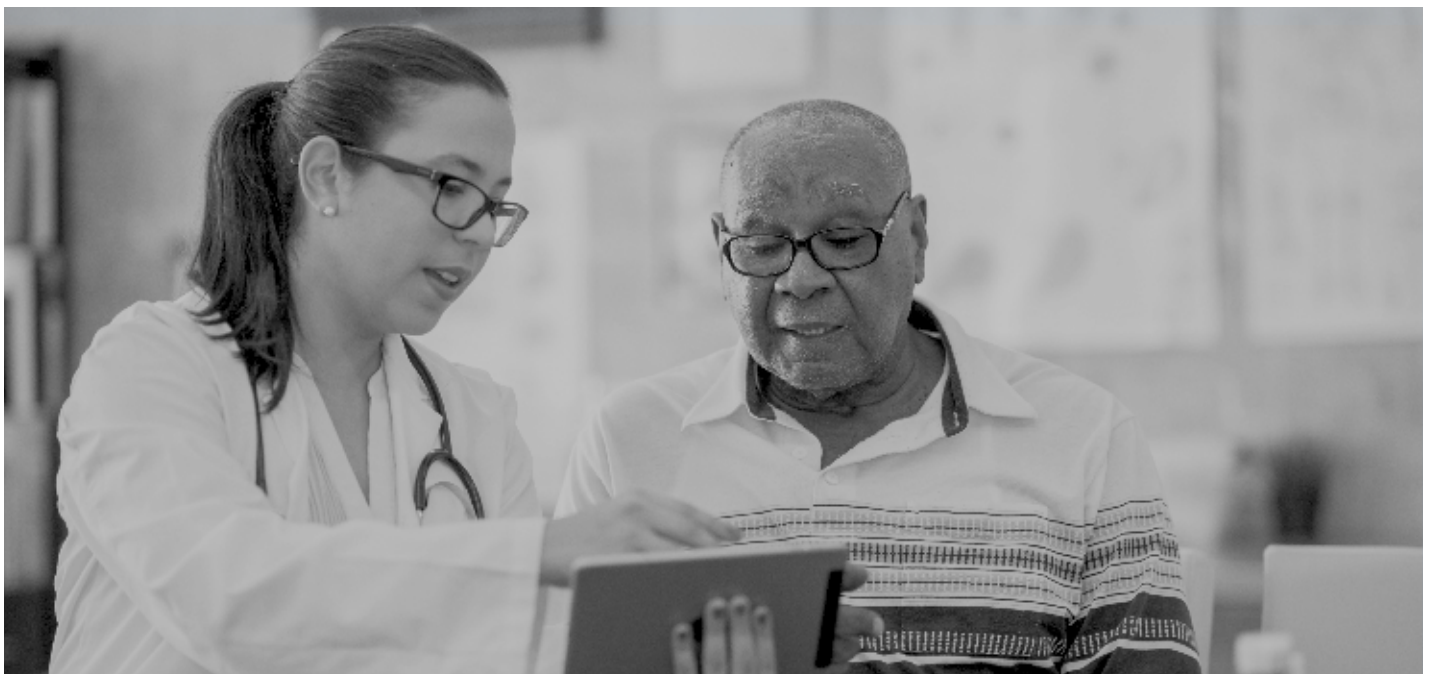
How It Works:

- When your doctor recommends surgery, call Lantern at **855-200-9508**.
- A personal Care Coordinator will help you find a high-quality board-certified surgeon. The Care Coordinator will then assist you throughout the entire process, from scheduling the initial consultation all the way to post-procedure follow-up.
- Lantern negotiates all the costs before you have surgery and handles the payment process for you.
- For members on the Health Center Plan, the City of Fort Worth will pay the entire cost of a surgery through Lantern. For members on the Consumer Choice Plan, the City will pay the entire cost after you meet your deductible.
- All physical therapy following a Lantern surgery will be covered 100% as part of the bundled cost. For those on the Consumer Choice Plan, it will be 100% after your deductible is met.

Covered Surgeries:

A complete list of surgeries available can be found by visiting cfw.surgeryplus.com or by calling a Care Coordinator at **855-200-9508**. Some covered surgeries include:

- ACL, MCL, or PCL Repair
- Bariatric Surgery
- Hernia Repair
- Hysterectomy
- Knee Arthroscopy
- Orthopedic (i.e., knee, hip, shoulder)
- Rotator Cuff Repair and Many More!





MUSCULOSKELETAL REHABILITATION – AIRROSTI

Airrosti

Airrosti provides a unique approach to reduce the prevalence and incidence of musculoskeletal conditions. Most often, clients obtain relief in about three visits. Employees on the Health Center Plan pay a \$15 copay.

Conditions treated include:

- Acute injuries/musculoskeletal conditions.
- Chronic joint and soft tissue injuries.
- Patients seeking an alternative to surgery.
- Patients not receiving lasting relief from steroid injections and other pain management interventions.
- Unresolved rehab patients.
- Postsurgical issues with persistent symptoms.

Common pain/injuries treated include:

- Back pain
- Neck pain
- Headaches
- Tricep injuries
- Tendonitis
- Disc injuries
- Hip pain
- Sciatic-like pain
- Achilles tendonitis
- Carpal tunnel syndrome
- Knee pain
- Shin splints
- Plantar fasciitis



HINGE HEALTH

Free Benefit For Back And Joint Care

The City of Fort Worth partners with Hinge Health to offer their innovative digital programs for back, knee, hip, neck, and shoulder pain. Over 180,000 people have participated in Hinge Health's programs, cutting their pain by over 60%. Nine out of 10 say they are less likely to get surgery. Plus, it only takes 45 minutes per week, easily fitting into your schedule.

Once enrolled, you'll receive the Hinge Health Welcome Kit, which includes free wearable motion sensors that guide you through exercise therapy. You'll also be paired with your personal health coach who is with you every step of the way, tailoring the program specifically for you. Best of all, Hinge Health's programs are provided at no cost to you and your eligible dependents enrolled in the Retiree Health Plan through the City of Fort Worth.

For questions, you can call Hinge Health at **855-902-2777** or send an email to help@hingehealth.com.

Eligibility:

Retirees, spouses, and dependents 18+ enrolled in the City of Fort Worth Retiree Health Plan are eligible.



MEDICARE REQUIREMENTS

Important: Please Read

Retirees, Retirees' Spouses, and Surviving Spouses -

Turning 65 in the coming year (and have not received a letter from HR Benefits)?

- If you turn 65 and are eligible for Medicare (have earned 40 credits), please call Social Security at **800-772-1213** or go online to www.socialsecurity.gov three months prior to your birthday month to enroll in Parts A and B. When you receive your Medicare card, call 817-392-7782 to enroll in the City's Medicare Retiree Health Plan.
- If you turn 65 and are not eligible for Medicare (have not earned 40 credits) but your spouse is eligible for Medicare and is age 62 or older, please call Social Security three months before your birthday month at **800-772-1213** or visit www.socialsecurity.gov to determine what Medicare options are available to you; you should be able to enroll under your spouse's eligibility. (If not, please follow the instructions below.)
- If you turn 65 and will never be eligible for Medicare (and have not already been contacted by HR Benefits), call **817-392-7782** to schedule a one-on-one session to discuss your options.

Disability Retirees

- If you retired due to a disability and receive Medicare, you should enroll in Parts A and B and contact HR Benefits at **817-392-7782** to enroll in the City's Medicare Retiree Health Plan.

Failure to enroll in Part B when you reach age 65 will result in you being charged a 10% penalty (by Social Security) for every 12-month period you did not enroll, and your enrollment will be delayed until July 1st of the year you enrolled during January through March. This can also result in increased payments for medical services while you await your effective enrollment in Part B in July.

For full medical benefits through the City's Medicare plan, you must enroll in Medicare Part B. If you are currently enrolled in Medicare Part A, you are eligible for Part B as well.

Please mail a copy of your Medicare card to:

City of Fort Worth
Attn: Human Resources Benefits
100 Fort Worth Trail, Fort Worth TX 76102
Or fax a copy to **817-392-8869**



MEDICARE ADVANTAGE PLAN

The health coverage that City of Fort Worth offers retirees and their spouses that are 65 and older is the Medicare Advantage Plan (MAPD) through Aetna. Medicare Part A and Part B are requirements for the MAPD plan as this plan wraps around your Medicare Parts A and B and administers the Medicare Advantage Plan. This plan also adds prescription coverage through Medicare Part D.

Medicare has a rule that you can only have one Medicare Part D plan at a time, so be aware that if you choose a Part D plan outside of the City of Fort Worth, Medicare will bump you off the City's plan.

Medical Benefits at a Glance (Your cost)

Medicare Advantage with Prescription Drug Plan (MAPD)	Medicare 100 ESA PPO In Network and Out of Network
Annual Deductible Individual/Family	None
Annual Out-of-Pocket Maximum	\$1,000 5%
Physician Services Office Visits - Primary Care Physician Office Visits - Specialist Independent Diagnostic Lab & X-ray Services	5% coinsurance 5% coinsurance 5% coinsurance
Preventive Office Visits Annual Visits: OB-GYN, mammogram, PSA	\$0
Colonoscopy - Initial Screening 1 screening every 12 months for individual age 50 & over	\$0
Hospital Services Inpatient Hospitalization Outpatient Facility	\$250 copay 5% coinsurance
Emergency Services Emergency Room Urgent Care	\$50 copay \$35 copay
Mental Health Inpatient Hospitalization Outpatient Facility (per visit)	\$250 copay 5% coinsurance
Durable Medical Equipment (DME)	5% coinsurance
Prescriptions Annual Deductible Individual/Family Generic/Preferred/ Nonpreferred Retail (30-day supply) Mail Order (90-day supply) Specialty Pharmacy	\$100 per person \$10/\$30/\$50 \$25/\$75/\$125 20% to max \$200

MEDICARE ADVANTAGE ADDITIONAL BENEFITS

POST⁶⁵
HEALTH
PLANS

SilverSneakers

www.silversneakers.com or **866-584-7389**

Monday-Friday, 8 a.m.-8 p.m.

- Partnerships with both virtual and in-person fitness classes.
- Online tools to help track activity, find meal plans and healthy activities.
- Special SilverSneakers® group exercise classes available at some locations.
- Online class locator and enrollment.

Hearing Coverage:

- One routine hearing exam every 12 months covered 100%.
- Medicare-covered hearing exam 5% coinsurance.
- Hearing aid reimbursement \$2,000 every 36 months.
- Obtain reimbursement by calling Aetna Customer Service.

Vision

- One routine eye exam every 12 months covered 100%.
- Diabetic eye exam every 12 months covered 100%.
- Medicare-covered eye exam 5% coinsurance.
- Eyewear reimbursement \$200 every 24 months.
- Obtain reimbursement by calling Aetna Customer Service.
- Cataract surgery covered under outpatient services & surgery benefit.
- Glaucoma surgery covered under outpatient services & surgery benefit.

Dental

- Preventive services covered up to \$750 at 100%.
- Includes basic exam, cleanings, and X-rays.
- Give card to provider who will bill Aetna directly.
- Can go to an in-network or out-of-network provider.
- To find an in-network provider, call Aetna Dental Customer Service: **1-866-409-0937**.

Over-the-Counter Benefit – CVS Pharmacies ONLY

- Covers up to \$30 per quarter for over-the-counter products.
- Can purchase items online www.cvs.com/otchs/myorder or in CVS stores (not in Target or Schnucks stores).
- Items such as aspirin, cold medication, allergy meds, and more can be obtained.
 - For a catalog of covered items, please call **855-463-0933** to receive a copy if you did not receive one already.
- Go to a CVS Pharmacy and present your Medicare card at checkout for those items.
 - Items can be identified at a local CVS by the blue shelf tag which includes an OTCH indicator.

Aetna Contact Information

Website: aetna.com/medicare

Customer Service: **888-267-2637**

Aetna Dental Providers: aetnadental.com

Dental Customer Service: **866-409-0937**

Prescription Drug Questions: **866-241-0357**

24-Hour Nurse Line: **855-493-7019**

Hired prior to 10/5/1988 OR between 10/5/1988 and 1/1/2009 with 25+ years of service		
	Total Cost	Medicare Advantage 100 ESA PPO
Retiree Only	\$200.60	\$0.00
Retiree & Spouse	\$401.20	\$140.08
Retiree & Child	\$401.20	\$140.08
Retiree & Family (3 members)	\$601.80	\$280.51
Hired between 10/5/1988 and 1/1/2009 and years of service between 15 and 24 years		
	Total Cost	Medicare Advantage 100 ESA PPO
Retiree Only	\$200.60	\$64.22
Retiree & Spouse	\$401.20	\$181.33
Retiree & Child	\$401.20	\$181.33
Retiree & Family (3 members)	\$601.80	\$298.44
Hired between 10/5/1988 and 1/1/2009 and years of service between 5 and 14 years		
	Total Cost	Medicare Advantage 100 ESA PPO
Retiree Only	\$200.60	\$136.38
Retiree & Spouse	\$401.20	\$232.33
Retiree & Child	\$401.20	\$232.33
Retiree & Family (3 members)	\$601.80	\$340.00
Hired after 1/1/2009		
	Total Cost	Medicare Advantage 100 ESA PPO
Retiree Only	\$200.60	\$200.60
Retiree & Spouse	\$401.20	\$401.20
Retiree & Child	\$401.20	\$401.20
Retiree & Family (3 members)	\$601.80	\$601.80
Surviving Spouse		
	Total Cost	Medicare Advantage 100 ESA PPO
Spouse Only	\$200.60	\$140.08
Child	\$200.60	\$140.08
Spouse and Child (or 2 children)	\$401.20	\$280.51

VISION PLAN METLIFE

The City of Fort Worth is pleased to offer a comprehensive vision plan to employees. The plan is administered through MetLife and promotes preventive care through regular eye exams and provides coverage for corrective materials such as glasses and contact lenses. The plan includes routine basic vision examination yearly and provides coverage for lenses and contacts every year. See some plan highlights listed below.

Plan Features	Low Plan	High Plan
Exam - Every calendar year.	\$10 copay	\$10 copay
Frames - Base: once every other calendar year. - Buy-Up: once every calendar year.	\$180 frame allowance + 20% discount over \$180	\$200 frame allowance + 20% discount over \$200
Lenses - Every calendar year (in lieu of contacts). - Various copays for progressive tiers. - Various copays for reflective coating.	\$20 copay for single, bifocal, trifocal, and lenticular	\$10 copay for single, bifocal, trifocal, and lenticular
Contacts - Every calendar year (in lieu of lenses).	\$125 allowance + 20% discount over \$125	\$150 allowance + 20% discount over \$150

Vision Rates

Retiree rates are monthly.

	Low Plan	High Plan
Retiree Only	\$5.10	\$11.65
Retiree & Spouse	\$9.68	\$22.11
Retiree & Child(ren)	\$10.19	\$23.27
Retiree & Family	\$14.97	\$34.20

AVAILABLE TO
ALL RETIREES

DENTAL PLANS METLIFE

The City of Fort Worth continues to offer three dental coverage options:

- A dental DPPO high option,
- A dental DPPO low option, and
- A dental DHMO.

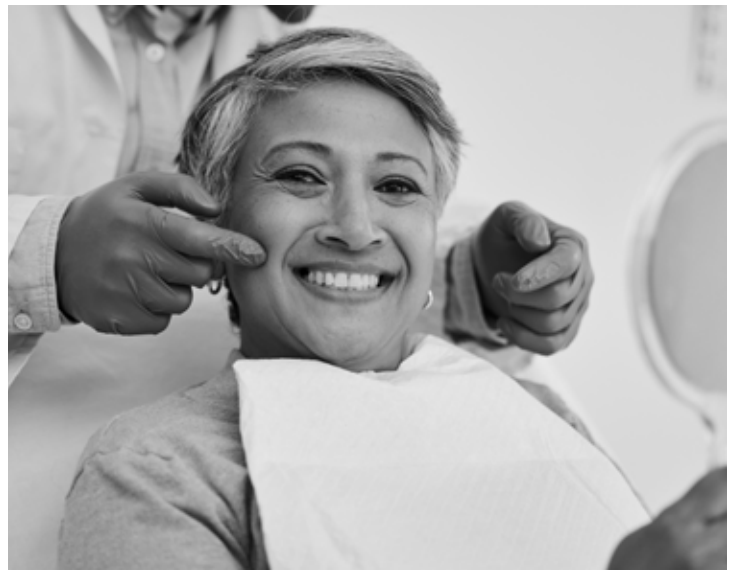
MetLife

www.metlife.com/insurance/dental-insurance/dental-insurance-center

800-GetMet8

(800-438-6388)

- The dental HMO (DHMO) plan has a limited network and is limited to those residing in certain states.
- On the DHMO plan, you choose a primary care dentist who will direct your care, and all services will be paid on a copay basis.
- The DPPO plans allow you to see any dentist in or out of network, but there is a limit to how much the dental insurance will pay which includes services such as cleanings and X-rays.
- You can receive four cleanings per calendar year on both the low and high DPPO options.
- Implants are covered on DPPO options to the plan limit.



2025 Monthly Dental Rates

Retiree Dental Rates	DHMO		DPPO	
	DHMO	DPPO Low Option	DPPO High Option	
Retiree Only	\$11.50	\$22.62	\$33.60	
Retiree + Spouse	\$21.85	\$42.98	\$68.87	
Retiree + Child(ren)	\$23.00	\$49.78	\$89.04	
Retiree + Family	\$35.66	\$70.15	\$112.54	

DENTAL PLANS METLIFE

	DHMO	DPPO – Low Option	DPPO – High Option
Deductible	None	\$50/person \$150/family	\$50/person \$150/family
Annual Maximum	None	\$1,250/person	\$2,250/person
Provider	Member must use participating provider.	Unlimited PPO network available	Unlimited PPO network available
Preventive & Diagnostic Care	You pay fixed copayments on plan’s schedule of benefits.	Plan pays 100% with no deductible.	Plan pays 100% with no deductible.
Basic Restorative Care	You pay fixed copayments on plan’s schedule of benefits. Specialist referral is required under this plan.	Plan pays 50%.	Plan pays 80%.
Major Restorative Care	You pay fixed copayments on plan’s schedule of benefits. Specialist referral is required under this plan.	Plan pays 50%.	Plan pays 50%.
Orthodontics Lifetime Maximum	You pay fixed copayments on plan’s schedule of benefits.	Plan pays 50%. \$1,000/person	Plan pays 50%. \$1,500/person
Implants	Not covered	Plan pays 50%.	Plan pays 50%.
Additional Information		You may be billed the balance for going to a non-MetLife PPO network dentist. You will be billed the difference between the PPO fee and the MetLife Premier dentist fee or the out-of-network dentist fee.	You may be billed the balance for going to a non-MetLife PPO network dentist.

LIFE INSURANCE SECURIAN FINANCIAL

FOR
NEW
Retirees

As a retiree, you have the option of continuing life insurance on an individual basis. This applies to the basic life insurance that the City of Fort Worth provides to employees that is equal to your annual salary and any additional life insurance that you currently purchase through payroll deduction. It is the member's responsibility to contact Securian to make arrangements to continue coverage. Their phone number is **866-365-2374**.

This benefit does not apply to CURRENT retirees.

Take Your Coverage With You

	Portability	Conversion
May be good for you if ...	<p>You need life insurance for a specific period of time and want an option that does not require you to answer health questions.</p> <ul style="list-style-type: none"> • Portability may be available for you and/or your dependents*. • Ported coverage may reduce with age. • Rates are higher than those paid by active employees. • Rates increase with age. • Premium payments will be paid directly to Securian Financial. • Ported coverage terminating due to age can be converted to an individual policy at that time. 	<p>You have a high need for life insurance, but you may not qualify for portability or cannot meet the proof of good health requirements for individual coverage elsewhere.</p> <ul style="list-style-type: none"> • Conversion is available for the following coverages: basic term life, supplemental term life, and dependent term life. • Rates are higher than those paid by active employees. • Rates are higher than portability rates. • Permanent life insurance protects your loved ones for the remainder of your life. • Premium payments will be paid directly to Securian Financial.

*Dependent coverage may only be ported if the employee elects to port their coverage.

For more information, please use the website listed below to review your coverage options, calculate your cost, and obtain the necessary application forms.

lifebenefits.com/continue

Policy Number: 34628

Access Key: ftworth

For assistance, please call Securian at **866-365-2374**.

457 DEFERRED COMPENSATION – TIAA

For
NEW
Retirees

When retiring from the City of Fort Worth, you have the option of sending a one-time lump sum up to the limit for the year to TIAA out of your term check. The term check is the payout of your eligible benefit accruals (vacation time, sick time, earned holiday time, and comp time). The limit for 2025 for those under 50 years of age is \$23,500. If you are over 50 years of age, the limit is \$31,000. You may also qualify for the three-year catchup amount of up to \$47,000. Be sure to contact the Human Resources Benefits Office, if you are interested in this option.

If you are in the DROP Program, please contact the Fort Worth Employees Retirement Fund for all your DROP questions and arrangements. Their number is **817-632-8900**. You do have the option of rolling your DROP money into TIAA.



RETIREE DISCOUNTS/ VOLUNTARY BENEFITS – BENEPLACE

Active employees who intend to retire and wish to continue coverage for hospital, critical illness, accident, prepaid legal, pet insurance, identity theft, home or auto insurance, etc. can call the carriers directly to complete portability forms or set up direct pay. If you are not sure who the carrier of your policy is, you may call Beneplace at **800-683-2886**, and they will help you navigate to the correct carrier.

Beneplace also offers discounts on items for your home, sporting equipment, dining, and electronics or services for your car, though some may not be available as they require proof of employment. You can go to www.cofw.savings.beneplace.com to look at discounts available to you as a retiree. Once you are on the homepage, you may register with your email address and create a password.

2025 HEALTHY CHALLENGE WELLNESS PROGRAM

Overview

The Healthy Challenge Wellness Program is a vital part of our overall benefits program. Whether your goal is to have more energy, to lose weight, to manage stress, or to improve your diet, the Healthy Challenge Wellness Program can help.

Healthy Challenge Premium Incentive

Pre-65 retirees and their spouses who choose to participate in the Health Assessment (HA), Tobacco Affidavit or Tobacco Journey (TOB), and Biometric Screening Form (BSF) provided through the Ramp Health™ website will have a lower monthly premium for health insurance. Participation in these three activities between January 1 and August 31 will impact the next year's premiums.

For assistance with the Ramp Health website, please contact Ramp Health Customer Service at support@ramphealth.com. Examples of issues that Ramp Health Customer Service can assist with: Updating the email address associated with your Ramp Health account, resetting your password, and finding the Health Assessment, Tobacco Affidavit or Journey, or Biometric Screening Form on the Ramp Health website.

Is My Health Information Confidential?

All programs are confidential and in compliance with the Health Insurance Portability and Accountability Act (HIPAA). Any information shared with the Ramp Health team will not be disclosed except in accordance with HIPAA laws. Your Protected Health Information (PHI) will not be shared with your employer.

Accommodation Notice:

If you are unable to achieve the standards for the reward under this program due to a medical condition, you may request a Reasonable Alternative Standard (RAS) through your portal. Submit your request within 30 days of your screening. If you are unable to submit the request through your portal, please contact Ramp Health at support@ramphealth.com



RAMP HEALTH

PRE⁶⁵ HEALTH PLANS

Requirements For Lower Insurance Premium and Incentive

DEADLINE: 8/31/2025

How Can I Lower My Monthly Insurance Premium?

To avoid paying an additional \$100 per month and earn your 2026 insurance premium incentive, you must complete the Health Assessment (HA) questionnaire, the Tobacco Affidavit OR Tobacco Journey (TOB), and the Biometric Screening Form (BSF) after undergoing a Biometric Screening by 8/31/2025. If your spouse is covered by the City's health plan, they must also complete the requirements for you to receive the incentive.

- 1. Health Assessment (HA):** After you register on join.virginpulse.com/cfw, you will complete the Health Assessment (HA) questionnaire. Upon completing it, you will review information on your current risk level for all lifestyle habits, and you will receive tips for maintaining or improving your overall health and well-being.
- 2. Tobacco Affidavit or Tobacco Journey (TOB):** If you are not a tobacco user, you will simply check the attestation form indicating you are a Non-User. If you are a tobacco user, you will be directed to complete the Tobacco Journey by following the prompts.
- 3. Biometric Screening Form (BSF)*:** You will need to schedule your Biometric Screening with your physician and take the Biometric Screening Form (BSF) to your appointment. Once you have registered at portal.ramphealth.com, you will download a copy of the BSF to take to your physician to complete. After the BSF is complete, you will be able to submit the form via upload to your Ramp Health portal.

How To Register

Visit join.portal.ramphealth.com to log in and register with Ramp Health. Just follow the prompts to register as a new user. If your spouse is on the City of Fort Worth's health insurance, both of you will have a separate account, so each of you will register. You will use your email to register. Each individual must have their own email.

Additional Physician Screening Form Information

If you do not have a Primary Care Physician (PCP), you can contact the City's Employee Health Centers at **800-574-0606** to schedule your Biometric Screening. Your insurance covers one annual physical per calendar year (not every 12 months). It's covered 100% (free) on both the Health Center and Consumer Choice plans.



- 1 Verify Your Account.** Check your inbox, open email from support@RampHealth.com and click the Verify Your Account Button.
- 2 Already Verified your Account?** Access the platform by downloading the Ramp Health App or visiting <https://portal.ramphealth.com>
- 3 Bookmark** the site or use the app for future access.

***IMPORTANT NOTE:** Your BSF must be submitted by 8/31/25. No late submissions will be accepted. This means that your Biometric Screening should be scheduled no later than 8/26/25 to allow time for the blood work to be processed and the results returned to the physician to complete the BSF and submit by 8/31/25. If blood work is done prior to the screening appointment, the screening is completed on 8/31/25 and the BSF is submitted by 8/31/25, this should not be an issue.

HEALTH COACHING FROM RAMP HEALTH

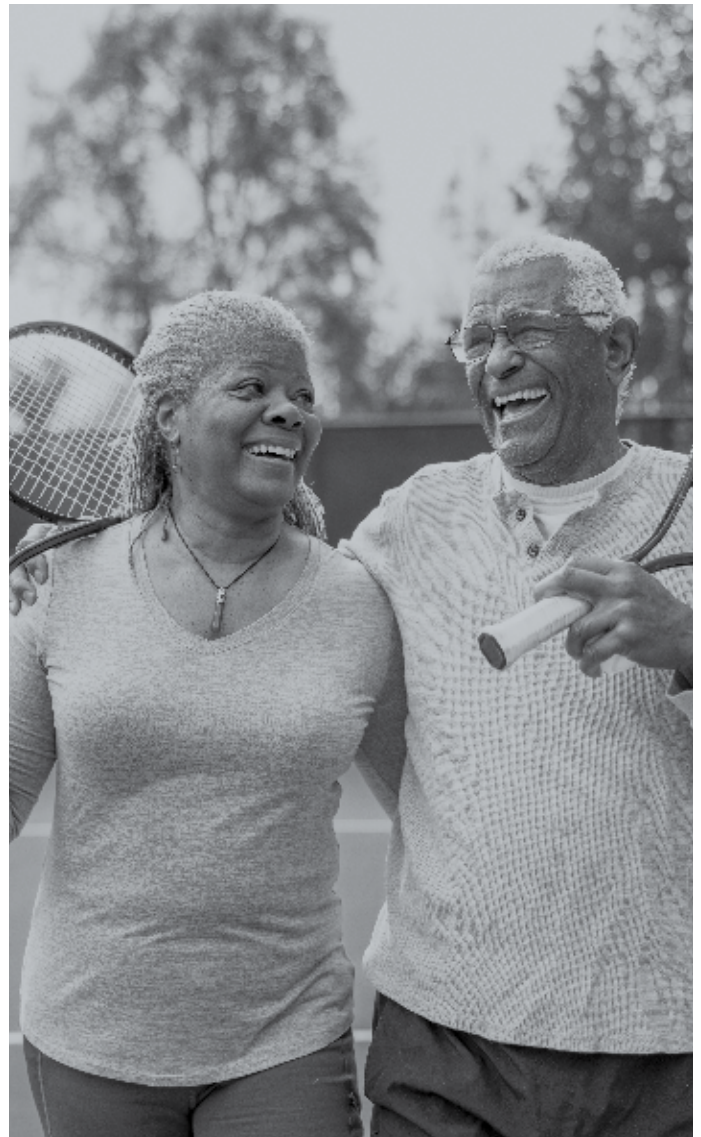
Call in a Personal Certified Health Professional

As we strive toward better health, we could all use a little help from experts from time to time. That's why the Ramp Health™ Health Coach Program is such a valuable part of the Healthy Challenge Wellness Program.

As a Healthy Challenge participant, you have access to a variety of specially trained health professionals, including registered dietitians, clinicians, nurses, and certified personal trainers. You'll be assigned to one or more of these professionals, depending on your health goals.

What Should I Expect During My Coaching Session?

Your Health Coach is an experienced, certified Ramp Health professional who will support you in behavior and lifestyle modifications as well as conditioning. You'll receive health education as needed and work together to set realistic health goals. Your coach will help you track progress over time and adjust the program to help you meet your goals. Whether you need to lose 15 pounds, quit smoking or reach a specific fitness goal, a Ramp Health Coach can assist. Coaching sessions take place over the phone or by secure in-app messaging on portal.ramphealth.com and last between 10 minutes to one hour, depending on the focus and instruction needed.





HEALTHY CHALLENGE WELLNESS PROGRAM **OBESITY**

Ramp Health Health Coaching

*Available to all employees, regardless of coverage. Also available to pre-65 retirees and spouses on a health plan.

Ramp Health

Unlimited sessions and at no cost for all employees.

Health Coaching involves working one-on-one with a trained Health Coach (Ramp Health™) to focus on weight, nutrition, exercise, etc. There will be specific goal setting, with follow-ups on a weekly, biweekly, or monthly basis, as identified by the coach.

Optum Rx

*Only available to Health Plan members

Several agents are FDA approved for weight control, including but not limited to: Covered 100%, no copay for HCP members; waived deductible and 5% coinsurance for CCP members.

Bariatric Surgery

*Only available to Health Plan members

Bariatric gastric bypass surgery (GBS) or other bariatric surgical procedures are available through Lantern. Patients may be referred for a bariatric surgical procedure to medical centers where this service is available. Specific selection criteria apply for this treatment option. Several procedures are approved for weight control, including:

1. Sleeve Gastrectomy
2. Roux-en-Y
3. Duodenal Switch
4. LAP

Bariatric surgery through Lantern follows this protocol:

1. Uses bariatric surgeons on their specialty network – currently, four.
2. Surgery is performed at the facility where the specific bariatric surgeon has rights
3. Will follow same three-month Pre-Op Program protocol prior to surgery
4. Post-op follow-up will be done through the same bariatric surgeon who performs surgery
5. Health Center Plan covered 100%, Consumer Choice Plan covered 100% after deductible



WELLNESS HEALTHY HABITS CLASSES

Take Advantage & Up Your Wellness

These fitness and lifestyle classes are offered by the Healthy Challenge Wellness Program to all employees, retirees and spouses at no cost. For more information, email wellnessprogram@fortworthtexas.gov.



Fit Camp

This boot camp is designed for all ages and fitness levels and focuses on maximum calorie burn in a short amount of time. The emphasis of this class is to get you fit and healthy, challenge your mind, challenge your body, and most importantly, to make fitness fun.

Total Body Blast

This heart-pumping total body workout is designed to challenge every aspect of your fitness. Using calisthenics, hand weights, sprints, and stair climbing, your fitness will advance to the next level.

Yoga

For those of all abilities and interests, this class places an emphasis on increasing awareness of wellness mechanics through various physical postures integrated with breathing and relaxation techniques.

Available To All Retirees

REQUIRED LEGAL NOTICES

City of Fort Worth group health plan waiver of coverage

You may decline health care coverage offered by the City of Fort Worth's (Employer) group health plan. This is called a waiver of coverage. If you waive coverage for yourself, you may not cover dependents under the Employer's group health plan.

Note that after 2013, if you decline coverage considered affordable and minimum essential under the **Patient Protection and Affordable Care Act (ACA)**, you will not qualify for government credits and subsidies to purchase individual health insurance on the Health Insurance Marketplace. The decision to waive coverage has consequences for you. For example:

- You should be aware of the individual shared responsibility requirement that took effect on January 1, 2014, under the ACA. If you refuse the offer of the Employer's group health coverage and do not obtain coverage on your own, you will be subject to a penalty. Please consult a licensed tax professional for further details regarding how you may be impacted under the ACA.
- Unless you sign a waiver stating that you/your dependents are covered under another plan, such as a spouse's plan, Medicaid, or Medicare, you cannot enroll in the Employer's group health plan until the next open enrollment. However, if you are covered under another plan but that coverage is lost, you can enroll in your Employer's group health plan immediately. There's a time limit for enrolling after the other coverage is lost — you must request to enroll in your plan within 30 days of losing the other coverage.
- If you gain a new dependent through birth, adoption, placement for adoption, or marriage, you may enroll yourself, the new dependent, and the entire family at that time, but you must do so within 30 days of gaining the new dependent (60 days for birth, adoption, or placement for adoption). If you miss the enrollment deadline, you must wait until open enrollment.

Retiree Personal Health Information

NOTICE OF PRIVACY PRACTICES/REVISED DATE: AUGUST 2013 THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice describes how your group health plan, the City of Fort Worth Employee Health Benefits Plan (the "Plan"), may use and disclose your health information to carry out payment, health care operations, and other purposes that are permitted or required by law. This health information may be recorded in your medical record, invoices, payment forms, videotapes, or other ways. This notice also describes your rights to limit access to your health information and the Plan's responsibilities under federal and state laws. Health Information is any information (whether oral or recorded in any form or manner) that is created or received by a health care provider, the Plan, a public health authority, a health care clearinghouse or The City ("Employer") and relates to the past, present, or future physical or mental health condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual.

The plan's responsibilities

The Plan is required by law to maintain the privacy of your health information and to provide you with this Notice of its legal duties and privacy practices. In addition, the Plan is required to abide by the terms of the Notice currently in effect. The Plan reserves the right to change the terms of this Notice and to make those changes applicable to all health information that the Plan maintains. Any changes to this Notice will be posted in the Benefits Department of the Plan Sponsor and will be available upon request.

Primary uses and disclosures of protected health information

In certain circumstances, the Plan is allowed or may be required to use or disclose your health information without obtaining your prior authorization and without offering you the opportunity to object. The most common uses or disclosures of your protected health information include:

Treatment. The Plan may use or disclose your health information for the purpose of providing or allowing others to provide treatment to you. An example would be if your primary care physician discloses your health information to another doctor for the purposes of a consultation. Also, the Plan may contact you with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Payment. The Plan may use or disclose your health information to allow the Plan or other companies to pay claims or receive payment for the health care services provided to you. For example, the Plan may disclose your protected health information when a provider requests information regarding your eligibility for coverage under the Plan.

Health Care Operations. The Plan may use or disclose your information for the purposes of the Plan's day-to-day operations and functions, including but not limited to quality assessment, reviewing provided performance, licensing, and stop-loss underwriting. For example, the Plan may: (1) compile your health information, along with that of other patients in order to allow a team of the Plan's health care professionals to review that information and make suggestions concerning how to improve the quality of care provided by the Plan; (2) the Plan may disclose or use your health information to answer a question from you; or (3) the Plan may use your information to determine if a treatment that you received was medically necessary.

Plan Sponsor. The Plan may disclose your protected health information to the Plan Sponsor of the Plan, the City, to administer the Plan or if you sign an authorization to do so.

Other possible uses and disclosures of protected health information

The Plan is required by law to maintain the privacy of your health information and to provide you with this Notice of its legal duties and privacy practices. In addition, the Plan is required to abide by the terms of the Notice currently in effect. The Plan reserves the right to change the terms of this Notice and to make those changes applicable to all health information that the Plan maintains. Any changes to this Notice will be posted in the Benefits Department of the Plan Sponsor and will be available upon request.

Required by Law. The Plan may use or disclose your health information when required to do so by federal, state, or local law. Examples include:

Public Health Activities. The Plan may use or disclose your protected health information for public health purposes that are allowed or required by law. For example, we may use or disclose information to a public health authority to report diseases, injuries, or vital statistics or reactions to medications or problems with products or to notify people of recalls of products they may be using or who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

Abuse or Neglect. The Plan may use or disclose protected health information to a government authority about victims of abuse, neglect, or domestic violence;

Health Care Oversight Agency. The Plan may disclose protected health information to a health care oversight agency for activities authorized by law. These oversight activities include, but are not limited to audits, investigations, inspections, licensing procedures, or civil, administrative, or criminal proceedings or actions. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws;

Legal Proceedings. The Plan may disclose your protected health information for judicial or administrative proceedings, such as any lawsuit in which your health information is relevant to the proceedings. This includes responding to a subpoena or discovery request;

Law Enforcement. Under certain conditions, the Plan may disclose your protected health information to law enforcement officials as part of law enforcement activities, in investigations of criminal conduct or victims of crime, in response to court orders, in emergency circumstances or when required to do so by law;

Coroners, Medical Examiners, Funeral Directors, and Organ Donation. The Plan may disclose protected health information to a coroner or medical examiner for purposes of identifying a deceased person, determining a cause of death, or for the coroner or medical examiner to perform other duties authorized by law. The Plan also may disclose as authorized by law information to funeral directors so that they may carry out their duties; further, the Plan may disclose protected health information to organizations that handle organ, eye, or tissue donation and transplantation;

To Prevent a Serious Threat to Health or Safety. When instances of imminent and serious threat exist as to your health or safety or that of the public or another person, the Plan may disclose your protected health information;

Military Activity and National Security, Protective Services. Under certain conditions, the Plan may disclose your protected health information for specialized governmental functions, such as military activity, national security, criminal corrections, or public benefits purposes; and

Workers' Compensation. As allowed by Texas law, the Plan may disclose your protected health information to comply with workers' compensation laws and similar programs that provide benefits for work-related injuries or illnesses.

Disclosure to Family or Others Involved in Your Care. To the extent authorized by law, the Plan may disclose your health information to your family or other individuals identified by you when they are involved in your care or the payment for your care. It will only disclose the health information directly relevant to their involvement in your care or payment. The Plan may also use or disclose your health information to notify a family member or another person responsible for your care of your location, general condition, or status. The Plan will determine whether a disclosure to your family or friends is in your best interest, and then to the extent allowed by law, it will disclose only the health information that is directly relevant to their involvement in your care.

Except as described above, disclosures of your health information will be made only with your written authorization. You may revoke your authorization at any time in writing, unless the Plan has acted in reliance upon your prior authorization, or if you signed the authorization as a condition of obtaining insurance coverage.

Breach of Unsecured Protected Health Information

You must be notified in the event of a breach of unsecured protected health information.

A "breach" is the acquisition, access, use, or disclosure of protected health information in a manner that compromises the security or privacy of the protected health information. Protected health information is considered compromised when the breach poses a significant risk of financial harm, damage to your reputation, or other harm to you. This does not include good faith or inadvertent disclosures or when there is no reasonable way to retain the information. You must receive a notice of the breach as soon as possible and no later than 60 days after the discovery of the breach.

Your Rights

The following is a description of your rights with respect to your protected health information:

- **To Request Restrictions.** You have the right to request restrictions on the use and disclosure of your health information for treatment, payment, or health care operations' purposes or notification purposes. The Plan is not required to agree to your request (except as described below). If the Plan does agree to a restriction, it will abide by that restriction unless you need emergency treatment and the restricted information is needed to provide that emergency treatment. To request a restriction, obtain the Plan form, complete it, and submit that completed form to the Contact Person listed on the final page of this Notice. In addition, you have the right to restrict disclosure of your health information to the Plan for payment or health care operations (but not for carrying out treatment) in situations where you have paid the health care provider out of pocket in full. In this case, the Plan is required to implement the restrictions that you request.
- **To Receive Confidential Communications.** You have the right to receive confidential communications about your own health information. This means that you may, for example, designate that the Plan contact you only via email or at work rather than at home. To request communications via alternative means or at alternative locations, obtain a Plan form, complete it, and submit that completed form to the Contact Person listed on the final page of this Notice.
- **To Access and Copy Health Information.** You have the right to inspect and copy most health information about you, including your health information maintained in an electronic format. To arrange for access to your records or to receive a copy of your records, obtain a Plan form, complete that form, and submit that completed form to the Contact Person listed on the final page of this Notice. If your health information is available in an electronic format, you may request access electronically or you may request that this information be transmitted directly to someone you designate. If you request copies, you will be charged the Plan's regular fee for copying and mailing the requested information, but this fee must be limited to the cost of labor involved in responding to your request, if you requested access to an electronic health record.
- **To Request Amendment.** You may request that your health information be amended. Your request may be denied under certain circumstances. If your request to amend your health information is denied, you may submit a written statement disagreeing with the denial, which the Plan will keep on file and distribute with all future disclosures of the information to which it relates. To amend any information, obtain a Plan form, complete that form, and submit that completed form to the Contact Person listed on the final page of this Notice.
- **To an Accounting of Disclosures.** You have the right to an accounting of any disclosures of your health information made during the six-year period preceding the date of your request (three years in the case of a disclosure involving an electronic health record). However, the following disclosures will not be accounted for:
 - Disclosures made for the purpose of carrying out treatment, payment, or health care operations (Note: Does not apply to electronic health records);
 - Disclosures made to you;
 - Disclosures of information maintained in the Plan's patient directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts;
 - Disclosures for national security or intelligence purposes;
 - Disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure;
 - Disclosures that occurred prior to April 14, 2003;

- Disclosures made pursuant to an authorization signed by you;
- Disclosures that are incidental to another permissible use or disclosure; or
- Disclosures made to a health care-oversight agency or law enforcement official, but only if the agency or official asks the Plan not to account to you for such disclosures and only for the limited period of time covered by that request.
- The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure. To request an accounting of disclosures, obtain a Plan form and submit that form to the Contact Person listed on the final page of this Notice.
- **Right to a Paper Copy of this Notice.** You have the right to obtain a paper copy of this Notice upon request.
- **Law Pertaining to Notice.** The Plan is required by law to maintain the privacy of protected health information and provide the individual with notice of legal duties and privacy practice with respect to the information. The Plan is required to abide by the terms of this Notice as it is currently in effect.
- **Amendment to Notice.** The Plan reserves the right to revise, amend, and change this Notice and the Plan can make the changes, revisions, and amendments effective for all protected health information that the Plan maintains. A revised notice will be distributed to all Plan participants within sixty (60) days after the revision, amendment, or change.

Effective April 20, 2005, the City Employee Health Benefits Plan (the Plan) conforms with the requirements of the Security and Privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA Security Rule) by establishing the extent to which the City (the Employer) will receive, use and/or disclose Electronic Protected Health Information (EPHI).

Employer's Requirements for Safeguarding EPHI

EPHI will be safeguarded as follows:

- The implementation of administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the EPHI created, received, maintained, or transmitted by the Employer on behalf of the Plan. These administrative, physical, and technical safeguards are implemented through the adoption of HIPAA Policies and Procedures.
- The Plan is allowed to disclose to the Employer information on whether the individual is participating in the Plan or is enrolled in or has disenrolled from a health insurance issuer or HMO offered by the Plan. Except for such authorized disclosures, the Employer is required to ensure that adequate separation exists between the Employer and the Plan through the implementation of reasonable and appropriate security measures.
- The Employer must ensure that any agent, including a subcontractor, to whom it provides EPHI agrees to implement reasonable and appropriate security measures to protect EPHI.
- The Employer is required to report to the Plan any security incidents of which it becomes aware.

Exceptions to Employer's Safeguarding of EPHI

- The Employer will reasonably and appropriately safeguard EPHI created, received, maintained, or transmitted to or by the Employer on behalf of the Plan, except as disclosed pursuant to:
- A request for summary health information to obtain premium bids from health plans for providing health insurance coverage under the Plan or modifying, amending, or terminating the Plan.
- A request for information on whether the individual is participating in the Plan, or is enrolled in or has disenrolled from a health insurance issuer or HMO offered by the Plan.
- The following HIPAA Policies and Procedures:
 - Uses and Disclosures of EPHI Based On Patient Authorization;
 - Uses and Disclosures of Psychotherapy Notes;
 - Uses and Disclosures of EPHI for Marketing;
 - Revocation of Authorization to Release EPHI, and
 - Authorization Form.

Complaints

You may complain to the Plan if you believe that we have violated your privacy rights by completing a complaint form obtained from the Privacy Officer, Richard Jones. You may also complain to the Secretary of the U.S. Department of Health and Human Services. No action will be taken against you for filing a complaint.

Designated Contact Person

Richard Jones, the privacy officer, is the designated contact person for the Plan. You can contact him at 817-392-7790.

