

A Charming Past. A Soaring Future











# Benefits Guide

**January 1 - December 31, 2025** 

### Welcome

The City of Richmond values our employees and recognizes the importance of offering a comprehensive array of benefits to enhance the health and wellness of our employees and their family's lives. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive. By taking the time to examine all your options, you will ensure that your benefits selection best meets the needs of you and your family throughout the plan year.

Click here to watch a video about common benefits terms.

### Eligibility

The City of Richmond provides all active full-time employees with medical, dental, and vision benefits. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your registered domestic partner (RDP) and/or their children, where applicable by state law
- Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

### **When Coverage Begins**

- New Hires: You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the date of hire.
- If you fail to enroll on time, you will <u>NOT</u> have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.
- Current Benefit Eligible Employees: Changes made during Open Enrollment are effective January 1, 2025.
   Click here to watch a video about Open Enrollment.

### **Choose Carefully!**

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, RDP or child
- You lose coverage under your spouse's/RDP's plan
- You gain access to state coverage under Medicaid or The Children's Health Insurance Program

### **Making Changes**

To change your benefit elections, you must contact Human Resources within 31 days of the qualifying life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Click here to watch a video about qualifying life events.

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### **Enrollment**

Go to https://cityofrichmond. benefitconnector.com. There, you will find detailed information about the plans available to you and instructions for enrolling.

**Required Information**—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

### Medical

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

#### BlueCross BlueShield of Texas HDHP

The High-Deductible Health Plan (HDHP) works similarly to a traditional PPO. You may see any health care provider and still receive coverage, but will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.

- The plan pays the full cost of qualified in-network preventive health care services.
- You pay the full cost of non-preventive health care services until you meet the annual deductible. NOTE: If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL deductible (up to the family limit) before the plan starts to pay expenses for that individual.
- Once you meet the deductible, you pay a percentage of your health care expenses (coinsurance) and the plan pays the rest.
- Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year. NOTE: If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL out-of-pocket maximum (up to the family limit) before the plan starts to pay covered services at 100% for that individual.

#### **Health Savings Account**

The HDHP plan comes with a type of savings account called a health savings account (HSA). The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

#### Here's how the HSA works:

- You contribute pre-tax funds to the HSA through automatic payroll deductions.
- ▶ The City of Richmond will also contribute to your HSA; **employer contribution amounts can be found on the medical overview grid.**
- Your contributions, in addition to the employer's contributions, may not exceed the IRS limits listed below.

HSA Contribution Limit	2025
Employee Only	\$4,300
Family (employee + 1 or more)	\$8,550
Catch-up (age 55+)	\$1,000

You can withdraw HSA funds, tax free, to pay for qualified health care expenses now or in the future. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

#### **Important Notes:**

- You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) not be enrolled in Medicare Part A or Part B or TRICARE programs and d) cannot be claimed as a dependent on another person's tax return. For more information, visit www.irs.gov/forms-pubs/about-publication-969.
- For a complete list of qualified health care expenses, visit www.irs.gov/forms-pubs/about-publication-502.
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

#### BlueCross BlueShield of Texas HMO

With this plan, you select a primary care physician (PCP) from the participating network of providers who will coordinate your health care needs, refer you to specialists (if needed) and approve further medical treatment. Services received outside of the HMO's network are not covered, except in the case of emergency medical care.

Click here to watch a video about choosing a provider.

#### BlueCross BlueShield of Texas PPO

This plan gives you the freedom to seek care from any provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

- The plan pays the full cost of qualified in-network preventive health care services.
- You pay the full cost of non-preventive health care services until you meet the annual deductible. You may also have to pay a fixed dollar amount (copay) for certain services.
- Once you meet the deductible, you pay a percentage of certain health care expenses (coinsurance) and the plan pays the rest.
- Once your deductible, copays and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year.

#### **Health Reimbursement Account**

In 2025, if you are enrolled in the HMO Medical Plan, the City of Richmond will deposit money into your Health Reimbursement Account (HRA) to spend on out-of-pocket healthcare expenses (i.e. copays, deductibles, coinsurance, etc.). Money that goes into an HRA does not affect your taxable income. Unused funds carry over from year to year and are only forfeited at termination of employment.

Employer HRA contribution amounts can be found on the medical overview grid. Employees are not allowed to make contributions to a HRA. City contributions will be prorated based on your effective date if not January 1.

Click here to watch a video comparing medical plan types.

Click here to watch a video about how an HSA works.

### **Medical** (Continued)

The following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits		Shield of Texas OHP	BlueCross BlueShield of Texas HMO		Shield of Texas PO
	In-Network	Out-of-Network <sup>1</sup>	In-Network Only	In-Network	Out-of-Network <sup>1</sup>
Deductible (per calendar year)					
Individual / Family	\$5,000 / \$10,000	\$10,000 / \$20,000	\$2,500 / \$5,000	\$2,500 / \$5,000	\$5,000 / \$10,000
Out-of-Pocket Maximum (per calendar year)					
Individual / Family	\$6,350 / \$12,700	\$12,700 / \$23,400	\$4,000 / \$8,000	\$4,000 / \$8,000	\$8,000 / \$16,000
City of Richmond Contributions to your Health Savin	gs Account (HSA) or Health	 Reimbursement Account (HF	RA) (per calendar year; prorate	d for new hires/newly eligible	employees)
Individual / Family		/ \$2,998.68 <sup>3</sup>	\$916.20 <sup>3</sup> / \$916.20 <sup>3</sup>		/ N/A
Covered Services	, ,	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Office Visits (physician/specialist) Click here to watch a video about the benefits of seeing your PCP regularly.	20%*	50%*	\$25 / \$60 copay <sup>2</sup>	\$30 / \$60 copay	50%*
Virtual Visits Click here to watch a video about how telehealth works.	\$49 copay	50%*	No charge	No charge	50%*
Routine Preventive Care  Click here to watch a video about preventive care.	No charge	50%*	No charge	No charge	50%*
Outpatient Diagnostic (lab/X-ray)	20%*	50%*	Included in OV copay	Included in OV copay	50%*
Complex Imaging	20%*	50%*	\$500 copay	20%*	50%*
Chiropractic Services	20%*	50%*	\$60 copay	\$60 copay	50%*
Ambulance	50%*	20%*	20%*	20%*	50%*
Emergency Room	20%*	20%*	\$250 copay + 20%	\$250 copay + 20%	50%*
Urgent Care Facility	20%*	50%*	\$75 copay	\$75 copay	50%*
Inpatient Hospital Stay	20%*	50%*	20%*	20%*	50%*
Outpatient Surgery	20%*	50%*	20%*	20%*	50%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3)					
Retail Pharmacy (30-day supply)	\$10 / \$35 / \$70 Specialty Retail: \$10 / \$150 / \$500	50%*	\$10 / \$35 / \$70 Specialty Retail: \$10 / \$150 / \$500	\$10 / \$35 / \$70 Specialty Retail: \$10 / \$150 / \$500	50%*
Mail Order (90-day supply)	\$25 / \$87.50 / \$175	50%*	\$25 / \$87.50 / \$175	\$25 / \$87.50 / \$175	50%*

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

<sup>\*</sup>Benefits with an asterisk (\*) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

<sup>1.</sup> If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount. 2. Referral required to see a specialist. 3. The contribution from the city is for single or family coverage and is prorated based on your effective date of coverage if not January 1. Employer contributions are determind on an annual basis depending on the budget.

**Vision** 

We are proud to offer you a dental plan.

#### **BlueCross BlueShield of Texas DPPO**

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the BlueCross BlueShield of Texas network.

The following is a high-level overview of the coverage available.

Vou Dontal Bonofite	DPPO		
Key Dental Benefits	In-Network	Out-of-Network <sup>1</sup>	
<b>Deductible</b> (per calendar ye	ear)		
Individual / Family	\$50 / \$150	\$50 / \$150	
Benefit Maximum (per calendar year; preventive, basic and major services combined)			
Per Individual	\$1,500	\$1,500	
Covered Services			
<b>Preventive Services</b>	No charge	No charge	
Basic Services	20%*	20%*	
Major Services	50%*	50%*	
Orthodontia (Child Only)	50% up to \$1,500 Lifetime Max	50% up to \$1,500 Lifetime Max	

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

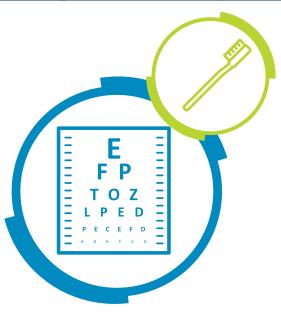
We are proud to offer you a vision plan.

### **BlueCross BlueShield of Texas**

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the BlueCross BlueShield of Texas network.

The following is a high-level overview of the coverage available.

	BlueCross BlueShield of Texas		
Key Vision Benefits	In-Network	Out-of-Network Reimbursement	
<b>Exam</b> (once every 12 months)	\$10	Up to \$30	
Lenses (once every 12 months)			
Single Vision		Up to \$25	
Bifocal	\$10	Up to \$40	
Trifocal		Up to \$55	
Frames (once every 12 months)	\$150 + 20%	Up to \$75	
Contact Lenses (once every 12 months; in lieu of glasses)	\$150 + 15%	Up to \$120	



## Flexible Spending Accounts

We provide you with an opportunity to participate in our flexible spending accounts (FSAs) administered by Flores and Associates. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

#### **Health Care FSA**

For 2025, you may contribute up to \$3,300 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

Coinsurance

Menstrual Care Products

Copayments

Dental Treatment

Deductibles

- Orthodontia
- Prescriptions and Over-the-Counter Drugs
- Eye Exams, Materials, LASIK

### **Limited-Purpose Health Care FSA** (for HSA participants)

If you enroll in the HSA medical plan, you may only participate in a limited-purpose health care FSA. For 2025, you may contribute up to \$3,300 to cover eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

### **Dependent Care FSA**

For 2025, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for themselves and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

Click here to watch a video comparing an HSA and an FSA.

### **FSA Rules**

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Unused funds will **NOT** be returned to you or carried over to the following year.

You must file claims for expenses incurred in the 2025 plan year by March 31, 2026.

The IRS and your employer establish the maximum amount you may contribute each year. See the plar documents for details.

### Life and AD&D

**Life insurance** provides your named beneficiary(ies) with a benefit after your death.

Accidental death and dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

### Basic Life/AD&D (Employer-paid)

This benefit is provided at <u>NO COST</u> to you through BlueCross BlueShield of Texas.

Benefit Amount	
Employee	\$50,000

### Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through BlueCross BlueShield of Texas for yourself and your eligible family members.

Benefit Option		Guaran- teed Issue¹
Employee	\$10,000 increments up to \$300,000	\$200,000
Spouse/RDP	50% of Employee amount in \$5,000 increments, up to \$100,000	\$25,000
Child(ren)	50% of Employee amount in \$5,000 increments, up to \$20,000	\$20,000

 During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Click here to watch a video about how life insurance works.

### **Disability**

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Voluntary Short-Term Disability	
Provided at an affordable gro	up rate through BlueCross BlueShield of Texas
Benefit Percentage	70%
Weekly Benefit Maximum	\$1,500
When Benefits Begin	After 30th day of disability
<b>Maximum Benefit Duration</b>	13 weeks
Long-Term Disability	
Provided at <b>NO COST</b> to you t	hrough BlueCross BlueShield of Texas
Benefit Percentage	66.67%
Monthly Benefit Maximum	\$7,500
When Benefits Begin	after 90th day of disability
Maximum Benefit Duration         Social Security Normal Retirement Age	

Click here to watch a video about how disability insurance works.

### **Employee Assistance Program**

Life is full of challenges, and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The EAP is provided at **NO COST** to you through Alliance Work Partners.

#### The EAP can help with the following issues, among others:

Mental health

- Substance abuse
- Relationships or marital conflicts
- Grief and loss

Child and eldercare

Legal or financial issues

#### **EAP Benefits**

- Assistance for you and your household members
- Up to Six (6) in-person sessions with a counselor per issue, per year, per individual
- Unlimited toll-free phone access and online resources

Click here to watch a video about mental health.

### **Voluntary Benefits**

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through BlueCross BlueShield of Texas are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

#### **Accident Insurance**

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500¹. And it's not only broken limbs—an average non-fatal injury could cost you \$6,620 in medical bills². When your medical bill arrives, you'll be relieved you have accident insurance on your side.

Click here to watch a video about how an accident plan works.

#### **Critical Illness**

Most of us don't have an extra \$7,000 ready to spend—and even if we do, we don't want to spend it on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: \$7,000³. But with critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use this benefit however you like, including to help pay for: treatments, prescriptions, travel, increased living expenses and more.

Click here to watch a video about how a critical illness plan works.

- 1. Why health insurance is important: Protection from high medical costs. HealthCare.gov
- 2. Average medical cost of fatal and non-fatal injuries by type in the USA, December 2019. National Library of Medicine.
- 3. MetLife Accident and Critical Illness Impact Study.

### Valuable Extras

#### We also offer the following additional benefits:

- Trupanion Pet Insurance
- ▶ 457- Retirement Plan
- LegalShield Legal Assistance
- BenefitHUB Discount Marketplace
- Finpath Financial Coaching

### **Cost of Benefits**

### January 1 - December 31, 2025

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members. Please reference all cost of benefits at our benefits website <a href="https://cityofrichmond.benefitconnector.com">https://cityofrichmond.benefitconnector.com</a>.

### Medical

Coverna Tier	Semi-Monthly Employee Contribution		
Coverage Tier	BlueCross BlueShield of Texas HDHP	BlueCross BlueShield of Texas HMO	BlueCross BlueShield of Texas PPO
Employee Only	\$0	\$0	\$10.48
Employee + Spouse/RDP	\$63.72	\$176.51	\$250.27
Employee + Child(ren)	\$43.13	\$119.48	\$172.80
Family	\$110.79	\$306.88	\$427.34

The City of Richmond will make an annual contribution of \$2,998.68 to a Health Savings Account (HSA) and \$916.20 to a Health Reimbursement Account (HRA).

#### **Dental**

Coverage Tier	Semi-Monthly Employee Contribution
	BlueCross BlueShield of Texas DPPO
Employee Only	\$0
Employee + Spouse/RDP	\$18.89
Employee + Child(ren)	\$25.21
Family	\$43.68

### **Vision**

Coverage Tier	Semi-Monthly Employee Contribution
	BlueCross BlueShield of Texas Vision Plan
Employee Only	\$0
Employee + Spouse/RDP	\$3.64
Employee + Child(ren)	\$4.04
Family	\$7.83

Registered Domestic Partner (RDP) Contributions: Your contributions to cover an RDP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your RDP's or RDP's children's (if they are not federal tax dependents) health care coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for RDP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover an RDP must be taken on an after-tax basis.

### Cost of Benefits (Cont'd)

### Supplemental Life/AD&D

Age Rated Premiums	Monthly Employee/Spouse Rate per \$1,000
	BlueCross BlueShield of Texas
Up to 24	\$0.085
25-29	\$0.085
30-34	\$0.105
35-39	\$0.115
40-44	\$0.165
45-49	\$0.245
50-54	\$0.355
55-59	\$0.555
60-64	\$0.685
65-69	\$1.295
70-74	\$2.085
75-79	\$4.935
Child Life Rate per \$1,000	\$0.225

### **Voluntary Short-Term Disability**

Age Rated Premiums	Monthly Employee Rate per \$10 Benefit
	BlueCross BlueShield of Texas
Up to 29	\$0.211
30-34	\$0.228
35-39	\$0.167
40-44	\$0.140
45-49	\$0.167
50-54	\$0.193
55-59	\$0.263
60+	\$0.325

### **Voluntary Accident**

Age Rated Premiums	Monthly Employee Contribution		
	BlueCross BlueShield of Texas		
Employee Only	\$8.78		
Employee + Spouse	\$14.56		
Employee + Child(ren)	\$16.91		
Employee + Family	\$26.53		

### **Voluntary Critical Illness**

	Monthly Employee Contribution		
Age Rated Premiums	BlueCross BlueShield of Texas		
	Employee	Spouse	
Up to 19	\$0.160	\$0.218	
20-24	\$0.200	\$0.281	
25-29	\$0.237	\$0.319	
30-34	\$0.301	\$0.386	
35-39	\$0.466	\$0.556	
40-44	\$0.653	\$0.749	
45-49	\$1.008	\$1.114	
50-54	\$1.555	\$1.664	
55-59	\$2.160	\$2.271	
60-64	\$2.939	\$3.049	
65-69	\$5.138	\$5.248	
70-74	\$6.607	\$6.828	
75+	\$8.588	\$8.807	

### **Benefit Spot**

We've gone mobile! To help you access your benefits information—even when you're away from work and need it most—we've launched a mobile benefits app. To get started, Download "Benefit Spot" on the Apple App Store or Google Play, or by scanning the QR code, and **enter company code: richmond** 



**Click Here to Get Started** 

### **Contact Information**

Coverage	Carrier	Phone #	Website/Email
Medical	BlueCross BlueShield of Texas	800-521-2227	mybam.bcbstx.com
Prescription Drugs	Prime Therapeutics	855-457-0007	www.primetherapeutics.com
Dental	BlueCross BlueShield of Texas	800-521-2227	mybam.bcbstx.com
Vision	BlueCross BlueShield of Texas	855-556-8796	eyemedvisioncare.com/bcbstxvis
Health Reimbursement Account (HRA) Health Savings Account (HSA) Flexible Spending Accounts (FSAs)	Flores	800-532-3327	www.flores247.com
Life/AD&D	BlueCross BlueShield of Texas	877-442-4207	ancillary.bcbstx.com ancillaryquestions@bcbstx.com
Disability	BlueCross BlueShield of Texas	877-442-4207	ancillary.bcbstx.com ancillaryquestions@bcbstx.com
Employee Assistance Program (EAP)	Alliance Work Partners	800-343-3822	www.alliancewp.com
Voluntary Benefits	BlueCross BlueShield of Texas	877-442-4207	ancillary.bcbstx.com ancillaryquestions@bcbstx.com
Retirement	Mission Square	800-669-7400	www.missionsq.com
Financial Wellness	Finpath	833-777-6545	finpathwellness.com/coaching/
Pet Insurance	Trupanion	855-235-3134	Available by phone only
Legal Consultation	LegalShield	713-594-9425	mesullivan@legalshieldassociate.com

### **Benefits Website**

Our benefits website https://cityofrichmond.benefitconnector.com
can be accessed anytime you want
additional information on our benefits
programs.

### **Questions?**

If you have additional questions, you may also contact:

Linda Cruz at 281-342-5456



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.

Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

