

The background of the entire page is a photograph of a family in a kitchen. A man in a dark blue t-shirt is in the foreground, smiling broadly as he lifts a baby into the air with both hands. The baby is wearing a blue and white striped shirt and blue jeans. In the background, a woman with long dark hair, wearing a white shirt, is smiling and looking towards the camera. The kitchen has white cabinets and a blue kettle is visible on the counter.

**GET
COVERED.
STAY
COVERED.**

2026 Benefits Guide

2026 CITY OF FORT WORTH HEALTH BENEFITS, WELLNESS AND SAFETY GUIDE

Welcome to the City of Fort Worth Health Benefits and Safety Guide

The City of Fort Worth continues to be dedicated to its employees' well-being by providing competitive health benefits, a well-rounded wellness program, and a Zero Accident Philosophy® workplace.

In this guide, you'll find it's well worth it to learn about the City's exclusive health centers, all the benefits options offered to employees, the comprehensive wellness program that can earn you money, or time off, and the safety culture that aims to have employees go home in the same condition in which they arrived at the workplace.

Please use this as your guide to understand everything the City has to offer its employees, including the plans and coverage options that are the most sensible and provide the most value for you and your family.

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 benefits.

The intent of this document is to provide you with general information regarding the status of and/or potential concerns related to your current employee benefits environment. It may not necessarily fully address all your specific issues. It should not be construed as nor is it intended to provide legal advice. Questions regarding specific coverage issues can be directed to:

Our Benefits Concierge services of Alight:
866-307-8835, <https://member.alight.com>
or
City of Fort Worth Human Resources
Address:
100 Fort Worth Trail, 15th Floor, Fort Worth, TX 76102
Hours of Operation:
Monday-Friday, 8 a.m.-5 p.m.
Human Resources General Email:
HRWebmailQuestions@fortworthtexas.gov
Benefit Questions:
benefits@fortworthtexas.gov

TABLE OF CONTENTS

Important Provider Contacts

City of Fort Worth Human Resources Contact Information	5
Employee Benefits	
Paid Time Off	6
Employee Eligibility, Coverage, Certification, & Qualifying Events	8
Medical Plans – Health Centers	12
Health Center Plan (HCP)	14
Medical Plans – Consumer Choice Plan (CCP)	15
Medical Plan Comparison	16
Where Should I Go for Care?	17
Urgent Care Options	17
Teladoc® Health	17
Prescription Drugs – Rightway	18
Medical Plan Rates	19
Health Savings Accounts (HSAs) – HealthEquity	20
Flexible Spending Accounts (FSAs) – HealthEquity	21
Personalized Health & Benefits Support	22
Expert Medical Opinions (EMOs)	22
Lantern	23
Dental Plans – Metlife Dental	24
Vision Plan – Superior Vision through Metlife	25
Life Insurance – Securian Financial	26
Short-Term Disability – Unum	27
Long-Term Disability – Unum	28
Employee Discounts – Beneplace	29
Fort Worth Employees' Retirement Fund	30
457 Deferred Compensation – TIAA	32
Employee Assistance Program (EAP) – Acentra Health	34

4 Wellness

Diabetes Management Plan – Virta	36
Blood Pressure & Monitoring Program – Hello Heart	37
Musculoskeletal Rehabilitation – Airrosti	38
Online Virtual Physical Therapy – Hinge Health	38
Healthy Challenge – Weight Management	39
Education Reimbursement & Voluntary Leave Bank	40
Healthy Challenge – Wellness Program	42
Healthy Challenge – Premium Incentive Requirements	42
Healthy Challenge – How to Register	43
Health Coaching – Ramp Health™	44
Fitness Center Memberships	45
Blood Drive – 2026	46
Safety	
Safety In The Workplace	47
Drug- & Alcohol-Free Workplace	47
Required Legal Notices	48





Type	Resources	Phone Number	Website/Email
Basic & Supplemental Life and AD&D	Securian Financial	Claims: 888-658-0193 Coverage Continuation (portability/ conversion): 866-365-2374	www.lifebenefits.com
City of Fort Worth Employee Health Centers	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	https://www.metlife.com/insurance/dental-insurance/dental-insurance-center/ 
Diabetes Support	Virta Health		www.virtahealth.com/cofw support@virtahealth.com 
Discount Program/ Voluntary Benefits	Beneplace	800-683-2886	www.beneplace.com/cofw 
Employee Assistance Program	Acentra Health	888-703-9003	eap.acentra.com
Employee Benefits	Benefits Office, Wellness Program	817-392-7782 817-392-8556	www.fortworthtexas.gov/benefits, benefits@fortworthtexas.gov wellnessprogram@fortworthtexas.gov
FSA & HSA	HealthEquity	877-924-3967 (FSA) 866-346-5800 (HSA)	www.wageworks.com/employees 
FMLA/ADA	AbsenceResources®	866-883-0873	www.fmlasource.com
High Blood Pressure Support	Hello Heart	800-767-3471	join.helloheart.com/cfw3 
Short-Term (STD) and Long-Term Disability (LTD)	Unum	800-858-6843	www.unum.com 
Musculoskeletal Care	Airrosti	800-404-6050	www.airrosti.com
Pension	Fort Worth Employees' Retirement Fund	817-632-8900	www.fwretirement.org
Personalized Health & Benefits Support	Alight	866-307-8835	https://member.alight.com 
Prescriptions	Rightway	833-502-9052	www.joinrightway.com/rx 
Second Opinion Service	Alight	866-307-8835	https://member.alight.com
Surgery Options	Lantern	855-200-9508	my.lanterncare.com
Medical Plans	BlueCross BlueShield of Texas	855-453-5945	http://myblueelementtx.com/ 
Virtual Physical Therapy	Hinge Health	855-902-2777	www.hingehealth.com/for/fortworth 
Virtual Visits	Teledoc® HEALTH	800-835-2362	www.teladochealth.com 
Vision	MetLife	800-METLIFE 800-438-6388	www.metlife.com/insurance/vision-insurance/vision-insurance-center 
Wellness Vendor	Ramp Health™	866-237-8107	portal.ramphealth.com 

CITY OF FORT WORTH

HUMAN RESOURCES CONTACT INFORMATION

HR Division	Information
City of Fort Worth Employee Benefits Division	Website: www.fortworthtexas.gov/departments/hr/employees/benefits Phone: 817-392-7782 Email: benefits@fortworthtexas.gov
Employee & Labor Relations Division	Phone: 817-392-7997 Email: EmployeeLaborRelations@fortworthtexas.gov General Employee Complaint Reporting: Contact Work Shield to make complaints about harassment, discrimination, retaliation, or any other misconduct. You can visit workshieldportal.com or call 866-946-5558 anytime.
Fort Worth Employees' Retirement Fund	Website: www.fwretirement.org The Retirement Office is located at: 3801 Hulen St., Ste. 101, Fort Worth, TX 76107 Toll-Free: 800-741-9914 Phone: 817-632-8900 Fax: 817-632-8900 Email: ask@fwretirement.org Hours of Operation: Monday-Friday, 7:30 a.m.-4:30 p.m.
Records Division	Phone: 817-392-7776, 817-392-7777, 817-392-7794, 817-392-6577 Fax: 817-392-8869
City of Fort Worth Wellness Program	Phone: 817-392-8556, 817-392-7753
Classification, Compensation, & Civil Service Division	Phone: 817-392-7751, 817-392-8856
Risk Management Division	Property and Casualty Team This team handles claims filed against the City of Fort Worth. Property and Casualty can be reached at 817-392-7402. The Workers' Compensation Program This program addresses all workers' compensation matters for the city, including but not limited to: reporting and tracking city policy, and dispute mediation. For inquiries, please contact 817-392-2668 or 817-392-6398. The Safety Program This program manages all aspects related to the safety of city employees, encompassing investigations, city policies, reporting, tracking, as well as drug and alcohol testing. The Safety team can be reached at: 817-392-7437 or 817-392-7406.
Talent Acquisition Division	Phone: 817-392-7750 (Option 1) Email: JobApplication@fortworthtexas.gov
Organizational Development & Training Division	Phone: 817-392-7767

PAID TIME OFF

As employees of the City, you are eligible for a variety of paid time off during the year for relaxation or for medical or dental needs. Please review the Personnel Rules & Regulations (PRRs) for detailed information on each leave type.

Vacation

Employees accrue vacation based on years of service. They are prorated for part-time employees based on the number of hours regularly scheduled to work. Employees are eligible to use vacation days during their probationary period.

Years of Service	Accrual Rate Per Pay Period (hours)	Accrual Rate Per Year (days)
0-5 Years	4.62	15
5+ years to 10 years	5.23	17
10+ years to 15 years	5.54	18
15+ years to 20 years	6.15	20
20+ years	7.08	23

Sick Leave

Sick leave is provided to an employee for use for their own illness or injury, to care for an immediate family member with an illness or injury, or for their own health care or their family’s health care appointments. All employees accrue 3.08 hours of sick leave a pay period or 10 days per year. Sick leave is available for immediate use by new hires.

Holidays

The City observes 9 holidays and provides 2 personal holidays as well. The personal holidays are prorated by FTE. The holidays the City observes are:

- New Year’s Day – January 1
- Martin Luther King’s Birthday – the third Monday in January
- Memorial Day – the fourth Monday in May
- Juneteenth – June 19
- Independence Day – July 4
- Labor Day – the first Monday in September
- Thanksgiving and Thanksgiving Friday – the fourth Thursday in November and the following Friday
- Christmas Day – December 25

In the event New Year’s Day, Juneteenth, Independence Day, or Christmas Day falls on a Saturday, the City-observed day for that holiday will be the Friday before. In the event one of the above days falls on a Sunday, the City-observed day will be the Monday after.

Paid Maternity/Parental Leave

After employees have been with the City for 1 year and have worked 1,250 hours in that year, they are eligible for paid maternity and parental leave(s). Paid maternity leave is for an employee to recover from a vaginal, C-section birth, or still birth. This benefit provides six weeks’ paid time. Paid parental leave provides 6 weeks for bonding with a new child in the home be it via birth, adoption, or placement in foster care. Please see the PRR for all the requirements around paid maternity and parental leaves.



EMPLOYEE ELIGIBILITY, COVERAGE, CERTIFICATION, & QUALIFYING EVENTS

About Your Eligibility

If you are a regular full-time employee who works 30 or more hours per week, you are eligible for all City of Fort Worth employee benefits.

Part-time employees who work 20-29 hours per week are eligible for dental and vision insurance, basic life insurance, supplemental life insurance, flexible spending accounts (FSAs), a 457 deferred compensation plan, and voluntary benefits.

Part-time employees who work fewer than 20 hours per week as well as temporary employees are not eligible for benefits.



Dependents

As an employee, you can enroll your legal spouse, natural child, foster child, stepchild, dependent grandchild claimed on your last IRS tax return, legally adopted child, or child under your legal guardianship or custodianship into a plan. Dependent children are eligible until the month in which they turn 26.

Coverage Effective Dates

First of the month after 30 days of continuous employment: Medical, dental, and vision flexible spending accounts (FSAs) and health savings accounts (HSAs), voluntary benefits, basic and supplemental life insurance, and long-term and short-term disability

Date of hire: Pension plan, 457 deferred compensation plan

Dependent Certification

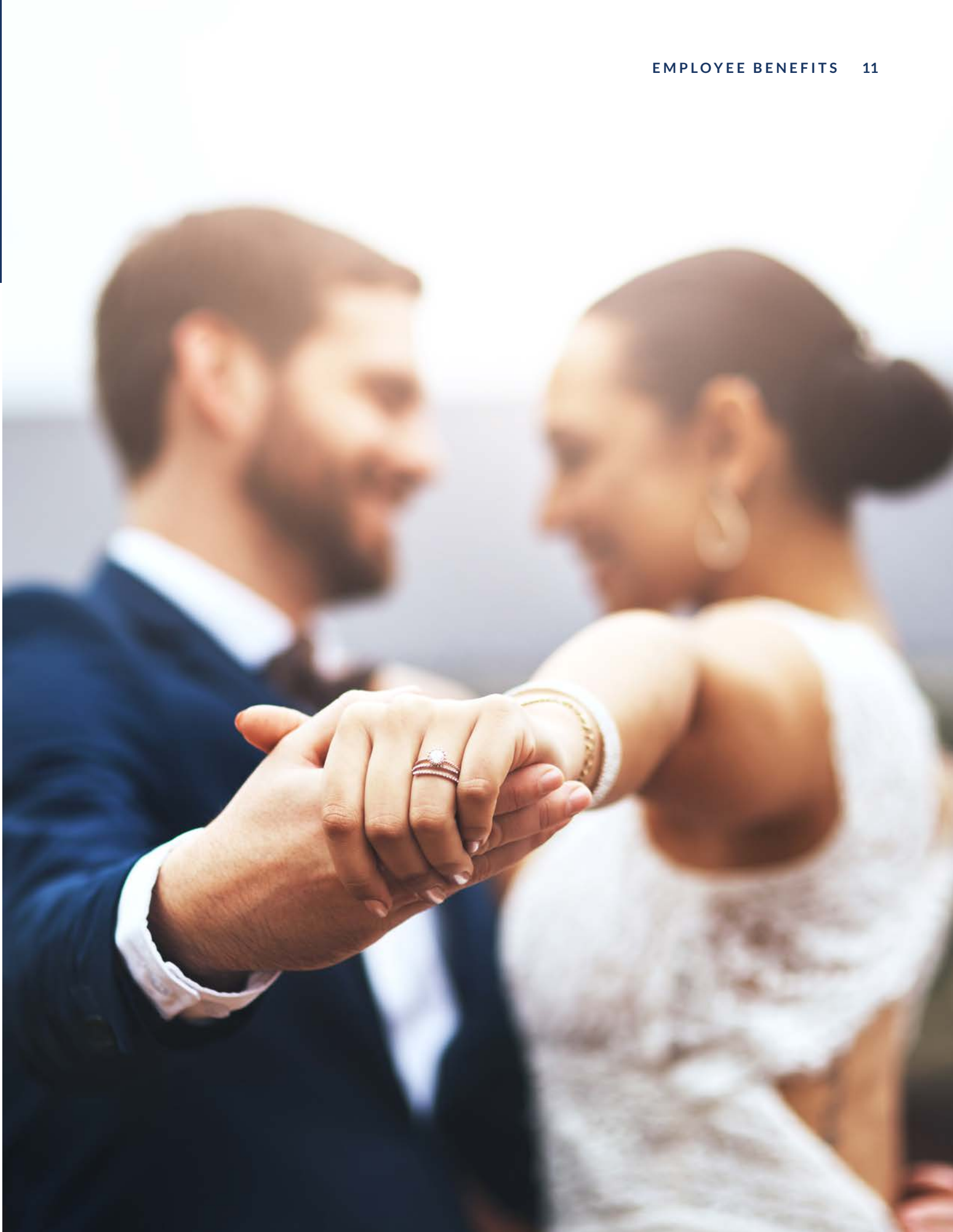
In order to add your dependents, you must provide Human Resources with the required forms of proof of relationship status. Documentation of the relationship is uploaded as one of the last steps in the online enrollment process. Coverage will not go into effect until the dependent is verified, and you have 30 days to upload the documentation.

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).• Qualified Medical Support Court Order.• For disabled dependent child(ren) age 26 or over whose disability began prior to age 26:<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

Employees can submit request for changes to their benefits online through the Empyrean Benefits Portal at www.cfwbenefits.com.

Qualifying events	Deadline to enroll or disenroll	Change date
Marriage	30 days from date of event	Date of event
Birth/Adoption	60 days from date of event	Date of event
Commencement of employment by spouse or change in hours affecting health insurance eligibility (Gain of coverage)	30 days from effective date of coverage	Effective date of coverage
Termination of employment by spouse or change in hours affecting health insurance eligibility (Loss of coverage)	30 days from effective date of loss of coverage	Effective date of loss of coverage
Spouse's Open Enrollment Period	30 days from Open Enrollment period	Effective date of coverage on the spouse's new plan
Death	30 days from date of event	Date of event
Divorce	30 days from date of event	Date of event
Change in daycare providers (For dependent care FSA only)	30 days from event	Date of event



HEALTH CENTERS

Four Main Health Centers & Five Satellite Offices Throughout the Community

Southwestern Health Resources, a collaboration between Texas Health Resources® and UT Southwestern Medical Center®, provides health care benefits for employees, retirees, and their dependents enrolled in one of the City's medical plan options. Their four dedicated health centers and five satellite offices offer exceptional patient care with convenient access.

The top-notch physicians and medical experts available at each location are prepared to fulfill any primary care patient needs. If necessary, they can refer patients to in-network specialists for specific medical care. Plus, care coordinators and patient navigators are available to assist with accessing care.

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 Centers

- City of Fort Worth
Employee Health Center - Magnolia**
1320 Hemphill St., Suite 350, Fort Worth, TX 76104
- City of Fort Worth
Employee Health Center - Lake Worth**
4701 Boat Club Rd., Ste. 325, Fort Worth, TX 76135
- City of Fort Worth
Employee Health Center - Huguley**
12001 South Fwy., Bldg. #5, Suite 208
Burleson, TX 76028
- City of Fort Worth
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
817-346-1925

Texas Health Family Care
2730 SW Wilshire Blvd., Burleson, TX 76028
817-476-8155

Texas Health Family Care
3024 State Hwy. 121, Bedford, TX 76021
817-993-4654

Texas Health Family & Sports Care
100 Bourland Rd., Ste. 170, Keller, TX 76248
817-993-4531

Texas Health Family Care
101 Crown Pointe Blvd., Ste. 200,
Willow Park, TX 76087
817-241-2187

Check Your Health Plan

For Health Center Plan (HCP) members, there are no copays or deductibles to see providers at the Employee Health Centers or Satellite Offices. Out-of-pocket expenses are higher for Consumer Choice Plan (CCP) 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 Employee Health Centers and Satellite Offices

Consumer Choice Plan
\$60 contracted rate per visit for primary care services at Employee Health Centers and Satellite Offices

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 Employee Health Centers, call us at:

Phone Number:
800-574-0606

Calls are answered Monday through Friday from 8 a.m. to 5:30 p.m. For a satellite office, please call them directly.

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.



Committed To Outstanding Service

- Southwestern Health Resources is fully committed to delivering a high level of service to each and every member on the City's health plans. 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, plus 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.

Additional Benefits

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 own platelet-rich plasma or your own mesenchymal stem cells as nonsurgical treatment of joint pain and injuries such as osteoarthritis, acute or chronic tendon damage, and overuse conditions.

MEDICAL PLANS

HEALTH CENTER PLAN (HCP)

Choosing a Medical Option

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

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

Health Center Plan

FREE Primary Care Services in City of Fort Worth Employee Health Centers. The Health Center Plan offers unlimited primary care services for employees in multiple health centers in the Fort Worth area. Employees can expect to receive an appointment on the same or next business day for sick visits from the four dedicated Health Centers. Primary care providers outside the City Health Centers have a \$30 copay and Specialists are available at a \$50 copay for in-network physicians. Any medical care received from out-of-network providers is not covered.

Call care coordinators to schedule your appointment at **800-574-0606** for the four City of Fort Worth locations. Call the Satellite offices directly.

Satellite Locations

Employees 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.

Tier Physicians' Copays

Medical providers can be classified into two different types:

- **Primary Care Physicians** (Family Medicine Practitioners, Internists and OB/GYNs, Pediatricians).
- **Specialists** (All other physicians including Dermatologists, Cardiologists, Oncologists, and Endocrinologists).

Provider Search:

1. Go to <http://myblueelementtx.com>.
2. Click "here" under "Find a Doctor."
3. The Blue Choice PPO network is the default.
4. Enter zip code and type of provider sought.

It's that simple!

Sign in to Blue Element

Username

Password

SUBMIT

[Forgot your password?](#)

[Forgot your username?](#)

Find a Doctor

If you want to check providers, [click here](#).

Find a BCBSTX Dentist

If you want to check providers, click [here](#).

MEDICAL PLANS

CONSUMER CHOICE PLAN (CCP)

Consumer Choice Plan (HDHP)

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 idea of a HDHP is to give patients control over how to spend and invest their money. The Consumer Choice Plan offers in-network benefits only. When you need care, go to a BlueCross BlueShield (BCBS) in-network doctor or facility.

Preventive services are covered at 100% with no coinsurance, and the deductible is waived for:

- Annual wellness exam.
- Well-child exam and immunizations.
- Annual well-woman exam.

If you or your provider requests 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 mammograms and routine 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 the same as medical services in the Consumer Choice Plan's billing process.

Medical Plan Comparison

Plan Features	Health Center Plan (HCP)	Consumer Choice Plan (CCP)
Annual Deductible Individual	\$1,500	\$3,400
Family	\$3,000	\$5,400
Total Out-of-Pocket Max Individual	\$6,000	\$6,550
Total Out-of-Pocket Max Family	\$12,000	\$13,000
Virtual Visit (Teladoc HEALTH®, etc.)	\$0 copay	Contracted rate
Annual Wellness Exam (1x)	\$0 copay	\$0 per year
Primary Care Physician (PCP) Office Visits (At Health Center)	\$0 copay	\$60 per visit
OB/GYNs, PEDs	\$30 copay	20% after deductible
Specialists	\$50 copay	20% after deductible
PCPs	\$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: Health Center Plan = \$75 Consumer Choice Plan = 20% after deductible	Convenient 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 Plan and the Consumer Choice Plan 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, General Practitioner, Internal Medicine, Pediatric, or OB/GYN provider and are listed in the BlueCross BlueShield PPO Network. All other providers will be considered Specialists.

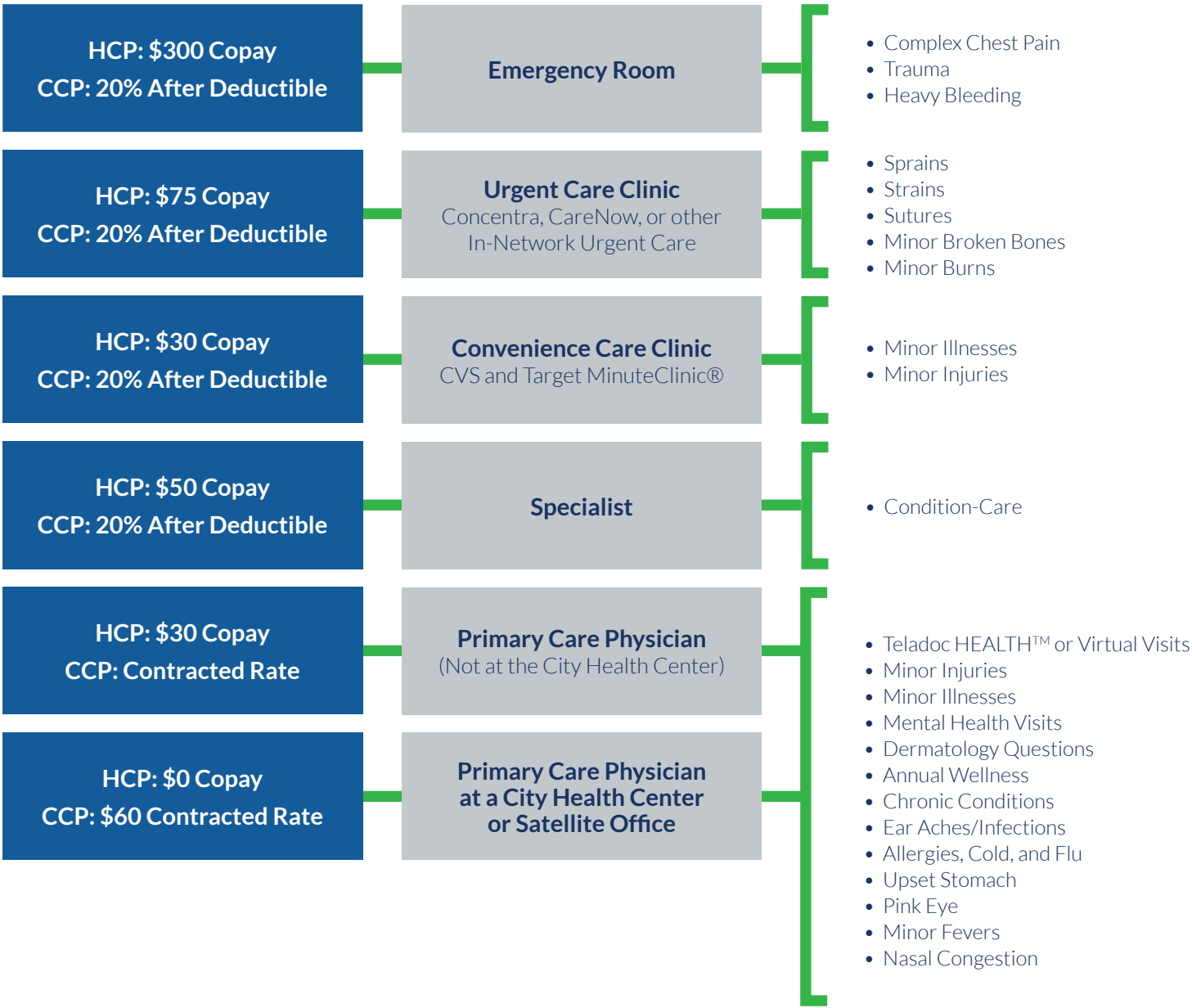
A member is not required to elect a specific PCP, and a referral from a PCP is not required to see a Specialist. Above are some general services and your payment amounts or percentages.

WHERE SHOULD I GO FOR CARE?

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

Did You Know?

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



PRESCRIPTION DRUGS RIGHTWAY

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

* Certain generic preventive maintenance medications are covered at 100%, deductible waived
** Certain preferred preventive maintenance medications are covered at 20%, deductible waived

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.

Mark Cuban Cost Plus Drugs is now an available option! They offer the most commonly prescribed drugs at low, transparent prices by negotiating directly with manufacturers and passing along all savings to you. Go to costplusdrugs.com/medications/ to see the medications and pricing they currently offer.

Rightway is more than a carrier. They are a full-service prescription concierge service. All call center staff are trained pharmacy technicians, and you can even chat with a pharmacist.



Download today to utilize the chat feature and find the lowest-cost in-network location to fill your medications. If the Mark Cuban Cost Plus Drug is an option, the app will indicate that.

Maintenance Medications

If you are a member who takes maintenance medications for chronic conditions, you can use any in-network pharmacy. Rightway’s mail order pharmacy is through Walgreens and it also an option for mail order for medications 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 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 Rightway and generic medications are mandatory. You will need a physician’s letter if you need to receive a brand name.

MEDICAL/RX PLAN RATES

Rates shown below are per paycheck and for active benefits-eligible employees.

Premium Discounts

Employees and spouses on the health plan who want to earn the Premium Incentive (avoid wellness surcharges) must submit all three requirements listed below by the August 31st deadline every year. The Health Risk Assessment (HRA) in particular is a “gatekeeper” and must be complete to earn any of the incentives (avoid any of the wellness surcharges). The requirements are completed through the platform (website or app) provided by our wellness vendor, Ramp Health™.

Requirements

1. Health Risk Assessment (HRA) questionnaire. This requirement is a gatekeeper and must be completed to avoid any of the wellness surcharges.
2. Tobacco-Free Attestation or the Tobacco Cessation Course. Missing this requirement is associated with a Wellness Tobacco Surcharge of \$23.08 per paycheck.
3. Submit a completed Biometric Screening Form (BSF) from your annual physical exam. Missing this requirement is associated with a Wellness Physical Surcharges of \$23.08 per paycheck.

In 2026, we will have 27 pay periods. The per paycheck amount is for all 27 pay periods.

TIER	Completed HRA, Tobacco Affidavit, and Physical			Completed HRA and Tobacco Affidavit OR Physical		Completed No Requirements	
Health Center Plan							
	Total Cost Per Month	Monthly Employee Cost	Employee Cost Per Paycheck	Monthly Employee Cost	Employee Cost Per Paycheck	Monthly Employee Cost	Employee Cost Per Paycheck
Employee Only	\$836.95	\$117.48	\$52.22	\$167.48	\$74.44	\$217.48	\$96.66
Employee & Spouse	\$2,053.96	\$581.29	\$258.35	\$631.29	\$280.57	\$681.29	\$302.80
Employee & Child(ren)	\$1,476.83	\$433.71	\$192.76	\$483.71	\$214.98	\$533.71	\$237.20
Employee & Family	\$2,662.47	\$813.20	\$361.42	\$863.20	\$383.64	\$913.20	\$405.87
Consumer Choice Plan							
	Total Cost Per Month	Monthly Employee Cost	Employee Cost Per Paycheck	Monthly Employee Cost	Employee Cost Per Paycheck	Monthly Employee Cost	Employee Cost Per Paycheck
Employee Only	\$724.25	\$0.00	\$0.00	\$50.00	\$22.22	\$100.00	\$44.44
Employee & Spouse	\$1,759.20	\$394.23	\$175.21	\$444.23	\$197.44	\$494.23	\$219.66
Employee & Child(ren)	\$1,266.84	\$282.31	\$125.47	\$332.31	\$147.69	\$382.31	\$169.92
Employee & Family	\$2,276.45	\$591.36	\$262.83	\$641.36	\$285.05	\$691.36	\$307.27

HEALTH SAVINGS ACCOUNT HEALTHEQUITY

If you enrolled in the Consumer Choice Plan, you will be eligible to use a Health Savings Account (HSA) to pay for health care expenses. The City contributes to your HSA, and you can make pretax contributions as well. The City will contribute the lump sum amount of \$610 for individual coverage and \$1,000 for family coverage upfront, prorated for those enrolled after January 1. This amount is prorated by the remaining pay periods in the year.



Coverage Tier	City Contribution (Annually)	Your Maximum Contribution(Annually)	Annual Maximum
Employee Only	\$610	\$3,790	\$4,400
Employee & Spouse	\$1,000	\$7,650	\$8,750
Employee & Children	\$1,000	\$7,650	\$8,750
Employee & Family	\$1,000	\$7,650	\$8,750
Additional Catch-Up Contribution for those Age 55+	\$0	\$1,000	\$1,000

- **Your unused balance rolls over from year-to-year, and it’s your money — if you leave the City, your account goes with you including the City contributions.**
- Employees covered by TRICARE, Medicare Part A/B, or their spouse’s insurance that is NOT a qualified high-deductible health plan are not eligible to participate in a Health Savings Account.
- For the 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.
- If you are waiving medical coverage, please see the required notices in the back of this Benefits Guide for important information on waiving your health insurance plan.

FLEXIBLE SPENDING ACCOUNTS HEALTHEQUITY

HealthEquity

The City of Fort Worth offers two types of Flexible Spending Accounts (FSAs) to help you save for out-of-pocket health care or dependent care expenses. This money is deducted pretax, so it will lower your taxable income. These accounts are “use or lose,” meaning you must use most of your funds by the end of the plan year or you lose the money. You will be able to carry over up to \$680 of your FSA Health Care Account at the end of the plan year to use in the next year. The FSA Dependent Care Account is use or lose, and if you do not use it by the end of the year, you will lose the funds.

How a Flexible Spending Account Works:

Health Care Expenses

- You can set up an FSA for eligible health care expenses such as deductibles, copays, coinsurance, prescription drugs, over-the-counter medications, and dental expenses. The maximum you can contribute is \$3,400.
- You will receive a card in the mail from HealthEquity®. You can use this card at the time of service. HealthEquity may contact you for your receipts to back up your claims.
- You are able to use your FSA for members of your family who are not covered by the City’s medical or dental programs, provided they are not on a high-deductible health plan (HDHP) elsewhere.
- The FSA is fully funded immediately. If you need FSA funds in January, 100% of your election is immediately available to you.
- Participants in the Consumer Choice Plan cannot contribute to a FSA Health Care Account.

Dependent Care Expenses (Not for Health Care Expenses)

- You can set up an FSA Dependent Care Account to help pay for eligible child care and elder care expenses so you (and your spouse, if married) can continue to work or attend school. The maximum contribution is \$7,500 per family. This plan is available for those on either the Health Center or Consumer Choice plans or for those who waive City coverage.
- An FSA Dependent Care Account is available for your children under the age of 13 who are in day care. You cannot use FSA Dependent Care Account funds for private school tuition, episodic day care, or for day care for children over the age of 13, unless they are disabled.
- The FSA Dependent Care Account holds use-or-lose money. If you do not use the money in the plan year, you lose it. There is a 2.5-month grace period in which to file claims for the previous year using your FSA Dependent Care Account in the following plan year.
- The FSA Dependent Care Account only allows you to take out what you have contributed thus far. For example, if you have a day care bill for \$500, but only \$192 has been deposited into your account, you will only be able to receive reimbursement for the \$192.
- In addition to the IRS limits, your election and or changes can occur only during the Open Enrollment Period, unless you have a qualifying event. A qualifying event is due to a change in a childcare or day care services provider. If you have a qualifying event, contact the Benefits Division of Human Resources within 30 days of the event.

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 your doctor — and explain everything in plain terms. You can even rely on your Health Pro to help you stay up-to-date on preventive tests, scheduling appointments, 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 (PCP) or seeking out a specialist, let your Alight Health Pro do the legwork. Your Health Pro will not only find one who best 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.

Saving Money On Medical Costs And Prescriptions

Tell your 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 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.



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!

Lantern Cancer Care is part of your benefits from City of Fort Worth. It connects you to an Oncology Nurse Navigator, top cancer specialists, and personalized guidance — all at no cost to you. From diagnosis to treatment and beyond, we help you navigate every step of your cancer journey.



DENTAL PLANS

METLIFE DENTAL

- The Dental HMO (DHMO) plan has a limited network and is limited to those residing in certain zip codes.
- 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 Dental Preferred Provider (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 for 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.

	MetLife Prepaid (DHMO)	Dental PPO (DPPO)	
	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	Plan pays 50%. \$1,500
Implants	Not covered	Plan pays 50%.	Plan pays 50%.
Additional Information		You may be billed the balance for going to a non-MetLife Dental PPO network dentist.	You may be billed the balance for going to a non-MetLife Dental PPO network dentist.

Dental Rates

For active full-time and part-time employees and council aides. In 2026, we will have 27 pay periods. The per-paycheck amount is for all 27 pay periods.

Employee Dental Rates	DHMO	DPPO – Low Option	DPPO – High Option
Employee Only	\$5.11	\$10.05	\$14.93
Employee & Spouse	\$9.71	\$19.10	\$30.61
Employee & Child(ren)	\$10.22	\$22.12	\$39.57
Employee & Family	\$15.85	\$31.18	\$50.02

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 a 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	\$0 copay	\$0 copay
Frames - 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)	\$20 copay for single vision, lined bifocal, lined trifocal, lenticular	\$10 copay for single vision, lined bifocal, lined trifocal, lenticular
Contacts - Every calendar year (in lieu of lenses)	\$125 contact allowance + Conventional contacts: 20% discount over \$125 Disposable contacts: 10% discount over \$125	\$150 contact allowance + Conventional contacts: 20% discount over \$150 Disposable contacts: 10% discount over \$150

Vision Rates

For active full-time and part-time employees and council aides. Rates are per paycheck. In 2026, we will have 27 pay periods. The per-paycheck amount is for all 27 pay periods.

	Low Plan	High Plan
Employee Only	\$2.27	\$5.18
Employee & Spouse	\$4.30	\$9.83
Employee & Child(ren)	\$4.53	\$10.34
Employee & Family	\$6.65	\$15.20

LIFE INSURANCE SECURIAN FINANCIAL

Basic Life Insurance & Accidental Death & Dismemberment (AD&D)

The City of Fort Worth provides you with basic life and accidental death and dismemberment insurance in an amount equal to your annual salary.

Supplemental Employee, Spousal, And Dependent Life & AD&D

You can purchase Supplemental Group Term Life Insurance for yourself and your family. Group Term Life Insurance provides you with lower rates and the ability to take your coverage with you, if you leave the City or retire. To purchase coverage for your dependents, you must purchase supplemental coverage for yourself. Policies are available in amounts up to **eight times** your annual salary to a maximum of \$600,000. You may enroll your spouse for supplemental spousal life insurance in an amount up to \$150,000 in \$25,000 increments, and each of your dependent children is eligible for a \$10,000 or \$20,000 policy. As a new hire, you are eligible for a guaranteed issue amount of up to \$500,000 or 5 multiples of your annual salary, whichever is less. Anything above that amount will require you to fill out an Evidence of Insurability (EOI) form and be approved by Securian. Enrollment outside a new hire event will always require a completed EOI and an approval.



SHORT-TERM DISABILITY UNUM



The City offers you the option of obtaining Short-Term Disability (STD) insurance administered by Unum®. STD insurance is intended to protect your income for a short duration in case you become ill or injured. If you are currently enrolled and are eligible to increase your amount or waived as a new hire and electing to enroll, you may increase your benefit amount with proof of good health. If you are a new hire and are applying within 30 days of becoming eligible, proof of good health (Evidence of Insurability or EOI) is not required.

Benefits	
Eligibility	Active, full-time employee working 30+ hours per week
Weekly Benefit Amount	You may choose coverage that replaces either <ul style="list-style-type: none">• 40% (up to \$1,500 per week) or• 60% (up to \$2,000 per week) of your pre-disability earnings.
Maximum Duration	You can also choose a benefit duration (the maximum number of weeks you can receive benefits while you're disabled): <ul style="list-style-type: none">• 40% option is 9 or 22 weeks.• 60% option is 11 or 24 weeks.
Benefits Begin	<ul style="list-style-type: none">• 40%; you have a 30-day waiting period.• 60%; you have a 14-day wait period.
Preexisting Conditions	Not covered under this plan

LONG-TERM DISABILITY UNUM

The City offers you the option of obtaining Long-Term Disability (LTD) insurance administered by Unum®. LTD insurance is intended to protect your income for a short duration in case you become ill or injured. If you are currently enrolled and are eligible to increase your amount or waived as a new hire and electing to enroll, you may increase your benefit amount with proof of good health (Evidence of Insurability or EOI). If you are a new hire and are applying within 30 days of becoming eligible, EOI is not required.

Benefits	
Eligibility	Active, full-time employee working 30+ hours per week
Monthly Benefit Amount	<p>You may choose coverage that replaces either</p> <ul style="list-style-type: none">• 40% (up to \$6,000 per month) or• 60% (up to \$9,000 per month). <p>of your predisability earnings.</p>
Benefits Begin	<p>The longer the waiting period, the lower the cost of coverage:</p> <ul style="list-style-type: none">• 90-day waiting period.• 180-day waiting period.



EMPLOYEE DISCOUNTS/ VOLUNTARY BENEFITS BENEPLACE

Current offerings include: prepaid legal, home and auto insurance, pet insurance, and identity theft coverage. You can enroll in many voluntary benefits through the City's benefits portal, www.cfwbenefits.com.

Through the Beneplace website, you can purchase items and tickets at discounted rates. Tickets include local options such as Six Flags Over Texas, LEGOLAND® Discovery Center, and discounted movie tickets. If planning a vacation, you can also find discounted amusement park tickets for parks nationwide and discounts on cruises and hotel stays. You can view all of Beneplace's offerings at beneplace.com/cofw.

Beneplace also offers discounts on items for your home, sporting equipment, dining, electronics, or services for your car.



FORT WORTH EMPLOYEES’ RETIREMENT FUND

The Fort Worth Employees’ Retirement Fund (FWERF) is an organization that helps provide safe, secure retirement plans for Fort Worth municipal employees by administering the defined benefit plan adopted by the City of Fort Worth.

The Fort Worth Employees’ Retirement Fund was established by ordinance on Sept. 12, 1945. The Fund serves approximately 6,660 active members and more than 4,900 retirees and beneficiaries.

The Fund is subject to city and state legislative oversight from the Fort Worth City Council and the State Pension Review Board.

The Retirement Fund is responsible for:

- Investment decisions and asset allocation of the Fund.
- Setting actuarial assumptions and recommending the monetary contributions needed from the City to meet these assumptions in order to fund benefits to members.
- Collecting contributions from the City and its employees and paying out benefits in accordance with retirement plan provisions.
- Evaluating and granting disability retirement pensions and death benefits.

The Retirement Fund does not have authority to establish or change benefits. The nature, scope, and timing of benefit changes are made by the Fort Worth City Council. Other issues decided by the City Council include:

- Personnel policy decisions that affect pension benefits, including salary increases, promotions, and overtime worked.
- Bargaining agreements with civil service groups regarding pay or benefits.
- The City’s health care benefits or funding.

Of course, the Retirement Fund also cannot control market fluctuations that affect the value of the fund’s assets. As a defined benefit plan member, you join more than 10,000 FWERF participants. The defined benefit plan gives you an important tool to help you reach your retirement goals with a lifetime benefit from your employer.

The Fort Worth Employees’ Retirement Fund member portal can be found at <https://fwretirement.org>, which provides access to your account anytime, complete with up-to-date information, important forms, a benefit calculator, and other helpful information.

Fort Worth Employees’ Retirement Fund

	General Employees	Firefighters	Police Officers
Employee	Group I – 11.65% Group II – 10.95%	13.65%	14.73%
Employer	26.64%	26.64%	14.73%



457 DEFERRED COMPENSATION PLAN TIAA

The City of Fort Worth offers you a 457 Deferred Compensation Plan to make saving for your retirement easier and more convenient. You may contribute on a pre-tax or on a post-tax (Roth) basis.

The 457 Plan offers a range of high- and low-risk investment options, including target retirement date funds that are actively managed with a retirement date in mind. A brokerage account also allows you to invest in hundreds of mutual funds. You may contribute up to the IRS limit each year and change your contribution amount and/or investment allocations online anytime.

The 457 Deferred Compensation Plan Committee monitors the performance of the plan. The committee meets quarterly, and the meetings are open to the public.

Contributions

Contributions are made to an account in your name for the exclusive benefit of you and your beneficiaries. The value of the account is based on the contributions made and the investment performance over time. A 457 plan is designed to supplement your retirement income. While a pension and/or Social Security may go a long way, they are unlikely to be enough. Savings to your 457 Deferred Compensation Plan can help you maintain your desired standard of living.

A 457 Deferred Compensation Plan allows pre-tax contributions you make to reduce your taxable income for the year. These contributions and all associated earnings are then not subject to tax until you withdraw them. A 457 Roth is a post-tax contribution. With a combined Roth 457, you also may be able to make post-tax Roth contributions which allow for potentially tax-free earnings.

Age 50 Catch-Up

During the calendar year when an employee turns 50, they are eligible to start a catch-up contribution at the beginning of the calendar year. For 2026, the age 50 catch-up limit is \$8,000. For employees within three years of retirement, there is an additional catch-up amount that may be available to them, up to an additional \$24,500 for 2026.

Age 50 Catch Up			
Plan	Normal	Age 50 Catch-Up Limit	Three Year Catch-Up Limit
457/Roth	\$24,500	\$8,000	\$24,500

Age 60 to 63 Catch-Up

NEW for 2026, the Secure 2.0 Act allows for an additional catch-up amount for employees aged 60 to 63. Workers in that age bracket can contribute an additional \$11,500. After age 63, the catch-up contribution limit returns to the lower Age 50 catch-up amount.

Even small amounts can really add up. If you contribute \$25 biweekly and increase that \$5 per year.

Note: If you make more than \$145,000 in the prior year, your catch-up contributions will need to be made into a Roth Account, which is an post-tax deduction.

After this many years, your account could be worth:		
10 Years	20 Years	30 Years
\$16,022	\$62,981	\$166,272
For illustrative purposes only assume a 6% annual return and biweekly contributions of \$25 for the first year and \$5 increases in the biweekly contributions yearly thereafter (\$30 biweekly in the second year, \$35 in the third year, etc.).		
\$12,350	\$37,750	\$76,200



EMPLOYEE ASSISTANCE PROGRAM (EAP) ACENTRA HEALTH

Acentra Health is an employer-sponsored Employee Assistance Program (EAP) available at no cost to you and all members of your household. Services are confidential and available 24 hours a day, seven days a week.

Counseling and Relationship Support

Face-to-Face and Virtual

Call our dedicated staff 24 hours a day. You can also talk to licensed behavioral health professionals for emotional support with anxiety/depression, family and relationship issues, and caregiving.

- Up to 6 counseling sessions per issue with licensed network professionals at no cost to you (no deductibles or copays to worry about).
- Counseling sessions are available face-to-face, by phone, or virtually.
- Support, consultation, and resources are available for a range of issues such as: helping you balance work and home life, family/relationship issues, depression, anxiety, conflict management, alcohol/substance abuse, stress management, and more.

Legal Services

Obtain a half-hour free telephonic consultation with a participating attorney for each new legal topic (each plan year) related to:

- General, family, and criminal law.
- Elder law and estate planning.
- Divorce.
- Wills and other document preparation.
- Real estate transactions.
- Mediation services.

Receive a 25% discount off of fees for services beyond the initial consultation (excluding flat legal fees, contingency fees, and plan mediator services). Services must be related to the employee or eligible household members. Employment law is excluded.

Financial Services

Receive a half-hour free telephonic consultation for each new financial topic (each plan year) related to:

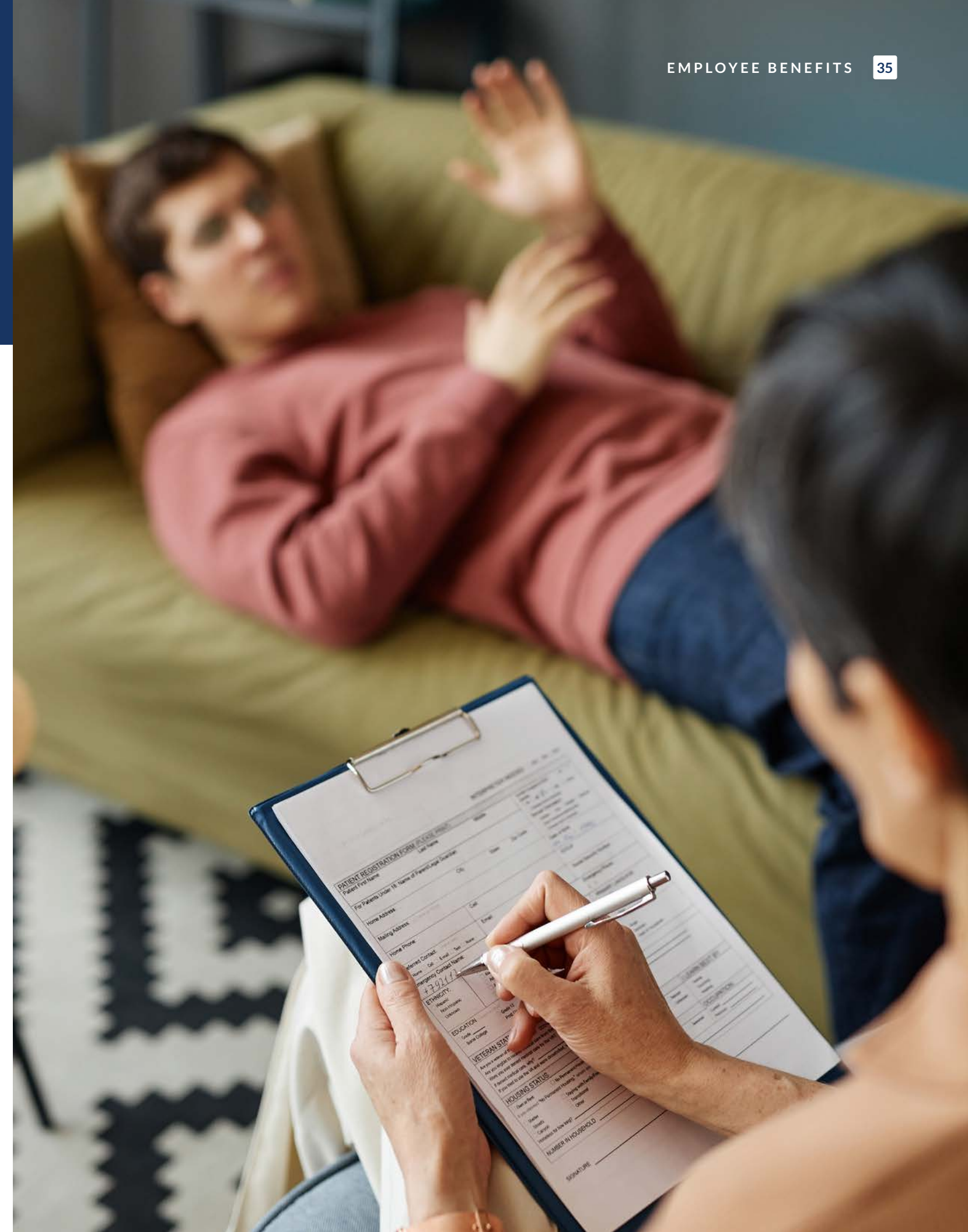
- Budgeting.
- Retirement or other financial planning.
- Mortgages and refinancing.
- Credit and debt issues.
- College funding.
- Tax and IRS questions and preparation.

Tax preparation services are available for a discounted rate.

To access services:

888-703-9003

www.eap.acentra.com



DIABETES MANAGEMENT

Eligibility:

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

Health Center Plan

- Medications, noninsulin injectables, insulin, syringes, pen needles, strips, and lancets covered through Rightway 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 Rightway 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 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 questions to support@virtahealth.com.

BLOOD PRESSURE & MONITORING PROGRAM HELLO HEART

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 service is fully sponsored by the City of Fort Worth for employees, spouses, and dependents (18 years and older) on a City 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.



Questions?

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

MUSCULOSKELETAL REHABILITATION **AIRROSTI**

Eligibility

Employees, spouses, and dependents (18 years and older) on a City's Health Plan are eligible. 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. Employees on the Consumer Choice Plan pay the contracted rate.

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 patients with persistent symptoms.

Common 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

ONLINE VIRTUAL PHYSICAL THERAPY **HINGE HEALTH**

Eligibility

Employees, spouses, and dependents (18 years and older) on a City's Health Plan are eligible.

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 a 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 a Employee Health Plan through the City of Fort Worth.

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

HEALTHY CHALLENGE – WEIGHT MANAGEMENT

Ramp Health Coaching

Available to all employees, regardless of coverage.

Unlimited sessions at no cost for all employees.

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

(*Only available to Health Plan members)

Prescription Medications through Rightway/Medical Plans

All prescription medications for weight loss are covered just like any other drug in the same tier. If it's a generic drug, it would be covered under the generic category, and if it's a brand name drug, the Brand name tier would apply.

Form Health

Work one-on-one with a dedicated care team who will develop a personalized science-based plan to address behavioral health, nutrition, physical activity, and if needed, medication. Start your journey today by visiting: formhealth.co/fortworth and select Sign Up.

Digbi

Personalized program that identifies each member's unique biological triggers through at-home testing. This data-driven approach allows Digbi to create a highly personalized treatment plan that addresses specific biological factors. Enroll online at: digbihealth.com/fortworth.

Noom

Psychology-based program that offers a holistic approach to healthy living addressing the "why" behind habits and how to change them. Enroll online at: go.noom.com/enrollcofw.

Bariatric Surgery

Only available to City 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, 4.
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. Cost to member: Deductible and coinsurance waived for Health Center Plan members or coinsurance waived for Consumer Choice Plan members after deductible has been met.



EDUCATION REIMBURSEMENT & VOLUNTARY LEAVE BANK

Tuition Reimbursement Program

- After completing the initial probationary period, regular full-time employees who plan to attend college or receive training in a business or technical field that is related to a City career field may be able to receive financial assistance through the Tuition Reimbursement Program.
- The program is designed to meet organizational goals by assisting employees who elect to improve job performance or increase skills through education. Participation should be mutually beneficial to both the employee and the City of Fort Worth.
- Every employee participating in the program and receiving assistance must have approval from their department.

Tuition Reimbursement

The maximum amount the City will reimburse per year is \$5,250. You can use that all in one semester or spread that out over several semesters in a year. Tuition is paid directly to the school by the employee, but reimbursement of fees will be included in the employee's paycheck when grades are submitted. Only grades of C and higher in undergraduate courses and graduate-level courses (or "pass" in ungraded courses) are eligible for reimbursement.

If an employee voluntarily leaves the City after receiving Tuition Reimbursement, they must pay back:

- 100 percent of the amount reimbursed in the 12 months prior to leaving and
- 50 percent of fees reimbursed 13 to 24 months prior to leaving.

If an employee works at least two years after receiving an educational reimbursement, no repayment is required.

Getting Started

Prior to beginning a class, complete a Tuition Reimbursement Application. An application, grades, and an itemized receipt must be turned in by that semester's deadline to receive reimbursement.

Choosing A Degree Plan

Several degrees are generally allowed in the Tuition Reimbursement Program, but others may qualify. Check with the Benefits Office prior to selecting a degree plan. The following are examples of acceptable degrees:

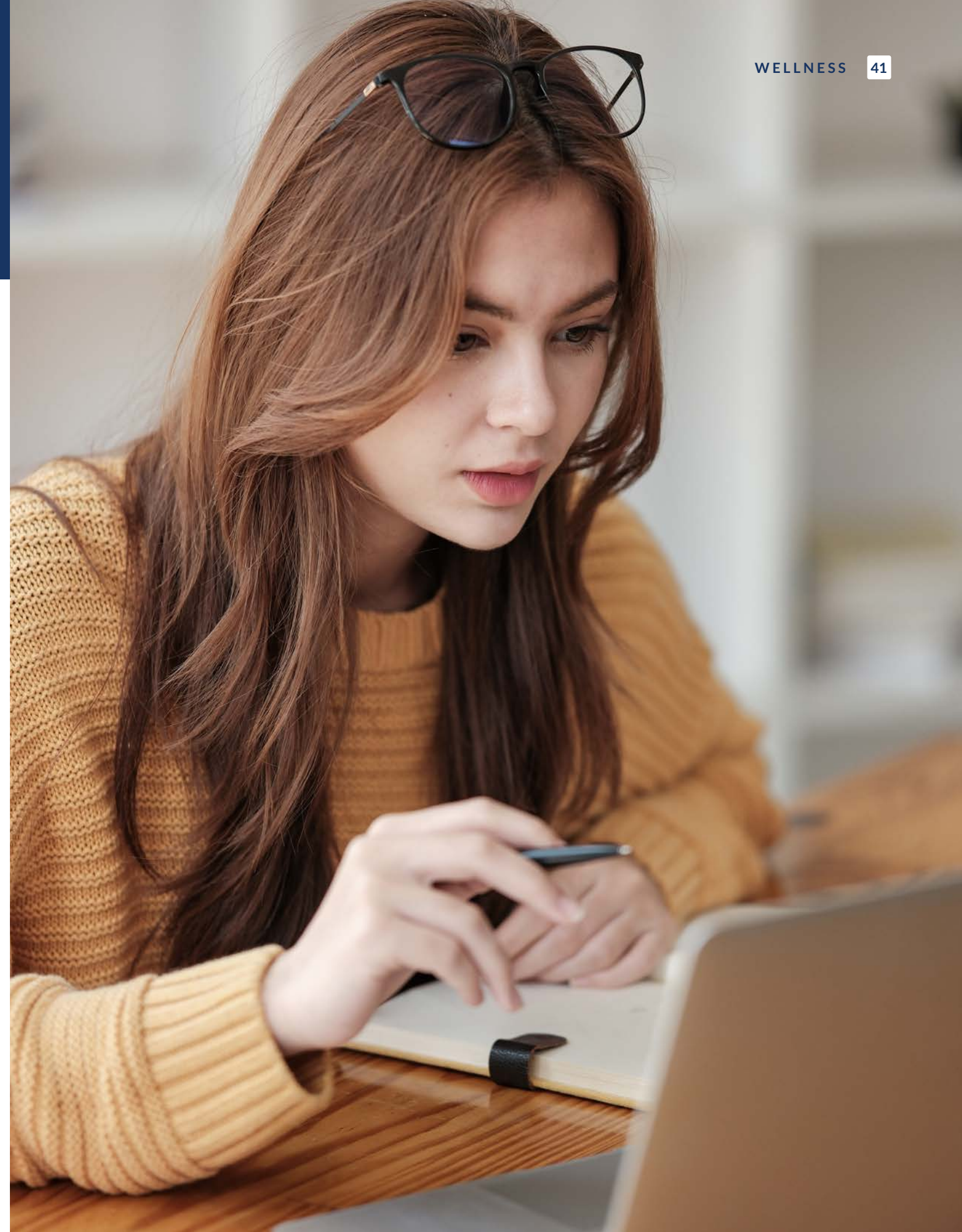
- Associate of Arts (Business, Mass Communication, General Speech & Communication).
- Associate of Science (Accounting, Business, Geographical Information Systems, Information Technology, Management, Office Administration).
- Bachelor of Arts, Bachelor of Science (Accounting, Business, Criminal Justice, Environmental Science & Engineering).
- Master of Business Administration.
- Master of Public Administration.
- Master in City & Regional Planning.
- Master of Library Science.

Law degrees and degrees in Religious Studies are not eligible for reimbursement. PhDs are allowed on a limited basis and with Human Resources Director approval.

Voluntary Leave Bank

City of Fort Worth offers a Voluntary Leave Bank that provides up to 240 hours of continued income after you've exhausted all your accrued leave. The hours are provided if you are required to miss work due to a personal medical emergency or to care for an immediate family member who has experienced a medical emergency.

If you are a first-time enrollee, four hours of vacation time will be deducted from your leave accrual once you have completed your probationary period. Each subsequent year that you are enrolled, one hour of vacation will be deducted from your total each January.



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 Health Challenge Wellness Program can help.

Ramp Health

To provide the tools and support you need to live healthily, we have partnered with Ramp Health™, a leading health management services provider. Together with Ramp Health, we'll bring you the latest health and wellness content, educational programs, and an online community to keep you motivated.

Who Can Participate In The Program?

All regular employees are eligible to participate in the program. Beginning 1/4/2026, all employees hired before 6/1/2026 and Employee Health Plan-covered spouses are eligible to participate in the Health Risk Assessment (HRA), the Tobacco-Free Attestation or Tobacco Cessation Course (TOB), and the Biometric Screening Form (BSF). Participants can log on to the City of Fort Worth website to participate in all available wellness activities.

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) by emailing support@ramphealth.com.

Requirements For Lower Insurance Premium

DEADLINE: 8/31/2026

How Can I Lower My Monthly Insurance Premium?

To avoid paying an additional \$100 per month or \$1,200 annually for your insurance premium and earn your 2026 incentive, you must:

1. Complete the Health Risk Assessment (HRA) questionnaire,
2. Complete the Tobacco-Free Attestation OR "Tobacco: Breaking the Addiction" Course, and
3. Complete the Biometric Screening Form (BSF) and submit it by 8/31/26.

If your spouse is covered by a City's health plan, they must also complete the requirements for you to receive the incentive.

Health Risk Assessment (HRA) Questionnaire

After you register on <https://portal.ramphealth.com/#verifyMember>, you will complete the Health Risk Assessment (HRA) 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.

The Health Assessment acts as a gatekeeper for the incentive. Without this activity completed, you will not receive credit for the other requirements.

Tobacco-Free Attestation or Tobacco Cessation Course

If you are NOT a tobacco user: You must complete the Tobacco-Free Attestation (TOB). This is separate than answering the tobacco questions in the HRA.

If you are a tobacco user: You must complete the "Tobacco: Breaking the Addiction" course.

Biometric Screening Form (BSF)*

Once you have created your Ramp Health account, you will be able to download the BSF. You will need to schedule your annual physical with your physician and take the BSF with you. Once the BSF is completed (including bloodwork and signatures), you need to upload it directly to your Ramp Health account by the August 31st deadline.

*IMPORTANT NOTE: The form can only be submitted via direct upload, by you, to your Ramp Health account. It is your responsibility to ensure your BSF has been received by Ramp Health on time. BSF processing takes 3–5 days, so it is recommend to upload your BSF at least 2 weeks prior to the August 31st deadline in the case resubmission is needed. Cases where resubmission is needed include, but are not limited to, submitting a BSF with incomplete or illegible data, missing signatures, dates outside of the program guidelines, or altered forms with crossed out measurements or white-out.

How To Register

Visit <https://portal.ramphealth.com/#verifyMember> to log in and register with Ramp Health™. Just follow the prompts to register as a new user or if you are already registered, click on "Sign In." If your spouse is on the City's health insurance plan, 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.*

Ramp Health will not be able to provide information to a third party, including spouses, regarding the member's account. Each member must contact Ramp Health to discuss their own account and activities.

Ramp Health Member Support

To assist you with questions or much-needed information. Choose what works best for you:

Phone:
888-237-8107

Additional Biometric Screening Form Information

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



Wellness Payout

How Does The Healthy Challenge Wellness Payout Work?

The Healthy Challenge Wellness payout is based on a point system. You can earn points throughout the year by completing certain program activities. You can choose from either cash or time off. Wellness time off is use or lose. So, if choosing this option, be sure to use it by December 31st.

Points Earned	Cash Amount	Wellness Time Off
2,500	\$150	5 hours
3,000	\$200	10 hours
3,500	\$250	16 hours




Note: Only employees are eligible for the wellness payout, and they must be active at the time of the award. (3rd pay period in 2026).

Deadline (To Earn Points For The Cash Payout)

REQUIREMENTS TO BE ELIGIBLE: (Employees only and must have completed requirements by Aug. 31, 2026)

1. Complete the Health Risk Assessment (HRA) questionnaire.
2. Complete and submit a Biometric Screening Form (BSF) to your Ramp Health Account. Please verify that your form has been received and accepted. Make sure you leave yourself time should your form require corrections prior to the deadline, 8/31/26.
3. Complete a Tobacco-Free Attestation OR the Tobacco Cessation Course.
4. Complete at least one (1) Preventive Exam on your Ramp Health incentive page.

For more ways to earn your Healthy Challenge Wellness Payout:



1 **Already Verified your Account?** Access the platform by downloading the Ramp Health App or visiting <https://portal.ramphealth.com>

2 **Bookmark** the site or use the app for future access.

HEALTH COACHING FROM RAMP HEALTH

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.

What Should I Expect During My Coaching Session?

Your Health Coach is an experienced, certified Ramp Health 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 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.



FITNESS CENTER MEMBERSHIPS

City of Fort Worth Community Centers That Offer Fitness Memberships

There are three tiers of membership (Gold, Silver, and Bronze) based on the size of the fitness room and the number of pieces of equipment. Employee memberships must be purchased at your local community center (bring City ID). Membership includes the price of an annual community center membership.

Gold: *Allows access to Gold, Silver, & Bronze*

Employee: \$14/mo. (\$110/yr.)
Family: \$39/mo. (\$405/yr.)

Chisholm Trail Community Center
4936 McPherson Blvd., Fort Worth, TX 76123
817-392-8070

Diamond Hill Community Center
1700 NE 37th St., Fort Worth 76106
817-392-5485

Handley Meadowbrook Community Center
6201 Beaty St., Fort Worth, TX 76112
817-392-2830

Betsy Price Community Center
8375 Blue Mound Rd., Fort Worth, TX 76131

Victory Forest Community Center
3427 Hemphill St., Fort Worth, TX 76110
817-392-8200

Silver: *Allows access to Silver & Bronze*

Employee: \$8/mo. (\$65/yr)
Family: \$22/mo. (\$240/yr.)

Atatiana Carr-Jefferson Community Center at Hillside
1201 E. Maddox Ave., Fort Worth, TX 76104
817-392-7660

Eugene McCray Community Center
4932 Wilbarger St., Fort Worth, TX 76119
817-392-7146

Greenbriar Community Center
5200 Hemphill St., Fort Worth, TX 76115
817-392-6270

Highland Hills Community Center
1600 Glasgow Rd., Fort Worth, TX 76134
817-392-2580

Bronze: *Allows access to Bronze*

Employee \$5/mo (\$43/yr)
Family: \$15/mo. (\$157/yr.)

Andrew Doc Session Community Center
201 S. Sylvania Ave., Fort Worth, TX 76111
817-392-6585

Como Community Center
4660 Horne St., Fort Worth, TX 76107
817-392-5300

Fire Station Community Center
1601 Lipscomb St., Fort Worth, TX 76104
817-392-2240

Northside Community Center
1100 NW 18th St., Fort Worth, TX 76164
817-392-5992

North Tri-Ethnic Community Center
2950 Roosevelt Ave., Fort Worth, TX 76106
817-392-5200

R.D. Evans Community Center
3242 Lackland Rd., Fort Worth, TX 76116
817-392-7400

Riverside Community Center
3700 E. Belknap St., Fort Worth, TX 76111
817-392-7640

Southwest Community Center
6300 Welch Ave., Fort Worth, TX 76133
817-392-7613

Sycamore Community Center
2525 E. Rosedale St., Fort Worth, TX 76105
817-392-7650

Thomas Place Community Center
4237 Lafayette Ave., Fort Worth, TX 76107
817-392-7427

Worth Heights Community Center
3551 New York Ave., Fort Worth, TX 76110
817-392-8722

BLOOD DRIVE

Earn For You While Giving To Others

All full-time City of Fort Worth employees who donate blood will receive an hour of vacation time. Part-time employees who donate blood will receive an hour of comp time. You can also earn points for the Healthy Challenge Wellness Payout (full-time employees only). So roll up your sleeves and visit the bloodmobile!

You must provide some type of identification (e.g., your City ID or Driver's License).

Meet Double Reds

Unlike a traditional whole blood donation, Automated Red Cell Collection (2RBC) allows the donor to safely give two units of red blood cells instead of just one — thus, the nickname “Double Reds.” The process separates blood into its components while it is being drawn. Because only red blood cells are being collected, enough can be collected for two red cell transfusions, and the remaining components are returned to the donor.

The collection procedure takes just 20 minutes longer than a whole blood donation and can be performed every four months.

Give Blood

Earn 1 Hour of Vacation Time +
Self-Report Donation for points for the
Healthy Challenge Wellness Payout

2RBC Donor Requirements

2RBC donors must meet certain height and weight requirements as well as routine donor criteria:

- Males must weigh at least 150 lbs. and be 5'5" or taller.
- Females must weigh at least 130 lbs. and be 5'1" or taller.

If donating at a Carter Blood Care Center, please use Sponsor Number SPON033098.

For more information, email the Wellness Office at wellnessprogram@fortworthtexas.gov.

SAFETY IN THE WORKPLACE

The notion of a Zero Accident Philosophy® is a specific component of our overall culture. We do not shrug off injuries as an inevitable part of our organization because they are not. We never want to accept that accidents and injuries are something that can regularly happen to employees since our people are our organization's greatest resource.

In order to protect this valuable resource, we need to **Build a Fort Around Your Worth** and continue to follow a **Zero Accident Philosophy** to ensure that it permeates every level of the organization and every City of Fort Worth worksite. There is an important role in this program for each employee, and everyone is expected to join together to make the City of Fort Worth a successful, accident-free, and healthy place to work.

Report Near Misses: Every employee deserves to go home in the same condition in which they arrived at the workplace. By working together and encouraging every City of Fort Worth employee to get involved in looking for and reporting near misses including all unsafe conditions and unsafe acts, we can all do something to prevent accidents before they happen.

What is A Near Miss? An unplanned event that did not result in injury, fatality, or damage — but had the potential to do so. Only a fortunate break in the chain of events prevented an injury, fatality, or damage; in other words, a miss that was very near.

The Safety Risk Management Team welcomes all employees' commitment to health and safety, as evidenced through responsible and constructive engagement while representing the interests of their departments. Together, a partnership approach will achieve high standards in health and safety.

The City of Fort Worth recognizes that establishing a strong and active safety culture requires effort from all ends. It's worth the effort because it can have a positive impact on your department. A vibrant safety culture can lead to lower absence rates, lower insurance premiums, less injuries, improved productivity, and happier employees. However, it's vital that employees become involved in their department's safety program for it to be successful.

Drug- & Alcohol-Free Workplace

Alcohol Use

Two specific kinds of drinking behavior significantly contribute to the level of work performance problems:

- drinking right before or during working hours (including drinking at lunch and at company functions) and
- heavy drinking the night before that causes hangovers during work the next day.

It isn't just alcoholics who can generate problems in the workplace. Research has shown that the majority of alcohol-related work performance problems are associated with nondependent drinkers who may occasionally drink too much — not exclusively alcohol-dependent employees.

Prescription Drugs

A level of risk always occurs when using any drug, including prescription or over-the-counter (OTC) medications. Drug reactions vary from person to person. If you are taking a drug you haven't had before, you won't know how it will affect you. It's important to follow your doctor's advice when taking prescription drugs and discuss any side effects and how they might impact your work.

Some Facts About Alcohol In The Workplace:

- Workers with alcohol problems were 2.7 times more likely than workers without drinking problems to have injury-related absences.
- A hospital emergency department study showed that 35 percent of patients with an occupational injury were at-risk drinkers.
- Analyses of workplace fatalities showed that at least 11% of the victims had been drinking.
- One-fifth of workers and managers across a wide range of industries and company sizes report that a coworker's on-or off-the-job drinking jeopardized their own productivity and safety.

Some Facts About Drugs In The Workplace:

- Workers who report having three or more jobs in the previous five years are about twice as likely to be current or previous users of illegal drugs as those who have had two or fewer jobs.
- 70% of the estimated 14.8 million Americans who use illegal drugs are employed.
- Marijuana is the most commonly used and abused illegal drug by employees followed by cocaine, with prescription drug use steadily increasing.

The Impact Of Alcoholism And Drug Dependence In The Workplace

- Premature Deaths/Fatal Accidents.
- Injuries/Accident Rates.
- Absenteeism/Extra Sick Leave.
- Loss of Production.

The City of Fort Worth has an established Employee Assistance Program (EAP) that is available to employees 24 hours a day/7 days a week. Our EAP helps employees and their families, which in turn helps the City remain a Drug- & Alcohol-Free Workplace. Call **888-703-9003** for assistance.



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 (PPACA)**, 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 PPACA. 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 PPACA.
- 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 Period. 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 foster for adoption). If you miss the enrollment deadline, you must wait until Open Enrollment.

COBRA

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group coverage would otherwise end. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description (SPD) or contact the Plan Administrator. You may have other options available to you when you lose group health care coverage.

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health care plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary."

You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced,
- Your spouse's employment ends for any reason other than his or her gross misconduct,
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both), or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies.
- The parent-employee's hours of employment are reduced.
- The parent-employee's employment ends for any reason other than his or her gross misconduct.
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both).
- The parents become divorced or legally separated.
- The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under Title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to the City of Fort Worth health care plan and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries, if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of any of the following qualifying events:

- The end of employment or reduction of hours of employment,
- Death of the employee,
- For retirees, commencement of a proceeding in bankruptcy with respect to the employer, or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator in writing within 30 days after the qualifying event occurs. You must provide this written notice to: City of Fort Worth Benefits Office, 100 Fort Worth Trail, 15th Floor, Fort Worth, TX 76102

How is COBRA coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events or a second qualifying event during this initial period of coverage may permit a beneficiary to receive a maximum of 36 months of coverage. There are two ways in which this 18-month period of COBRA continuation coverage can be extended:

1) Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in writing and in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. Contact HealthEquity® at **877-722-2667** within 60 days of the date of determination of disability.

2) Second qualifying event extension of 18-month period of COBRA continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent child(ren) receiving COBRA continuation coverage, if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child.

This extension is only available if the second qualifying event would have caused the spouse or dependent child(ren) to lose coverage under the Plan had the first event not occurred.

Are there other coverage options besides COBRA continuation coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health care plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than the COBRA continuation coverage. You can learn more about many of these options at www.HealthCare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employment Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act (PPACA), and other laws affecting group health care plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Health Insurance Marketplace, visit www.HealthCare.gov.

Inform your plan of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy for your records of any notices you send to the Plan Administrator.

COBRA plan contact information

HealthEquity®
P.O. BOX 223684
Dallas, TX 75222-3684

877-722-2667

Employee 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 care 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 Donations. 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 donations and transplantsations;

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-benefit 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, 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), 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 changes, revisions, or amendments.

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, Holly Moyer. 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

Joanne Hinton, the Privacy Officer, is the designated contact person for the Plan. You can contact her at **817-392-6275**.



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