



## CITY OF ENNIS

# PLAN YEAR 2025



## EMPLOYEE BENEFITS GUIDE





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# Benefit Contacts

## CARRIER / VENDOR CONTACTS



### Imagine360 - Medical

Group # H870922

800-716-2852

[www.imagine360.com](http://www.imagine360.com)

## Express Scripts

By EVERNORTH

### Express Scripts

RXGRP: GPARX4U / RXBIN: 003858 / RXPCN:A4

855-827-2615

[www.express-scripts.com](http://www.express-scripts.com)



### Renaissance

Group # 236225

Dental: (800) 894-4532 / Vision: (888) 358-9484

Life/Voluntary Life/STD/LTD: (844) 368-6485

[www.renaissancebenefits.com](http://www.renaissancebenefits.com)



# Introduction

## Eligible Employees

Eligible employees are full-time, working 30 hours or more per week.

## Coverage Effective Date

Coverage is effective on the first of the month following date of hire.

## Eligible Dependents

Eligible dependents include:

- Legal Spouse
- Biological, adopted or stepchildren less than age 26
- Physically or mentally impaired children (regardless of age)

## How do I enroll, cancel or make changes?

To enroll, cancel, or make changes you must complete and submit the following documents:

- Employee Benefits Enrollment
- Enroll Online at: [www.employeenavigator.com](http://www.employeenavigator.com)

Please note, when you log in to the Employee Navigator website, the Company Identifier requested is:

**CitofEnn2024.** Follow the enrollment instructions in the following two pages for additional assistance.

## Can I change my coverage during the year?

The benefits you elect during open enrollment will remain in effect through the end of the plan year. Outside of open enrollment, you can only make a change to your coverage when you have a qualifying event.

### Qualifying changes include:

- Change to your legal marital status
- Birth, legal adoption or legal placement for adoption of a child
- Dependent child ceases to be an eligible dependent
- Death of spouse or dependent child
- Termination of Employment / Reduction of work hours
- Spouse or dependent child's loss of other coverage
- Eligibility for other coverage

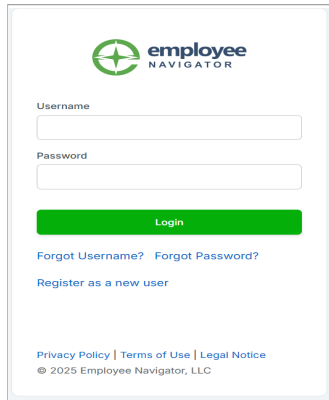
**Please note, you must notify Human Resources and submit required documentation within 31 days of the qualifying event.**

## Special Enrollment

If coverage was declined under this plan due to coverage under another plan, and eligibility for the other coverage is lost, you and all of your eligible Dependent(s) may request special enrollment in this plan. To qualify for special enrollment when enrollment in this plan was previously declined, it must have been declined in writing with a statement that the reason for declining enrollment was due to other health coverage. **Proof of other coverage or a certificate of creditable coverage will be requested.**



# ENROLL IN YOUR BENEFITS: One step at a time



**employee NAVIGATOR**

Username

Password

**Login**

[Forgot Username?](#) [Forgot Password?](#)

[Register as a new user](#)

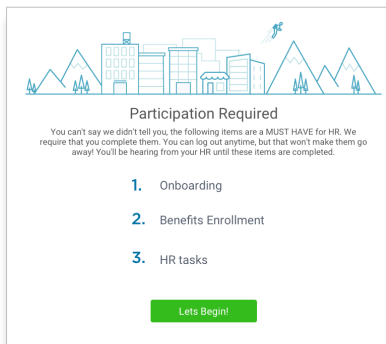
[Privacy Policy](#) | [Terms of Use](#) | [Legal Notice](#)  
 © 2025 Employee Navigator, LLC

## Step 1: Log In

Go to [www.employeenavigator.com](http://www.employeenavigator.com) and click **Login**

- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.
- **Returning users:** Log in with the username and password you created. Click **Forgot username or Forgot Password** if applicable.

**Please note:** The company identifier is: **CitofEnn2024**



**Participation Required**

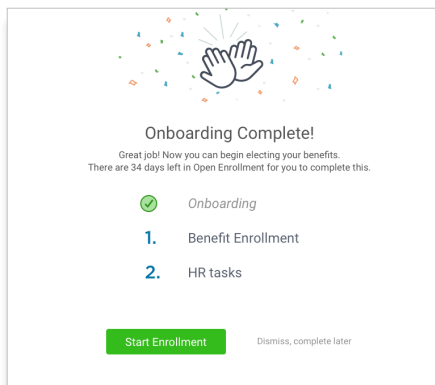
You can't say we didn't tell you, the following items are a MUST HAVE for HR. We require that you complete them. You can log out anytime, but that won't make them go away! You'll be hearing from your HR until these items are completed.

1. Onboarding
2. Benefits Enrollment
3. HR tasks

**Let's Begin!**

## Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.



**Onboarding Complete!**

Great job! Now you can begin electing your benefits. There are 34 days left in Open Enrollment for you to complete this.

☒ Onboarding

1. Benefit Enrollment
2. HR tasks

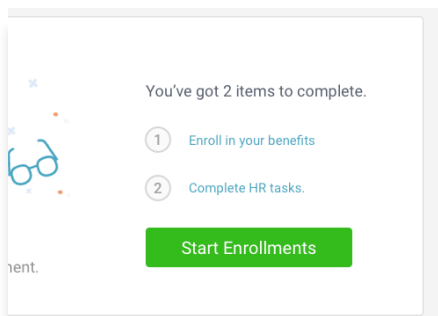
**Start Enrollment**      Dismiss, complete later

## Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

### TIP

if you hit "**Dismiss, complete later**" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "**Start Enrollments**"



You've got 2 items to complete.

- 1 Enroll in your benefits
- 2 Complete HR tasks.

**Start Enrollments**

## Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

### TIP

*Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.*

### Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

**Who am I enrolling?**

Myself

☐ Elizabeth Reynolds (Spouse)

☐ Gwen Reynolds (Child)

\$138.46

Effective on 08/01/18

Employee

Cost per pay period

Compare

Details

Selected

**How much will it cost?**

Plan Cost	Employer Contribution	My Cost
\$138.46	\$ 138.46	\$0.00

View employer contributions summary

Save & Continue

Don't want this benefit?

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

### Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

**Enrollment Summary**

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions or would like to make changes, please contact HR.

Enrollment Not Complete!

Please complete the required highlighted steps from your enrollment progress menu.

Enrolled Plans

Medical

Key Care HSA PPO2017 404E2435 Long Plan Name

Progress 6 of 8

View Steps

1. Personal Information

2. Dependent Information

3. Medical

4. Dental

5. Vision

6. HSA

7. FSA

8. Enrollment Summary

### Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

#### TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

High Five! Enrollment Complete!

You've only got one more item to complete.

Enroll in your benefits

1. HR Tasks

Start Tasks

Dismiss, complete later

### Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



You can login to review your benefits 24/7



# Employee Contributions

Medical, dental and vision premiums are deducted from payroll on a pre-tax basis.

Medical Premiums AFTER Employer Contribution		
	Per Pay Period (semi-monthly)	Monthly
Employee Only	\$18.84	\$37.68
Employee + Spouse	\$169.96	\$339.91
Employee + Child(ren)	\$169.96	\$339.91
Employee + Family	\$339.91	\$679.82

**\*Note:**

- An additional \$40 semi-monthly deduction will be added to the medical premium for tobacco users, employees and spouses, who do not complete a tobacco cessation program.
- An additional \$40 semi-monthly deduction will be added to those employees and spouses that do not complete a medical physical.

Dental Premiums		
	Per Pay Period (semi-monthly)	Monthly
Employee Only	\$3.79	\$7.59
Employee + Spouse	\$7.66	\$15.33
Employee + Child(ren)	\$10.05	\$20.10
Employee + Family	\$13.95	\$27.90

Vision Premiums		
	Per Pay Period (semi-monthly)	Monthly
Employee Only	\$0.63	\$1.27
Employee + Spouse	\$1.20	\$2.40
Employee + Child(ren)	\$1.27	\$2.53
Employee + Family	\$1.86	\$3.72

Basic Life and AD&D – Renaissance	\$0.00
Voluntary Life and AD&D – Renaissance	See Age Rated Chart on page 26
Voluntary Short Term Disability – Renaissance	See Age Rated Chart on page 27
Voluntary Long Term Disability – Renaissance	See Age Rated Chart on page 28

PLEASE CONTACT IMAGINE360 OR THE PPO NETWORK AT THE PHONE NUMBER OR WEBSITE SHOWN ON YOUR PLAN I.D. CARD FOR INFORMATION ABOUT WHICH PROVIDERS ARE INCLUDED.

DEDUCTIBLE AND ANNUAL OUT-OF-POCKET MAXIMUM	IMAGINE HEALTH FACILITIES/PHYSICIANS	ENNIS REGIONAL FACILITY/PHYSICIANS AND HEALTHSMART PPO PHYSICIANS 2), 3)	NON IMAGINE/NON ENNIS REGIONAL FACILITIES AND NON- PPO PHYSICIANS 2), 3)
<b>Lifetime Maximum</b>	Unlimited		
<b>Plan Year Deductible</b>			
- Per Covered Person	\$0	\$0	\$1,000
- Family Limit*	\$0	\$0	\$3,000
<b>Annual Out-of-Pocket Maximum</b> (includes Deductible, Medical and Rx Copays)			
- Per Covered Person	\$1,500	\$1,500	\$3,000
- Family Limit*	\$3,750	\$3,750	\$7,500

### **FACILITY BENEFITS – Payment Levels:**

This section applies to covered expenses for services rendered by Hospitals and other types of facilities which are not included in the **Preferred Provider Organization (PPO) network**.

BENEFIT PERCENTAGE FOR:	IMAGINE HEALTH FACILITY BENEFIT	ENNIS REGIONAL FACILITY BENEFIT	NON IMAGINE/ ENNIS REGIONAL FACILITY BENEFIT	MAXIMUM BENEFITS, LIMITS & PROVISIONS
<b>Inpatient Hospital Services</b>	90%	90%	70% after Deductible	UR Notification required.
<b>Maternity Inpatient Hospital Services</b>	90%	90%	70% after Deductible	Contact UR Company for coordination of care.
<b>Routine Newborn Care Inpatient Hospital Services</b>	90%	90%	70% after Deductible	Payable under covered mother's claim.
<b>Skilled Nursing Facility/Rehabilitation Facility</b>	90%	90%	70% after Deductible	UR Notification required. Limited to 60 days combined per Plan Year.
<b>Hospital Services for Mental/ Nervous Disorders, Chemical Dependency, Drug and Substance Abuse</b> Inpatient/Residential Treatment Facilities	90%	90%	70% after Deductible	UR Notification required.
<b>Hospital Emergency Room</b>				
- Medical Emergency/Accidental Injury	100% after \$150 Copay; Deductible waived		70% after Deductible	Contact UR Company for coordination of care.
- Illness not a Medical Emergency	80% after \$250 Copay; Deductible applies			
<b>Outpatient Surgical Facility</b>	90%	90%	70% after Deductible	UR Notification required.
<b>Outpatient Therapy/Other Services</b>				
Physical/Occupational Therapy/Speech Therapy	90%	90%	70% after Deductible	Limited to 20 visits per therapy per Plan Year.
Cardiac Rehabilitation	90%	90%	70% after Deductible	
<b>Outpatient Diagnostic Services</b> Select Diagnostic Procedures (CT Scans, MRIs, PET Scans, etc.)	90%	90%	70% after Deductible	
<b>All Other Diagnostic Lab/X-ray</b> (Facility only)	100%	100%	70% after Deductible	
<b>Preventive and Wellness Lab and X-ray</b>	100%		70% after Deductible	



**PHYSICIAN BENEFITS – Payment Levels and Limits:**

This section applies to Physicians and all other Providers of service not included as Facility Providers. Benefits shown are available **based upon the Provider's participation in the PPO network.**

BENEFIT PERCENTAGE FOR:	IMAGINE HEALTH BENEFIT	ENNIS REGIONAL AND HEALTHSMART PPO BENEFIT 2), 3)	NON-HEALTHSMART PPO BENEFIT 2), 3)	MAXIMUM BENEFITS, LIMITS & PROVISIONS
<b>Physician Hospital Visits/Surgeon/Anesthesia</b>	90%	90%	70% after Deductible	
<b>Physician Hospital Visit for Mental &amp; Nervous Disorders/ Chemical Dependency, Drug and Substance Abuse</b>	90%	90%	70% after Deductible	
<b>Maternity</b> (Including Prenatal delivery and Postnatal care)	90%	90%	70% after Deductible	Contact UR Company for coordination of care.
<b>Routine Newborn Care</b> (Pediatric care to date of mother's discharge.)	90%	90%	70% after Deductible	
<b>Office Visit</b> (includes Exam, treatment, office surgery)	100% after \$10 Copay PCP/\$30 Copay Specialist	100% after \$10 Copay PCP/\$30 Copay Specialist	70% after Deductible	
<b>Allergy Testing/Serum</b>	100% after \$10 Copay PCP/\$30 Copay Specialist	100% after \$10 Copay PCP/\$30 Copay Specialist	70% after Deductible	
<b>Allergy Injections</b> (without office visit billed)	90%	90%	70%; Deductible waived	
<b>Mental/Nervous Disorders and Substance Abuse Office Visits</b>	100% after \$10 Copay PCP/\$30 Copay Specialist	100% after \$10 Copay PCP/\$30 Copay Specialist	70% after Deductible	
<b>Urgent Care Facility Physician Medical Care</b> - Medical Emergency/Accidental Injury  - Illness not a Medical Emergency	100% after \$25 Copay  100% after \$25 Copay	100% after \$25 Copay  100% after \$25 Copay	100% after \$75 Copay Deductible waived  100% after \$75 Copay Deductible applies	
<b>Reuro Virtual Health</b>	N/A	\$0 Consult Fee		<b>Call 888-528-4655</b>
<b>Chiropractic Services</b>	100% after \$30 Copay	100% after \$30 Copay	70% after Deductible	
<b>Select Diagnostic Medical Procedures</b> CT Scans, MRIs, PET Scans, etc. (Physician's Office or Freestanding Facility)	90%	90%	70% after Deductible	
<b>Diagnostic Lab/X-ray</b> (Freestanding Facility, Independent Lab)	100%	100%	70% after Deductible	

2) This plan is a PPO Physician Only plan. Benefits shown in this summary apply to PPO provider services.

3) Plan limits apply collectively/combined for PPO and Non-PPO services.

BENEFIT PERCENTAGE FOR:	IMAGINE HEALTH BENEFIT	ENNIS REGIONAL AND HEALTHSMART PPO BENEFIT 2), 3)	NON-HEALTHSMART PPO BENEFIT 2), 3)	MAXIMUM BENEFITS, LIMITS & PROVISIONS
<b>Outpatient Therapy/Other Services</b> Physical/Occupational Therapy, Speech Therapy	100% after \$30 Copay	100% after \$30 Copay	70%; Deductible waived	Limited to 20 visits per therapy per Plan Year.
Cardiac Rehabilitation	90%	90%	70% after Deductible	
<b>Home Health Services</b>	90%	90%	70% after Deductible	UR Notification required. Limited to 60 visits per Plan Year.
<b>Inpatient Hospice</b> (Home Hospice)	90%	90%	70% after Deductible	UR Notification required.
<b>Durable Medical Equipment</b>	90%	90%	70% after Deductible	UR Notification required.
<b>Prosthetic Devices and Orthotics</b>	90%	90%	70% after Deductible	
<b>Ambulance Services</b>		90%		Contact UR Company for Coordination of Care.
<b>All Other Provider Covered Physician Services</b>	90%	90%	70% after Deductible	

2) This plan is a PPO Physician Only plan. Benefits shown in this summary apply to PPO and Non-PPO provider services.

3) Plan limits apply collectively/combined for PPO and Non-PPO services.

### Preventive and Wellness Care Benefits

This benefit is payable for Covered Procedures incurred as part of a Preventive and Wellness Care Program and is not payable for treatment of a diagnosed illness or injury. Services must be identified and billed as routine or part of a routine physical exam/or as specified below.

BENEFIT PERCENTAGE FOR:	IMAGINE HEALTH BENEFIT	NON-PPO BENEFIT 2), 3)	LIMITS & PROVISIONS
	ENNIS REGIONAL AND HEALTHSMART PPO BENEFIT 2), 3)		
All Covered Wellness Benefits	100%; Deductible waived	100%; Deductible waived	See age and frequency limits and other special provisions below

#### Examples of Covered Wellness Procedures to include but are not limited to:

- 1) Routine Physical Exam
- 2) Annual Well Woman Exam
- 3) \*Annual Pap smear and other routine lab
- 4) \*Annual Routine Mammogram
- 5) \*Bone Density test
- 6) Annual PSA test (routine)
- 7) Well Baby Care Exam/Well Child Care Exam
- 8) Vision Screenings (to age 19)
- 9) Hearing Screenings for newborns
- 10) Routine Immunizations
- 11) Flu vaccine/pneumonia vaccine
- 12) \*Routine lab, x-ray, diagnostic testing and other medical screenings
- 13) Smoking/Tobacco Use Cessation (limited to 2 attempts + 4 counseling sessions per attempt)
- 14) \*All FDA-approved Women's Contraceptive methods/Sterilization procedures
- 15) \*Routine Colonoscopy (includes polyp removal) – age 40 and older or family history of colon cancer

2) This plan is a PPO Physician Only plan. Benefits shown in this summary apply to PPO and Non-PPO provider services.

3) Plan limits apply collectively/combined for PPO and Non-PPO services.

\* If these services are rendered by providers billing as a Facility, please refer to the appropriate category under Level I for the benefit.

**NOTE:** This Summary of Benefits only represents an overview of your medical benefits and are subject to change.



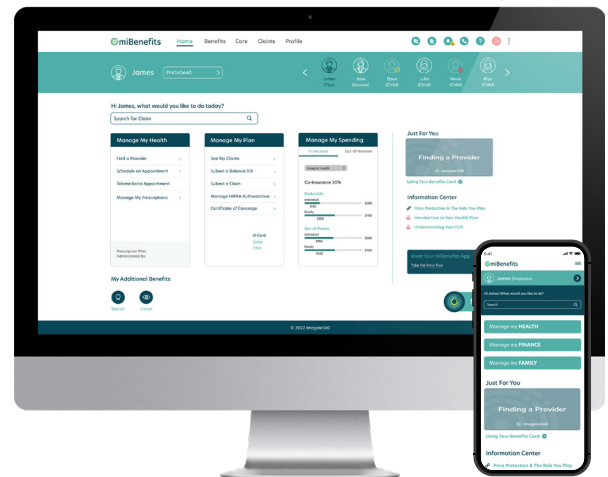
# miBenefits Portal

Get 24/7 access to your health benefits at **miBenefits.imagine360.com**.

The portal connects you to the tools and resources you need to simplify the healthcare experience.

You can easily:

- Learn more about your benefits.
- View your Benefits ID card, print a copy or order a replacement.
- Find and compare providers by cost, quality and how well they work with your plan.
- Track your spending at a glance.
- See what your plan covered after you receive care and what you may owe your provider.



## Register for the Portal

When your plan is live, go to:  
**miBenefits.imagine360.com**.

1. Click "Sign up here."
2. Choose "Member."



## Download the Portal App

Manage your benefits anywhere, anytime.  
Download the free **"I360 miBenefits"** app.



**Scan here to register for the portal.**

## Find a Provider Fast

Use your portal's advanced search features or **call the member number on your Benefits ID card** for help finding providers that are right for you.

# Your Benefits ID Card

Bring your Benefits ID card to every healthcare appointment. It has important plan information you and your providers need.

## Front

<b>Sample Company Name Logo</b>  <b>1</b>	Sample Company Name Group: H88XXXX Employee: JOHN SAMPLE ID: SMPL0001 Dependent: JANE SAMPLE Dependent: JIMMY SAMPLE  Member Services: For help finding providers, questions on claims, or information on your health plan: • Email: <a href="mailto:myplan@imagine360.com">myplan@imagine360.com</a> or • Call (888) XXX-XXXX <b>4</b>
<b>Medical Plan Network Access:</b>  Sample Network <a href="http://www.samplenetwork.com">www.samplenetwork.com</a>  <b>2</b>  <b>Virtual Care</b> XXX-XXX-XXXX Website address	<b>3</b>

## Back

<b>Information for Providers:</b> For questions regarding your patient's health plan, summary of benefits, claims status and UR Notification, visit <a href="http://imagine360.com">imagine360.com</a> or call 800.716.2852. <i>*Notification of all hospital admissions must be made within 48 hours.*</i>  <b>NOTICE:</b> Possession of this card or UR Notification does not guarantee coverage or payment for the services or procedure reviewed.  Submit Claims to: EDI: Payer ID 48143 Mail: Imagine360 PO Box 749075 Dallas, TX 75374-9075  For Non-Imagine Facility & Non-Network Professional Claims: <a href="http://www.planlimit.com/imagine360">http://www.planlimit.com/imagine360</a>  <b>5</b>	<b>Member Applicable Ded/OOPM Amounts</b> Plan Amounts Go Here  <b>6</b>  <b>Sample Pharmacy Plan</b>  RxBIN: XXXXXX RxPCN: SSN RxGRP: H880XXX  <b>7</b>
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1. Your plan's physician networks, if applicable
2. Telehealth services, if applicable
3. Your group number/member ID
4. Member support contact information
5. Contact information for providers to verify benefits
6. Deductibles/copays/out-of-pocket maximums, if any
7. Pharmacy benefits, if applicable

## When You See a Provider

It's normal for a provider's office to verify your plan benefits. If they have questions, **ask them to call the provider number on your Benefits ID card.** We'll quickly provide your plan details.

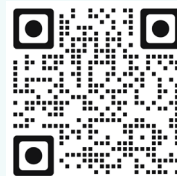
## Your Member Support Line

If a provider says they don't recognize your plan or asks you to pay more than your applicable copay or deductible at the time of care, we're here to help. **Call the member number on your Benefits ID card, even if you're in the provider's office.** We can talk with the provider for you.

When a provider asks for the name of your insurance, say:

**Imagine360 is the claims administrator for my group benefits plan.**

Scan here for more tips on a smooth provider visit.





# Real

**DOCTORS.  
CARE.  
CONVENIENT!**

## 24/7 Virtual Care from Recuro Health

When you or your family don't feel well, you want to get help right away. You have immediate access - day or night - to a medical professional through Recuro Health.

### 5 Reasons to choose Recuro's virtual care:

- 1 CONVENIENCE!** Instead of driving to the doctor, ER or clinic and sitting in a crowded waiting room, you can get an appointment right in the comfort of your own home.
- 2 SPEED!** Recuro's same-day virtual visits fit your busy schedule and save time. When you're sick, you can see a provider almost immediately. For a wellness or regular visits, you can get an appointment fast - perhaps even the same day!
- 3 QUALITY CARE.** You'll receive outstanding care from board-certified providers, licensed counselors, psychiatrists, and care coordinators. In most cases, they can diagnose, triage, and treat you right in your virtual visit. This includes filling any prescriptions you might need.
- 4 SMART.** By choosing virtual care, you'll likely have lower out-of-pocket costs. Your provider will follow up with you to make sure you get all the care you need. If you need to be seen in-person for "hands on" care, your care coordinators can assist you in getting a fast appointment so you can skip the ER or Urgent Care lines.
- 5 IT'S REALLY EASY!** Download the app, go online or call to get started!

### Get Started NOW!

Download the "Recuro Care" mobile App, visit [miBenefits.imagine360.com](https://miBenefits.imagine360.com) and click on "Care" or call 844-715-1724.



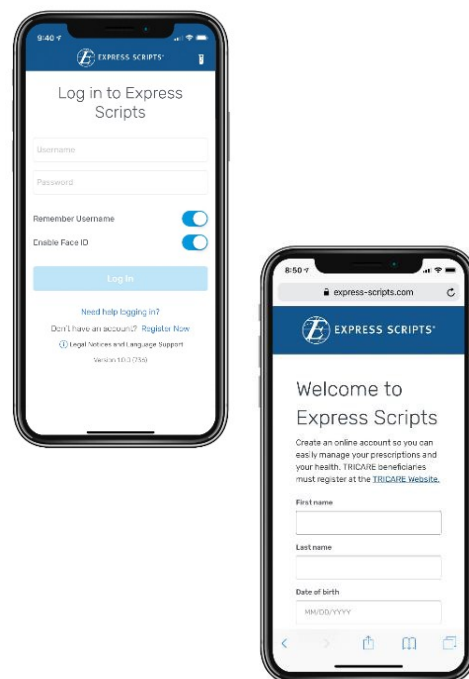
# Registering with Express Scripts

Online access to savings and convenience

Manage your medicines anywhere, any time with [express-scripts.com](https://express-scripts.com) and the Express Scripts® mobile app

Register now so you can experience:

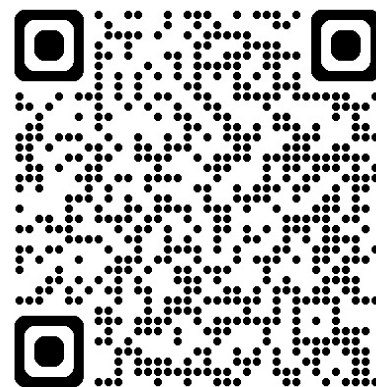
- **More savings.**  
Compare prices of medicines at multiple pharmacies. Get free standard shipping<sup>1</sup> from the Express Scripts Pharmacy<sup>SM</sup>.
- **More convenience.**  
Get up to 90-day supplies of your long-term medicine sent to your home. Order refills, check order status, and track shipments. Print forms and ID cards, if needed.
- **More confidence.**  
Talk with a pharmacist from the privacy of your home any time, from anywhere. Find the latest information on your medicine, including possible side effects and interactions.
- **More flexibility.**  
Download the Express Scripts mobile app to manage your medicines, find nearby pharmacies and get directions, and use your virtual ID card while on the go.



## Get Started Today!

Registering is safe and simple. Your information is secure and confidential. Please have your member ID number or SSN available.

- Go to [express-scripts.com](https://express-scripts.com) and select **Register**, or download the **Express Scripts mobile app** for free from your mobile device's app store and select **Register**.
- Complete the information requested, including personal information and member ID number or Social Security number (SSN). Create your username and password, along with security information in case you ever forget your password.
- Click **Register now** and you're registered.
- To set preferences,<sup>2</sup> select **Communication Preferences** from the menu under **Account**, then scroll to **Communication** and **Viewing Preferences**. Click **Edit preferences**. Preferences can only be selected via the member website.



Members who have **touch or facial ID authentication** on their mobile devices can enable it to log in to their Express Scripts account on the mobile app, if desired.

<sup>1</sup> Standard shipping costs are included as part of your prescription plan benefit.

<sup>2</sup> Preferences include the option to share your prescription information with other adult members of your household (aged 18+) covered under your prescription drug plan.

- All covered adults (aged 18+) in the household need to register separately.
- When you grant permission to share your prescription information with other registered household members, they can view your information, place orders on your behalf and more.

The Express Scripts mobile app is available for iPhone®, iPad®, and Android™ mobile devices.

# Getting Started with Home Delivery from the Express Scripts Pharmacy<sup>SM</sup>

## Online access to savings and convenience

Whether you are viewing the member website or using the Express Scripts® mobile app, you can easily manage your home delivery prescriptions:

- Check order status
- Refill and renew prescriptions
- Check prices and coverage
- Find convenient pharmacies
- View your Rx claims and balances
- Pay your balance using a variety of payment options
- View our therapeutic resource centers for information
- And much more

### To access the member website ...

Log in to [express-scripts.com](https://express-scripts.com) (Register if it is your first visit. Just have your member ID or SSN handy.)

### If you have a NEW prescription ...

**Get started** by contacting your doctor to request a 90-day prescription that he or she can e-prescribe directly to Express Scripts

**Or** print a form by selecting “Forms & Cards” from the menu under “Benefits.”

Print a mail order form and follow the mailing instructions.

**Or** call us and we'll contact your doctor for you.

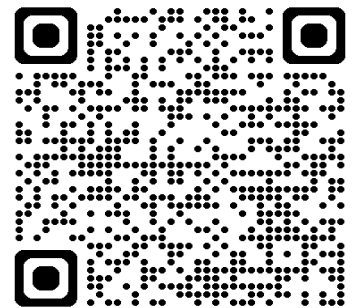
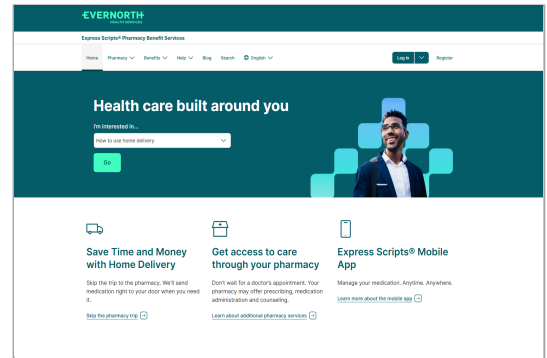
*Please allow 10 to 14 days for your first prescription order to be shipped.*

### If you already have a prescription ...

**Check Order Status** online or using our app to view details and track shipping.

**Transfer retail prescriptions to home delivery.** Just click **Add to Cart** for eligible prescriptions and check out. We'll contact your provider on your behalf and take care of the rest. Check **Order Status** to track your order.

**Refill and Renew Prescriptions** for yourself and your family while online or while using our app. Just click **Add to Cart** for eligible prescriptions and check out. We'll contact your provider on your behalf, if renewals are included, and take care of the rest.



## Find a Pharmacy

Find an in-network pharmacy at [express-scripts.com](https://express-scripts.com) or *on the go* using the Express Scripts mobile app.

### From [express-scripts.com](https://express-scripts.com):

Select “**Find a Pharmacy**” from the menu under **Prescriptions**.

Enter the **ZIP code** or **City/State** where you wish to find a pharmacy. Click “**Locate Pharmacy**.”

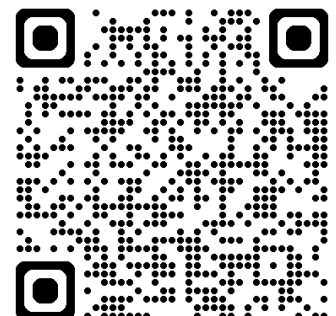
The search results provide a map and list showing nearby pharmacies with address and contact information. You can also “**Get directions**.” Click a letter to find pharmacies alphabetically.

### From the Express Scripts mobile app:

Select “**Locate a Pharmacy**” from the main menu. Enter the **ZIP code**, **City/State**, or “**Current location**.”

The search results provide a map showing nearby pharmacies. In-network pharmacies are indicated with a star.

Click on the marker to see the pharmacy name, and click the arrow to view more information. You can also click to call the pharmacy or to get directions from your current location.



## Non-Specialty Prior Authorization | Effective 10/15/25

**Step Therapy | Effective 10/15/25**

Second-line Medications- These are the second and third steps and are typically brand-name medications. They are best suited for the few patients who do not respond to the first-line medications. These medications are more expensive.

Drug Quantity Management (DQM) is a program that works with the U.S. Food & Drug Administration, medical researchers and medicine manufactures to look at individual medications to determine a recommended maximum quantity considered safe. The program ensures that the quantity of units supplied in each prescription remains consistent with clinical dosing guidelines. The quantity units are managed by Express Scripts.

**If applicable for current prescriptions, you will receive a letter from Express Scripts®**

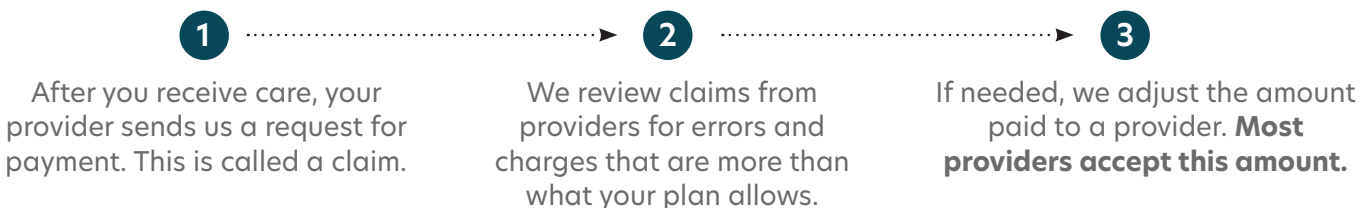
**For questions about pharmacy management changes or your prescription plan, call the number on your ID card, visit [express-scripts.com](https://www.express-scripts.com), or use the Express Scripts® mobile app.**



# Price Protection & Billing Support

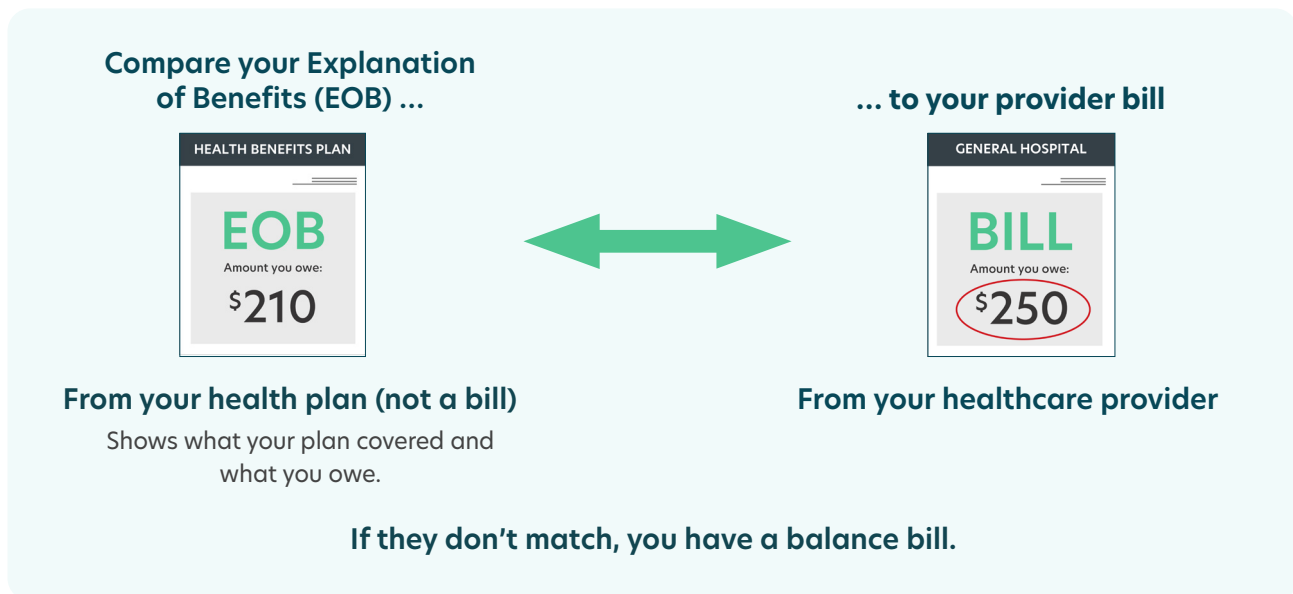
Your health plan includes built-in price protection so you don't overpay for care. And while you may not have billing questions often, we're always here to answer them.

## How Price Protection Works



## What You Need to Do

Occasionally, a provider may bill you the difference between what your plan paid and what the provider charged. **This is called a balance bill – and there's an easy way for you to spot one:**



## Balance Bill Support

If you receive a balance bill or aren't sure, let us know right away. Simply email the bill to **bb@imagine360.com** along with your phone number.

Once we receive your balance bill, we'll contact you to explain next steps. Our team does all the work, so you don't have to. A designated advocate will manage the bill resolution process on your behalf, provide regular updates and bring in legal support, if needed, at no cost to you.

We're here to help. Call the number on your Benefits ID card.


Mon - Thurs: 7 a.m. – 9 p.m. CT | Fri: 7 a.m. – 7 p.m. CT



# Understanding Your Explanation of Benefits

An Explanation of Benefits (EOB) is a statement from your health plan to let you know how a claim was processed. It shows information about services received, the provider and date of service. It's not a bill.

Pay special attention to the following important areas of your EOB:

**imagine360**  
IMAGINE360  
1550 LIBERTY RIDGE DRIVE  
WAYNE, PA 19087

**ABC Company**  
**RETAIN FOR TAX PURPOSES**  
**EXPLANATION OF BENEFITS**  
**THIS IS NOT A BILL**  
Contact us:  
Providers: XXX-XXX-XXXX  
Imagine360.com  
Members: XXX-XXX-XXXX  
**Group #:** S123456  
**Date:** 05/13/2024  
**Employee:** JOE SMITH  
**Patient:** MARY SMITH  
**Member ID:** 123456789  
**Document #:** 16123456789  
**Patient ID:** NAHA1234  
**EOB#:** 2012345-939

**Forwarding Service Requested**  
000720-001081-000001-001081 2009660 3472CK02\_1  
**JOE SMITH**  
1234 W ANY STREET  
ANY TOWN, US 12345-6789

**2**

Provider/ Nature of Service	Dates of Service From To	Charges Submitted	Ineligible	Code **	Discount	Copay	Deductible	% Plan Pays	Benefit Payable
COMMUNITY HOSPITAL OP SURGERY HOSP	02/16/24 02/17/24	\$52759.01	\$40305.75	1				80% 100%	\$3344.92 \$8272.11
<b>AMOUNTS</b>		\$52759.01	\$40305.75						\$11617.03

The percentage(s) payable or any patient deductible(s) or co-pays(s) has been applied in accordance with the schedule of benefits in the Summary Plan Description.

**\*\*EXPLANATION OF CODE\*\***

1-882-882-THESE CHARGES EXCEED THE PLAN'S ALLOWABLE CLAIM LIMITS; THEREFORE, THE CHARGES HAVE BEEN DENIED AS STATED IN THE EXCLUSIVE AND LIMITATIONS IN YOUR SUMMARY PLAN DESCRIPTION. APPEAL RIGHTS UNDER THIS PLAN ALSO APPLY TO PROVIDERS OF SERVICE.

SEE BACK FOR APPEAL PROCESS

**SUMMARY OF SUBMITTED CHARGES**

TOTAL SUBMITTED CHARGES	\$52759.01
TOTAL BENEFITS PAID	\$11617.03
TOTAL DISCOUNT	
OTHER INSURANCE CARRIER PAYMENT	

**PATIENT RESPONSIBILITY**

INELIGIBLE CHARGES	\$40305.75
PATIENT'S DEDUCTIBLE	
PATIENT'S COPAY	
PATIENT'S COINSURANCE	\$836.23
<b>TOTAL DUE TO PROVIDER BY MEMBER</b>	<b>\$836.23</b>

**YEAR TO DATE ACCUMULATORS**

THE PATIENT'S 2025 MEDICAL DEDUCTIBLE SATISFIED IS \$1,000.00

THE 2025 FAMILY MEDICAL DEDUCTIBLE SATISFIED IS \$1,000.00

1. Basic information about the claim, including the patient ID and the EOB number.
2. An overview of services rendered, dates of services, charges submitted and how plan benefits were applied.
3. Explanation of the codes used when applying benefits. This box may also include comments regarding your claim. Read this section to see if you need to take any action.
4. Lists the ineligible charges, any amounts applied to the deductible, as well as the copay and coinsurance amounts. The "total due to provider" is the amount you owe.

Compare this amount to any bill you get from your provider. If they don't match, call the member number on your Benefits ID card.

If you're ever billed for more than the amount due listed on your EOB, or have a question about a bill, call us right away at the member number on your Benefits ID card.

24/7 access to your health benefits: [miBenefits.imagine360.com](https://miBenefits.imagine360.com)

We're here to help. Call the number on your Benefits ID card.  
Mon - Thurs: 7 a.m. - 9 p.m. CT | Fri: 7 a.m. - 7 p.m. CT



# Flexible Savings Account

## Introduction

City of Ennis provides all eligible employees with the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax funds through the Flexible Spending Account. You can save approximately 25% of each dollar spent on these expenses when you participate in the FSA.

## Medical Expense FSA

Out of pocket medical, dental and vision care expenses can be made with pre-tax dollars up to a maximum of **\$3,300** per plan year. You can contribute to this account even if you do not participate in the medical, dental or vision benefit plans.

## Dependent Care FSA

Dependent care expense can be made with pre-tax dollars up to a maximum of **\$5,000** per plan year; **\$2,500** if married and filing separately. Examples of dependent care expenses include the costs associated with an individual providing care either in or out of your home or nursery schools and preschool (excluding Kindergarten) for children under age 13 or caring for elders.

## What is the Wex Claim Card?

With the Wex Claim Card you can pay at the point of services for your medical and dependent care expenses. Use the Wex Claim Card to eliminate the need to submit your claim by paper, fax or the website. You will continue to use the same WEX card as long as you continue your FSA participation for the new plan year.

## Where can the Wex Claim Card be used?

Use the Wex Claim Card for eligible medical expenses at doctor and dentists offices, pharmacies and vision service locations. Your Wex Claim Card can also be used for eligible dependent daycare expenses, based on the funds available for those benefits as defined by your plan. If a business does not accept the Wex Claim Card, submit your request online, by mail or fax your request to the address on the Reimbursement Form.

## What are the rules for the Flexible Spending Account?

Be sure to choose your annual election amount carefully as you cannot change your election during the plan year, unless you have a qualified change in status, such as:

- Marriage
- Birth or Adoption
- Death
- Employment status change for employee or spouse (Please refer to the Summary Plan Description for details of qualified change in status)

## Carryover balance

A participant in the Health Flexible Spending Account may roll over up to **\$660** of unused amounts in the FSA remaining at the end of one Plan Year to the immediately following Plan Year. Amounts in excess of **\$660** will be **forfeited**.

## Reminder:

Dependents do not have to be covered on the group medical, dental or vision plans for their expenses to be reimbursable under the Flexible Spending Account. You must retain records and documentation that support and validate your Flex System Claim Card transactions. In some cases, you may be required to submit receipt and/or all other related claim documentation to substantiate a claim. If you fail to comply, payment may be denied and/or your card may be suspended.





# Flexible Spending Account

Take advantage of intelligent, seamless, and user-friendly FSAs from WEX.

## What is a Flexible Spending Account (FSA)?

A flexible spending account (FSA) helps participants save on out-of-pocket qualified medical, dental, and vision expenses, or qualified dependent care expenses.



### Medical FSA

A medical FSA covers general-purpose health expenses and can be used for qualified expenses such as prescription drugs, insurance copayments and deductibles, and medical devices.



### Dependent Care FSA

A dependent care FSA helps participants save money on eligible dependent care services, such as child (up to age 13) or adult daycare, before or after school programs, summer day camp, and more!



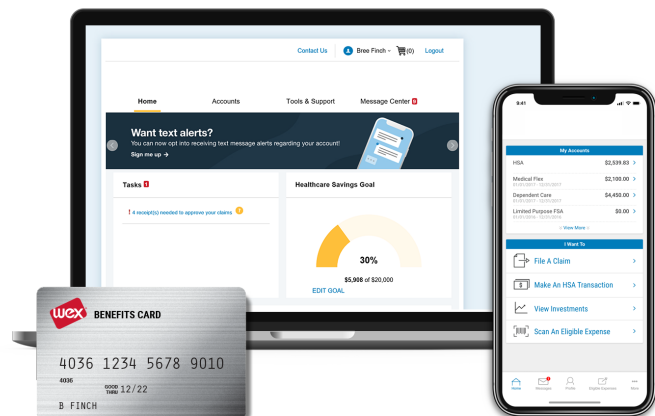
## WEX debit card

The FSA debit card can pull from the right account (at the right percentage) based on their purchase. Plus, participants can even add their debit card to their mobile wallet to take advantage of contactless payment options.

## WEX mobile app to access their benefits on-the-go.

We manage almost all aspects of our lives from the palms of our hands. The WEX benefits mobile app was built with that in mind, and includes a consistent, simple, and modern experience. And when you're using a desktop, you can expect the same user-friendly experience.

Please use the QR code below to access the benefits online portal:





**Below is a partial list of reimbursable expenses that may be incurred by you, your spouse, or qualified dependents.**

## **Eligible Medical Expenses**

- Acupuncture
- Artificial limbs
- Bandages & dressings
- Birth control, contraceptive devices
- Birthing classes/Lamaze – only the mother's portion (not the coach/spouse) and the class must be only for birthing instruction, not child rearing
- Blood pressure monitor
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductibles & co-insurance
- Diabetic care & supplies
- Eye exams
- Eyeglasses, contacts, or safety glasses (prescription)
- First aid kits & supplies
- Flu shots
- Hearing aids & hearing aid batteries
- Heating pad
- Incontinence supplies
- Infertility treatments
- Insulin
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery; LASIK
- Legal sterilization
- Medical supplies to treat an injury or illness
- Mileage to and from doctor appointments
- Optometrist's or ophthalmologist's fees
- Orthopedic inserts
- Physical exams
- Physical therapy (as medical treatment)
- Physician's fee and hospital services
- Pregnancy test
- Prescription drugs and medications
- Psychotherapy, psychiatric and psychological service
- Sales tax on eligible expenses
- Sleep apnea services/products (as prescribed)
- Smoking cessation programs & deterrents (gum, patch)
- Treatment for alcoholism or drug dependency
- Vaccinations
- X-ray fees

For more information regarding eligible expenses, please review IRS Publication 502/503 at [irs.gov](https://www.irs.gov) or ask your employer for a copy of your Summary Plan Description (SPD).

## **Eligible OTC Medicines and Drugs**

**Over-the-counter (OTC) medicines and drugs are now reimbursable via FSA, HRA, and HSA without a prescription or physician's note if purchased on or after 01/01/2020.**

Eligible OTC products include items that are for medical care and are primarily for a medical purpose, and are compliant with federal tax rules under IRS Code Section 213(d).

- Allergy, cough, cold, flu & sinus medications
- Anti-diarrheals, anti-gas medications & digestive aids
- Canker/cold sore relievers & lip care
- Family planning items (contraceptives, pregnancy tests, etc.)
- Feminine care products (tampons, pads, etc.)
- Foot care (corn/wart medication, antifungal treatments, etc.)
- Hemorrhoid creams & treatments
- Hydrogen peroxide & rubbing alcohol
- Itch relief (calamine lotion, Cortizone cream, etc.)
- Nasal spray
- Oral care (denture cream, pain reliever, teething gel, etc.)
- Pain relievers - internal/external (Tylenol, Advil, Bengay, etc.)
- Skin care (sunscreen w/SPF15+, acne medication, etc.)
- Sleep aids & stimulants (nasal strips, etc.)
- Stomach & nausea remedies (antacids, Dramamine, etc.)
- Wound Treatments/Washes (Hydrogen Peroxide, Iodine)

## **Eligible Dental Expenses**

- Braces and orthodontic services
- Cleanings
- Crowns
- Deductibles, co-insurance
- Dental implants
- Dentures, adhesives
- Fillings

## **Eligible Dependent Care Expenses**

- Fees for licensed day care or adult care facilities
- Before and after school care programs for dependents under age 13
- Amounts paid for services (including babysitters or nursery school) provided in or outside of your home
- Nanny expenses attributed to dependent care
- Nursery school (preschool) fees
- Summer Day Camp – primary purpose must be custodial care and not educational in nature
- Late pick-up fees
- Does not cover medical costs; use Healthcare FSA for medical expenses incurred by you or your dependents

# THIS IS BEXA

It's a breast exam that's quick,  
painless, accurate, and it  
doesn't use radiation.

## THE BEXA BREAST EXAM IS NOT A MAMMOGRAM.

It is a new form of early detection that is effective and designed to be relaxing and comfortable. Bexa is an FDA-cleared, handheld device that is lightly moved across the surface of the breast to detect abnormal breast tissue.

Our highly trained, female examiners conduct every Exam onsite at the employer's location and the complete Exam takes about 30 minutes, including reviewing the results.



CLICK or SCAN THE  
CODE TO LEARN MORE!



## How Is The Bexa Experience Different?

- PAINLESS • QUICK
- NO RADIATION
- CONVENIENT
- IMMEDIATE RESULTS
- ACCURATE



# Dental Plan Highlights

## Renaissance | Dental

### Plan Explanation

Inspection and early detection of dental conditions are key elements to having a healthy smile! The City of Ennis dental insurance entitles all eligible employees and their dependents to specific dental benefits. These benefits are offered through Renaissance. You may access Renaissance PPO Network providers by visiting the following website at [MyRenProviders.com](http://MyRenProviders.com)

DEDUCTIBLE	IN-NETWORK	OUT-OF-NETWORK
Single	\$50	\$50
Family	\$150	\$150
MAXIMUM THE CARRIER WILL PAY		
Annual Maximum	\$2,000	\$2,000
DENTAL COVERAGE		
Cleanings	0%	0% of U&C
Exams	0%	0% of U&C
X-Rays	0%	0% of U&C
Sealants	0%	0% of U&C
Fillings	20%	20% of U&C
Simple Extractions	20%	20% of U&C
Endodontics	20%	20% of U&C
Periodontics	20%	20% of U&C
Crowns	50%	50% of U&C
Bridges	50%	50% of U&C
Implants	50%	50% of U&C
Dentures	50%	50% of U&C
Complex Extractions	50%	50% of U&C
Orthodontia	50%	50% of U&C
Orthodontia Lifetime Maximum	\$1,000	
Orthodontia Maximum Age	Up to age 19	
OUT OF NETWORK EXPLANATION		
	The out-of-network percentage of benefits is based on the schedule of usual and customary (U&C) fees in the geographic area in which the expenses are incurred.	
PLAN INFORMATION		
Network Name	Renaissance PPO	
Group Number	236225	
PREMIUM PER EMPLOYEE PAYCHECK		
Employee Only	\$3.79	
Employee + Spouse	\$7.66	
Employee + Child(ren)	\$10.05	
Family	\$13.95	



### Disclaimer

This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your summary of benefits.

## YOUR RENAISSANCE

# Dental Coverage

As a member of our family, you have access to quality ancillary benefits backed by exceptional customer service. Oral and overall health are connected, and we provide dental coverage with unique benefits so that you and your family can enjoy the benefits of better overall health. Plus, our online portals and resources provide you with 24/7 access to your information, backed by our Indianapolis-based customer service team to give you everything you need to manage your benefits. If you ever have questions about your benefits, refer to this brochure, call our Customer Service Department at **800-894-4532**, or visit us online at **RenaissanceBenefits.com**.



### RENAISSANCE COVERAGE

You have the freedom to visit any licensed dentist. Plus, you have access to a national network of preferred providers\* who have agreed to accept lower rates as full payment for covered services. Advantages to choosing an in-network provider include:

- **NO PAPERWORK** Your dentist fills out all forms and files claims for you.
- **NO EXTRA CHARGES** You only have to pay your deductible and/or your co-insurance charges for covered services.
- **NO BALANCE BILLING** for covered services means you'll never pay more than the allowed fees.
- **NO PAYING FULL PRICE** You won't have to pay full price for your dental visits OR wait for reimbursement.

### THERE ARE A FEW SIMPLE, CONVENIENT WAYS TO FIND AN IN-NETWORK DENTIST:

Simply visit **MyRenProviders.com** or call **800-894-4532** to find an in-network provider. When contacting a dental office, it's important to refer to the following Renaissance network partners that a dental office will likely recognize:

#### NATIONAL NETWORK PARTNERS



#### REGIONAL NETWORK PARTNERS



### RENAISSANCE ONLINE PORTALS

You have secure, 24/7 access to your personal benefit information. You can use the **MyRenBenefitsManager.com** portal to:

- Check eligibility and current benefit information
- Print an ID Card and/or an "Explanation of Benefits"
- Review current and past claims

Simply go online to **MyRenBenefitsManager.com** and have your member ID and group policy number available so you can register.

### WHAT IS COVERED BY MY PLAN?

Your plan was developed in conjunction with your employer or plan sponsor. Please refer to your summary of dental plan benefits for a detailed description of your benefits. You can log in to **MyRenBenefitsManager.com** to review your coverage.

### DO I NEED AN ID CARD?

Yes! Your ID card provides helpful information for your dentist. First, the ID card includes the networks that have partnered with Renaissance. By providing your ID card to your dental office, the dental office will have the information they need to provide a seamless, satisfactory benefits experience.

### HOW CAN A DENTAL OFFICE VERIFY MY ELIGIBILITY?

Your dentist can verify your eligibility anytime by calling Renaissance Customer Service at: **800-894-4532**.





# Vision Plan Highlights

## Renaissance | Vision

### Plan Explanation

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

The City of Ennis vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses. Benefits are offered through Renaissance. You may access **VSP** providers on their website at [MyRenProviders.com](http://MyRenProviders.com)

VISION COVERAGE	IN-NETWORK	OUT-OF-NETWORK
Eye Exam	\$10	Up to \$45
Single Vision Lens	\$10	Up to \$30
Lined Bi-Focal Lens	\$10	Up to \$50
Lined Tri-Focal Lens	\$10	Up to \$65
Lenticular Lens	\$10	Up to \$100
Contact Lens Allowance	\$150	Up to \$105
Frame Allowance	\$150	Up to \$70
FREQUENCIES		
Exam Frequency	Every 12 months*	
Lens Frequency	Every 12 months*	
Frame Frequency	Every 24 months*	
LASER VISION CORRECTION		
	Discounts available averaging 15% off regular price or 5% off the promotional offer including LASIK or PRK	
PLAN INFORMATION		
Network Name	VSP	
Group Number	236225	
PREMIUM PER EMPLOYEE PAYCHECK		
Employee Only	\$0.63	
Employee + Spouse	\$1.20	
Employee + Child(ren)	\$1.27	
Family	\$1.86	

While you will receive a reimbursement when you go out of network, the out of network provider may not file the claim for you.

\*Allowance is one time use each 12 months or 24 months for frames. Be sure to use 100% of benefit at one time.

### Disclaimer

This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your summary of benefits.

## YOUR RENAISSANCE

# Vision Coverage

Renaissance Vision Coverage—administered by VSP® Vision Care—boasts the largest national network of independent doctors with more than 39,000 doctors nationwide.\* VSP network doctors also deliver personalized care and the best choices in eyewear—all at the lowest out-of-pocket costs. If you ever have questions about your benefits, just refer to this flyer, call Renaissance Customer Service at **800-894-4532** or visit us at [RenaissanceBenefits.com](https://RenaissanceBenefits.com).



### ENJOY A WIDE VARIETY OF BENEFITS

With Renaissance Vision Coverage you will enjoy a wide variety of benefits that ensure your eyes get the protection they need, including:

- **GLASSES:** Prescription glasses coverage.
- **FRAMES & CONTACTS:** Allowance and additional discounts if you spend over the given allowance.
- **EXTRA MONEY:** Save money on frames, lens enhancements, sunglasses, contacts and laser vision correction.
- **EXTRA BENEFITS:** Most VSP network doctors have evening and weekend appointments, as well as offer a wide selection of frame brands and contact lenses.

### CERTIFIED CARE

When it comes to your health, you deserve the best care. That's why VSP only partners with highly credentialed eye care professionals—so you'll receive quality care for all your vision needs.

- **ABO CERTIFIED:** Optometrists are Therapeutic Pharmaceutical Agent (TPA) certified and Ophthalmologists are American Board of Ophthalmology (ABO) certified.
- **Excellent Standards:** The process VSP uses for credentialing complies with the National Committee for Quality Assurance (NCQA) standards.

### NATIONAL NETWORK

With the largest national network of independent doctors VSP boasts more than 39,000 doctors nationwide.\*

#### • IN-NETWORK PROVIDERS:

There are no claim forms to complete when you see a VSP network doctor. At your appointment, just tell them your coverage utilizes the VSP network.

#### • OUT-OF-NETWORK PROVIDERS:

Not all Vision plans administered by VSP provide out-of-network benefit coverage. To see what your plan offers for out-of-network coverage please visit [vsp.com](https://vsp.com) and go to the "Benefits & Claims" section.

### HOW CAN A VSP NETWORK DOCTOR OFFICE VERIFY MY ELIGIBILITY?

Providers can log in at [vsp.com](https://vsp.com) for benefit information or call Customer Service at **800-877-7195**.

If your plan allows you to see an out-of-network provider, your coverage will be lower and you'll likely have higher out-of-pocket costs. You'll also need to submit a claim to VSP for reimbursement.

#### • SUBMITTING AN OUT-OF-NETWORK CLAIM:

Simply visit [vsp.com](https://vsp.com) and go to the "Benefits & Claims" section. You can submit a claim online or download a form and follow the directions to submit by mail.

\* VSP Internal Data, 2020. VSP is a registered trademark of Vision Service Plan.

Underwritten by Renaissance Life & Health Insurance Company of America, Indianapolis, IN, and in New York by Renaissance Life & Health Insurance Company of New York, Binghamton, NY. Both companies can be reached at P.O. Box 1596, Indianapolis, IN 46206.

## Renaissance | Company Paid Basic Life and AD&amp;D

### Basic Life Insurance:

\*Age Reduction Formula: 65% reduction at age 65  
50% reduction at age 70

In addition to your Basic Life benefit, Basic Accidental Death & Dismemberment benefits are payable to your beneficiary, if you are deceased within 365 days after a covered accident and the cause of death can be attributed to the covered accident. Your AD&D benefit is equal to your Basic Life benefit amount. AD&D benefits are payable to you if you suffer a loss that is covered under the plan. The loss must have occurred within 365 days of the covered accident.

\*Reduction of benefits



This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your summary of benefits.



# Voluntary Life and AD&D Highlights

## Renaissance | Voluntary Life and AD&D

### Plan Explanation

If you want a greater level of protection, City of Ennis provides you with the opportunity to elect Voluntary Life Insurance on yourself as well as your family.

**Please Note:** Employees electing Voluntary Life will also have the opportunity to elect coverage on their spouse and/or child(ren). Spouse's Voluntary Life election cannot exceed 100% of the employee's Voluntary Life election.

**IMPORTANT:** Employees and dependents can elect coverage up to the guarantee issued amount without having to provide Evidence of Insurability, as long as the coverage is elected within 30 days of the employee's initial eligibility date. At annual Open Enrollment, employees and dependents who are currently enrolled in Voluntary Life may increase coverage by 1 times their annual salary, provided the total amount of insurance does not exceed the maximum benefit amount. Evidence of Insurability is required if you enroll for coverage over the guarantee issue amount or if you are electing coverage more than 30 days after your initial eligibility date. Go online to complete your Evidence of Insurability here: <https://www.employeenavigator.com/benefits/Company/DocumentLibrary/> or contact human resources.

### VOLUNTARY LIFE INSURANCE COVERAGE

Employee Life Insurance Coverage	<ul style="list-style-type: none"> <li>- In increments of .5k, 1X, 1.5X, 2X, 2.5X or 3X basic annual earnings</li> <li>- To a maximum of \$150,000 or 3X your salary, whichever is less</li> <li>- With a guarantee issue amount of \$150,000 or 3X your salary, whichever is less</li> </ul>
Spouse Life Insurance Coverage	<ul style="list-style-type: none"> <li>- In increments of \$5,000</li> <li>- To a maximum of \$35,000 or 100% Employee election, whichever is less</li> <li>- With a guarantee issue amount of \$35,000</li> </ul>
Child(ren) Life Insurance Coverage	<ul style="list-style-type: none"> <li>- In increments of \$2,500</li> <li>- To a maximum of \$10,000</li> <li>- With a guarantee issue amount of \$10,000</li> </ul>



### Disclaimer

This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your summary of benefits.

### Voluntary Life and AD&D Age-Banded Rates

*EMPLOYEE LIFE AND AD&D PREMIUMS:										
AGE	Age <34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75+
Monthly Premium per \$1,000	\$.144	\$.174	\$.234	\$.334	\$.484	\$.874	\$1.414	\$2.104	\$2.455	\$4.314
*SPOUSE LIFE AND AD&D PREMIUMS:										
AGE	Age <34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75+
Monthly Premium per \$1,000	\$.144	\$.174	\$.234	\$.334	\$.484	\$.874	\$1.414	\$2.104	\$2.455	\$4.314

CHILD LIFE AND AD&D PREMIUMS: .248 per \$1,000

\*If you are age 65 or older: The benefit amounts will reduce 65% at age 65; 40% at age 70; 25% at age 75.

\*\*Employee and spouse rates: Are calculated based on the employee's current age as of the effective date of the plan. Employee and Spouse rates are adjusted once each year on the plan anniversary date for employees advancing to the next age band. Spouse coverage terminates when the employee attains age 70.



# Voluntary Short Term Disability Highlights

Renaissance | Voluntary STD

## Plan Explanation

Short Term Disability (STD) provides the protection you need to ensure your way of life is protected in case you become disabled from an accident or sickness and to help protect one of your most valuable assets, the ability to earn an income. If you're temporarily disabled and can't work for a short amount of time, you can rely on short-term disability insurance to replace a portion of your weekly income.

You are considered disabled and eligible for short term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment, are complying with the requirements of the treatment, and you are unable to earn more than 80% of your pre-disability earnings at your own occupation.

**You must complete an Evidence of Insurability Form with Renaissance if you are enrolling more than 31 days after your eligibility date or making changes.**

## VOLUNTARY SHORT TERM DISABILITY BENEFIT

Elimination Period for Accident	Benefits start on the 31st day
Elimination Period for Sickness	Benefits start on the 31st day
Weekly Benefit Percentage	60% of your weekly earnings
Maximum Weekly Benefit	Up to \$1,000
Maximum Benefit Duration	22 Weeks
Preexisting Conditions	3/12; there is a 3 month look-back from effective date and a 12 month waiting period on pre-existing conditions

## Voluntary STD Composite Rate

The monthly composite rate (per \$10 of weekly benefit) is **\$0.241**. Please refer to the table below to determine the cost.

Voluntary STD Rate Example	
Example Weekly Earnings	\$500
Example Weekly Benefit (60% of weekly earnings)	\$300
Weekly Benefit Divided by 10	\$30
Multiplied by rate (see rate table above)	X <b>\$0.241</b>
=	
Example Monthly Cost	\$7.23
To determine the Semi Monthly Premium — Enter the Monthly Cost times 12 then divide by 24.	
Example Cost/Semi Monthly Pay Period	\$3.62



## Disclaimer

This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your summary of benefits.

# Voluntary Long Term Disability Highlights

Renaissance | Voluntary LTD

## Plan Explanation

Long Term Disability (LTD) provides the protection you need to ensure that your way of life is protected in case of a serious injury or illness. Like Short Term Disability, you can rely on this insurance to replace a portion of your income. The following is a summary of the LTD disability benefits offered through Renaissance for full time eligible employees, working 30 hours or more per week and who are actively at work on the effective date of coverage.

**You must complete an Evidence of Insurability Form with Renaissance if you are enrolling more than 31 days after your eligibility date or making changes.**

## VOLUNTARY LONG TERM DISABILITY BENEFITS

Basic Benefit	60% of Salary
Maximum Benefit	\$7,500 Monthly
Elimination Period	180 Days
Benefit Duration	Age 65 or SSNRA (Social Security Normal Retirement Age)
Pre-Existing Conditions	12/12; There is a 12 month look back from effective date and a 12 month waiting period on pre-existing conditions

## Voluntary LTD Age-Banded Rates

Please refer to the table below.

AGE	Under 24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	\$0.112	\$0.129	\$0.178	\$0.271	\$0.426	\$0.619	\$0.828	\$0.988	\$1.037	\$1.041	\$1.166

The following example is based on Age 40-44 employee earning \$2,000 per month. The monthly benefit will be 60% of your monthly earnings to a maximum of \$7,500 per month.

*Rates are calculated based on the employee's current age on the effective date of the plan.*

Voluntary LTD Rate Example	
Example Monthly Salary	\$2,000
Divided by 100	20
Multiplied by rate (see rate table above)	X \$0.426
=	
Example Monthly Cost	\$8.52
To determine the Semi Monthly Premium – Enter the Monthly Cost times 12 then divide by 24.	
Example Cost/Semi Monthly Pay Period	\$4.26

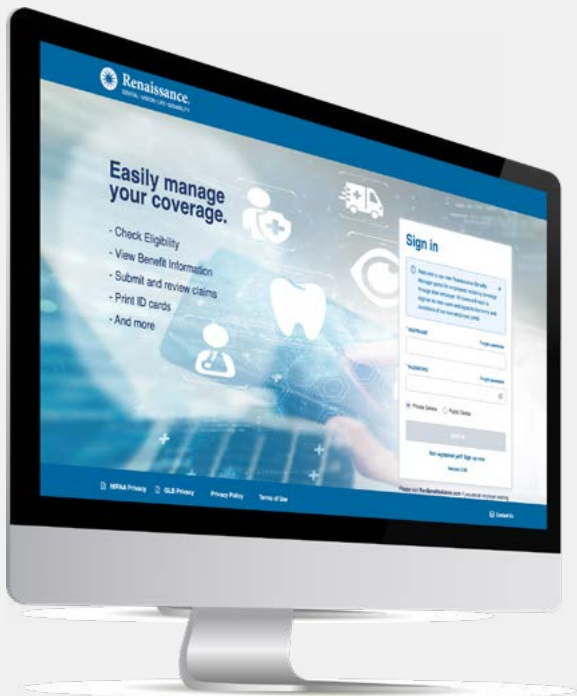


## Disclaimer

This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your summary of benefits.



## RENAISSANCE MEMBER *Online Portals*



### *MyRenBenefitsManager:*

For employees who are part of an employer-sponsored plan, *MyRenBenefitsManager* makes it easy to view and manage your benefits information.

#### MYRENBENEFITSMANAGER FEATURES:



**Review Coverage:** View your profile, review coverage and access certificate information.



**Real-Time Benefit Information:** See your coverage levels, deductible information, and remaining annual maximum amount.



**Claims:** View claims transactions and payments. Submit life and disability claims with access to claims status updates, including claim examiner notes.



**ID Cards:** View, download and print your ID card.



**Provider Search:** Access to our provider search tool to find the right provider in your area.

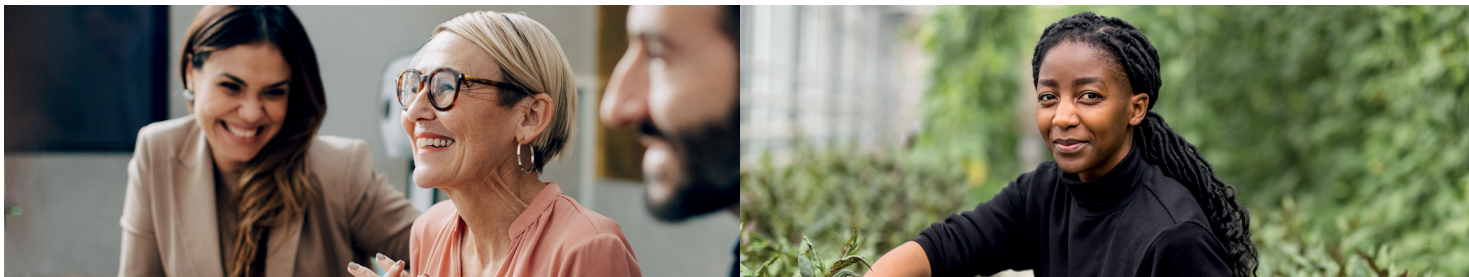
Login or Register Today!  
**MyRenBenefitsManager.com**



# Better protect your family by taking advantage of these benefits

Available to you during open enrollment

**FOR ELIGIBLE EMPLOYEES OF  
CITY OF ENNIS**

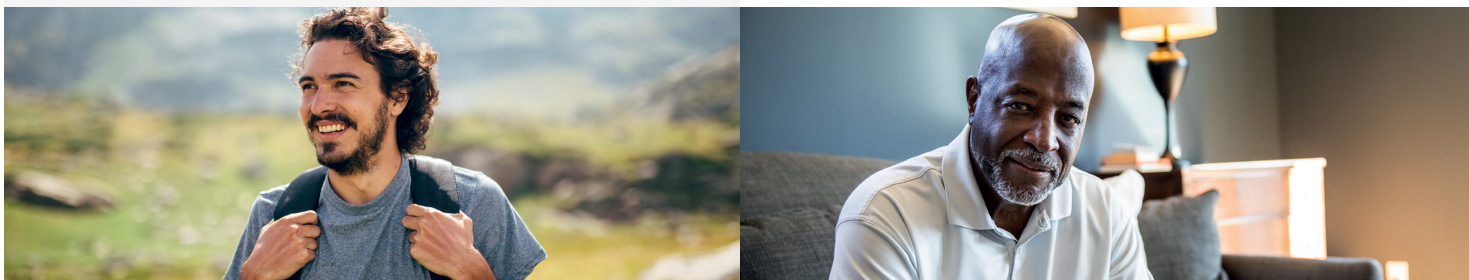


## LifeTime Benefit Term

Get protection for life with financial benefits for your family at the time of your death and the option for living benefits that can be used for home health care, assisted living, nursing home care and more. Plus, guaranteed premiums so your base life premium stays the same, even at retirement.

## Hospital Cash

Coverage is designed to help with the financial exposure of hospitalization by providing cash that can be used towards the out-of-pocket costs associated with hospital admission and confinement. This includes all covered family members and pre-existing conditions (except maternity).



## Accident

Chubb's Accident solution provides a daily cash benefit that can be used for ER visits, hospitalizations, doctor's visits, rehabilitation therapy, telemedicine service and more — we even have sports-specific coverage options that pay 25% more for injuries resulting from organized sports.

## Critical Illness

The last thing you should worry about after being diagnosed with a critical illness such as cancer, stroke, heart attack, kidney failure or brain tumor is money. With Chubb's Critical Illness plan, we combine cash payments and our mortgage and rent helper with advocacy and wellness services.



## Cancer Advocate Plus

CHUBB®

Genetic Insurance That Lasts a Lifetime

# Customizing Cancer Care – One Employee at a Time



### Choose Chubb - Custom Solutions for Today's Employees

---

Chubb has partnered with healthŌme to introduce the first-of-its-kind, genomics-based insurance, designed to help save lives. This coverage offers unique cancer prevention, treatment management, and recovery support in addition to cash benefits.

Cancer Advocate Plus is a personal, precise, proactive, and confidential solution for employees to manage their health.

### Innovation That Helps Save Lives

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Cancer Advocate Plus goes beyond what you expect from supplemental health insurance, combining financial protection and cancer care.

healthŌme's Genetic Cancer Screening helps you determine your inherited risk for cancer and Pharmacogenomic Testing allows you to understand your response to medications based on your own DNA.

In addition to testing and counseling, Cancer Advocate Plus provides access to a dedicated **Oncology Nurse Advocate** to coordinate **Clinical Trial Enrollment**, **Expert Medical Review**, and much more.

powered by  
healthŌme



# Understanding Cancer Advocate Plus

With Chubb, you can help your clients protect their employees with Cancer Advocate Plus, genetic insurance that lasts a lifetime - offering personal and precise cancer care based on an individual's DNA - customizing insurance one employee at a time.

## All Cancer Is a Result of Genetic Alteration

### How Do People Get Cancer?

People get cancer by inheriting cancer-causing genetic mutations and/or acquiring mutations that lead to changes in DNA.<sup>1</sup>

### What's One of the Best Ways to Treat Cancer?

One of the best ways is by identifying cancer-causing mutations and pairing the specific cancer mutations with the latest precision treatments.<sup>2</sup>

It takes

**17 years**

for new cancer insights to reach most doctors.<sup>3</sup>

**Why wait?**

## How Does Cancer Advocate Plus Work?

### Proactive Cancer Screening

#### Heritable Cancer Risk Screening

If an employee understands the changes in their genes known to increase the risk of cancer, they can better manage their risk and seek a diagnosis early.

#### Pharmacogenomic Testing (PGx)

PGx indicates how employees will respond to medications and identifies optimal drugs and dosages to avoid adverse reactions and medical trial and error.

#### Genetic Counseling & Action Plan

Genetic Counselors explain results and empower employees to take control of their health.

### Cancer Management

#### Oncology Nurse Advocates

Explain the diagnosis, advocate on employee's behalf and partner with doctors to act on genetic information.

#### Expert Medical Review

A review of relevant medical records and genetic test results by cancer experts.

#### Genetic Tumor Testing

Molecular diagnostic tests are used to define personalized treatments.

#### Clinical Trial Enrollment

Comprehensive clinical trial search and enrollment support.

#### Precision Treatment Report

Shares actionable insights with the treating physician and grants access to the experts who created it.



## Cancer Advocate Plus Pays Cash Benefits

Payment Upon Diagnosis of Cancer	\$5,000
Recovery Payment (6 Months After Diagnosis)	\$5,000
Recovery Payment (12 Months After Diagnosis)	\$5,000

<b>Total Cash Payment</b>	<b>\$15,000</b>
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Recurrence Options	25% or 50%
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*Cancer diagnosis must be on or after effective date for the benefits to be payable.  
This example is solely to illustrate a situation that can result in benefits payable for a claim.  
It is not based on an actual claim.*

### Cancer Recovery

#### Recurrence Monitoring

Testing designed to identify early signs of recurrent cancer.

### Education & Resources

#### healthōme Portal

A collection of videos and reference materials about genetics and cancer.

# City of Ennis

## Employee Assistance Program (EAP)



Alliance Work Partners is  
here for you as life happens.

AWP is proud to serve as your EAP, offering you and your household valuable, confidential services at no cost to you.

Your benefits are designed to help you manage daily responsibilities, major events, work stresses, or any issue affecting your quality of life.

All benefits can be  
accessed by calling:

toll free

**1-800-343-3822**

TDD

**1-800-448-1823**

teen line

**1-800-334-TEEN (8336)**

We are available to take your call  
24 hours a day, 7 days a week.



Visit your EAP website at  
**awpnow.com**

and create a  
customized account.

Go to

<https://www.awpnow.com>  
Select "Access Your Benefits"

Registration Code:  
**AWP-ENNIS-4005**

## Your EAP Benefits:

### LawAccess

Legal and Financial services provided by a lawyer or financial professional specializing in your area of concern. Available online or by telephone.

### HelpNet

Customized EAP website featuring resources, skill-building tools, online assessments and referrals.

### WorkLife

Resources and referrals for everyday needs. Available by telephone.

### WellCoach

Personalized planning and 1-on-1 support, online or by telephone, to help you improve and maintain your health and well-being.

### SafeRide

Reimbursement for emergency cab fare for eligible employees and dependents that opt to use a cab service instead of driving while impaired.

### 1 to 3 Counseling Sessions

Per problem, per year. Short-term counseling sessions which include assessment, referral, and crisis services.  
*(Same day appointments available for urgent/crisis callers, or facilitation of immediate hospitalization)*

### Newsletters

Webinar Training Series  
Tips for Everyday Living

*Here for you as life happens ...*



### Criteria for Benefits Eligibility

#### Full Benefits:

- Employee, retiree, married/divorced spouse, partner, significant other
- Any household member, regardless of age or relationship, residing in employee's home, including significant other and their children
- All covered employees may bring anyone with them to their authorized/covered sessions regardless of relationship to employee.
- Children and grandchildren, **age 26 or under**, residing in US or Puerto Rico. This includes children and grandchildren of significant other or partner.
- Any person meeting benefit eligibility prior to lay-off or termination of an employee will continue to be eligible for benefits up to 6 months from the date of employee's lay-off or termination. Benefits are extended for 6 months from date of employee's call within this timeframe.

#### Assessment & Referral:

- Children and grandchildren **age 27 and over** of employee, married/divorced spouse, partner, or significant other living outside employee's home
- Employee instructed by law to receive court-ordered counseling
- All crisis cases (suicidal/homicidal, domestic violence, chemical dependence, substance abuse, child/elderly abuse) not otherwise covered
- Any person meeting benefit eligibility prior to lay-off or termination of an employee will continue to be eligible for assessment and referral after 6 months and up to 1 year from the date of employee's lay-off or termination. Benefits are extended 1 year from date of employee's call within this timeframe.

#### Information & Referral:

- Anyone contacting Alliance Work Partners regardless of contract status

Children under the age of 18 must have a written, signed release by their guardian who has custody (whether living in the home or not) to attend counseling on their own. This release is given to their affiliate provider. Divorced parents who bring their children in for counseling must bring a copy of their divorce decree or have signed permission from the other parent before bringing a child into counseling. Grandparents who bring their grandchildren into counseling must have proof of guardianship or written permission from the child's parents.

# Wellness Program Benefit

The City of Ennis is pleased to introduce the 7th year of the City of Ennis Wellness Program through Imagine360!

October 1, 2025 - August 31, 2026

For the 2025-2026 year, this program will focus on health screening targets and continue to provide you with resources to improve your overall health and well-being. The goal for this year will be to make the program requirements attainable for more employees, while providing additional opportunities to earn more incentives throughout the year. Opportunities for premium discounts, wellness checks, and various additional items will be offered.

By participating in wellness activities, you have the opportunity to improve your health one step at a time and get rewarded for it!

More information about the program can be found on the following pages in the 2025-2026 Wellness Program Overview.

If you have any questions regarding the wellness program, please contact your Wellness Coordinator at: **BeWell Line: 800-827-7223** [wellness@imagine360.com](mailto:wellness@imagine360.com)





# City of Ennis Wellness Program

October 1, 2025 – August 31, 2026

The wellness program is available to all employees and spouses on the City of Ennis health plan. Track your activities and find additional health resources on your wellness portal by logging into [mibenefits.imagine360.com](https://mibenefits.imagine360.com).

Wellness Activity	Points	Max Points
Awareness & Self-Care		
Online Wellness Assessment <i>(Required for any Premium Discounts or Wellness Checks)</i>	1	1
Health Screening <i>(Required for any Premium Discounts or Wellness Checks)</i>	1	1
3 out of 5 Health Screening Targets <i>(Required for Premium Discount)</i>	3	3
Tobacco Free Affidavit <i>(Required for Premium Discount)</i>	1	1
Preventive Care Visit	1	3
Telephonic or Email Health Coaching Program (RAS)	4	4
Disease Management Program (RAS)	4	4
Online Health Education Course (RAS)	4	4
Medical Waiver (RAS)	4	4
Wellness Challenges		
Maintain, Don't Gain Challenge	1	1
Find Your 30 Challenge	1	1
Step Up to the Plate Challenge	1	1
Move It! Step Challenge	2	2
Special Events		
Community & Charity Events	1	2
EAP Webinar	1	1
City of Ennis Educational Meetings	1	4
Wellness Webinar	1	1
Wellness Champion	1	2
Total Points Possible		40

## Track Activities Through the Wellness Website

1. Register by visiting [mibenefits.imagine360.com](https://mibenefits.imagine360.com)  
First time users will need to create an account by selecting 'Sign Up Here' and follow the prompts
2. Click the 'Wellness Benefits' under Manage My Health



Questions regarding the City Of Ennis Wellness Program?  
Contact 1-800-882-2109 or [info@mywellportal.com](mailto:info@mywellportal.com)



# City of Ennis

## Wellness Rewards & Requirements

### Wellness Rewards: Medical Covered Employees & Spouses

**Important Note:** Completion of the Wellness Assessment AND Health Screening are required before you can secure any Premium Discounts or Wellness Checks.

Requirements	Deadline	Reward
Wellness Assessment <u>AND</u> Health Screening	<b>March 31, 2026</b>	<b>Required for Any Premium Discounts or Wellness Checks</b>
Meet 3 out of 5 Health Screening Targets <u>OR</u> Complete a Reasonable Alternative	August 31, 2026	<b>\$80 per Month Continued Premium Discount (Effective October 1, 2025)</b>
Complete the Tobacco Affidavit <u>OR</u> Complete a Reasonable Alternative	August 31, 2026	<b>\$80 per Month Continued Premium Discount (Effective October 1, 2025)</b>
Earn 10 Wellness Points	August 31, 2026	<b>\$150 Wellness Check</b>
Complete the Move It! Step Challenge (report 2,000,000 steps)	August 31, 2026	<b>\$250 Wellness Check</b>

Health Screening Targets	
Glucose - Fasting	< 100
High Density Lipids (HDL)	Men > 40 / Women > 50
Triglycerides	< 150
Blood Pressure	≤130 / 85
Waist Circumference	Men < 40 / Women < 35

**New Hires:** New Hires hired after **10/1/2025** will automatically receive the premium discount for October 2025 – September 2026. They will need to complete wellness activities beginning in 2026 to earn premium discounts for October 2026 – September 2027.

*The City of Ennis Wellness Program is voluntary and confidential. The program is committed to helping you achieve your best health. Rewards for participating in the Wellness Program are available to employees and spouses on the health plan. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact [info@mywellportal.com](mailto:info@mywellportal.com) and we will work with you to find a wellness program alternative with the same reward that is right for you in light of your health status.*

**Online Wellness Assessment:** Required for Any Premium Discounts or Wellness Checks. This questionnaire is a powerful online tool for learning more about your health. Access the Online Wellness Assessment from your wellness portal. All personal health information will be stored on a secure internet site and will be kept *confidential*. Credit will be awarded within 2 days upon completion.

**Physician Health Screening (Annual Exam with Lab Work):** Required for Any Premium Discounts or Wellness Checks. Complete the screening with your primary care physician during your Annual Physical Exam visit and use the Physician Screening Form to report your screening. Obtain the Physician Screening Form under the **'Program Documents'** section on the wellness portal. You will receive credit within 30 days of your screening being accepted.

**3 Out of 5 Health Screening Targets:** Required for Premium Discount. Based on your Health Screening results, meet 3 out of 5 recommended ranges. You will be able to determine if you have met your biometric values by viewing your results on the **'Health Status'** section of your wellness portal. **Reasonable Alternative Standard options are available.**

**Tobacco Free Affidavit:** Required for Premium Discount. Non-Tobacco users are required to complete the Tobacco Free Affidavit by **08/31/2026** to receive a premium discount. To complete the affidavit, visit the **'Activities'** tab on the wellness portal. **Reasonable Alternative options are available.**

**Preventive Exams:** Eligible Exams include: Colonoscopy, Mammogram, Hearing Exam, Vision Exam, Skin Exam, Dental Exam, Flu Shot, and other Immunizations. Exams must have a date of service between **09/01/2025 – 08/31/2026**. Self-report your exams online on the **'Activities'** tab of the wellness portal.

**Health Challenges:** Each challenge encourages you to make healthy behaviors a long-term habit. All activity tracking and challenge details can be found on the **'Challenges'** tab.

**Move It! Step Challenge:** A step challenge available **10/01/2025 – 08/31/2026**. Log at least 2,000,000 steps by **08/31/2026** to receive credit. All activity tracking and challenge details can be found on the **'Challenges'** tab.

**Community & Charity Event:** Contribute to the well-being of the community by participating in local community and charity events. Self-report your participation online on the **'Activities'** tab of the wellness portal.

**EAP Webinars:** Attend EAP Webinars offered by AWP. Self-report your completion on the **'Activities'** tab of the wellness portal.

**City of Ennis Educational Meetings:** Attend educational meetings provided throughout the year, such as Open Enrollment Meeting, Wellness Program Launch Meeting, Lunch and Learns, and more. Details will be provided prior to each event/meeting. Sign in or virtually log on to receive credit for attending.

**Wellness Webinars:** Monthly Webinars are live, 30-minute informative sessions on various health topics. All upcoming and archived webinars can be found on the **'Health Tools'** tab. Self-report your participation online on the **'Activities'** tab of the wellness portal.

**Wellness Champion:** An employee that acts as an Ambassador for the Wellness Program by promoting a culture of health improvement. These individuals are expected to actively participate in the Champion meetings throughout the year and will receive credit for their participation.

### Alternative Ways to Meet the Goals

If you are unable to meet the requirement of being Tobacco Free and/or 3 out of 5 Health Screening Targets, **complete one Reasonable Alternative by August 31, 2026**, to earn the same credit.

- **Disease Management Program:** This program helps you manage chronic conditions to stay as healthy as possible with assistance from highly trained coaches, including: nurses, dietitians, and certified diabetes educators. This confidential program offers educational resources to improve your health and achieve your goals. For more information or to enroll, contact the number on your benefits ID card or [mycoach@imagine360.com](mailto:mycoach@imagine360.com). **Participants must complete 4 sessions with their Care Coach.**
- **Telephonic or Email Health Coaching Program:** Health coaches are your partner in your health & wellness journey. In collaboration with your personal health coach you will identify and celebrate your current healthy habits and identify an action plan with opportunities to make improvements to your health. Health Coaching is available in the following focus areas: Physical Activity (Beginning & Advanced), Personalized Nutrition, Sleep Hygiene, Prenatal Wellness, Financial Fitness, Stress Management, Cancer Resistance, Tobacco Cessation, Weight Management, Heart Health, Family Health, Diabetes Education, and General Health. For more information or to enroll, contact **1-800-882-2109** or [coaching@mywellportal.com](mailto:coaching@mywellportal.com). **Participants must complete 4 sessions with their Health Coach by August 31, 2026 and must enroll no later than July 10, 2026.**
- **Online Health Education Courses:** Online Health Education Courses are an interactive online series with education and online resources. These programs are available in the following areas: Stress Management, Tobacco Cessation, Financial Fitness, Nutrition, Family Health, and Physical Activity. To enroll, visit the **'Coaching'** tab on the wellness portal. **Participants must complete at least 6 online sessions.**
- **Medical Waiver:** Required documentation is a completed form from your physician confirming a medical condition or a plan/program to improve and manage your health. All forms are due to the Wellness Coordinator and are subject to review. The Medical Waiver can be found under the **'Program Documents'** section on the wellness portal.





# Health Coaching Overview

## 17 Comprehensive Health Coaching Programs!

### Health and wellness shouldn't be complicated.

Whether you are seeking to improve nutrition, manage stress, enhance fitness, or achieve holistic balance, we have a program tailored just for you. Our expert coaches are here to guide, support, and inspire you every step of the way.

You'll learn the value of positive self-talk, draw from personal challenges and successes, and identify what works best for you ultimately providing a foundation for impactful behavioral changes.

**UFit** Advanced Physical Activity

**UFuel** Personalized Nutrition

**URest** Sleep Hygiene

**UPlusOne** Prenatal Wellness

**UCents** Financial Fitness

**UBalance** Stress Management

**UPrevent** Cancer Resistance

**UBreathe** Tobacco Cessation

**UBody** Weight Management

**UMove** Physical Activity

**UBeat** Heart Health

**U&Yours** Family Health

**UThrive** Diabetes Education

**UControl** General Health

**UCentered** Menopause Coaching

**UAgeWell** Longevity Coaching

**UBoost** Weight Management and Medication Coaching\*

*\*This program is for educational coaching purposes only. Any plan coverage for GLP1's will need to be verified by calling Imagine360 at the number on your Benefit ID Card.*



### How Do I Get Started?

- Call our friendly team at **800.882.2109** and let them know you're ready to prioritize your well-being.
- Reach out to us via email at **[coaching@mywellportal.com](mailto:coaching@mywellportal.com)**. Share a brief introduction about yourself and your wellness aspirations, and our team will promptly respond to assist you in finding the perfect Health Coach match.





# Travel Assistance Program



## Assistance with Emergency Transportation Services

- Emergency Medical Evacuation
- Repatriation of Mortal Remains
- Transportation after Stabilization
- Visit by Family Member/Friend
- Return of Dependent Children
- Return of Traveling Companion

## Assistance with Travel Support Services

- Medical Monitoring
- Hotel Arrangements for Convalescence
- Advance of Emergency Medical Expenses
- Assistance with Replacement Medication, Medical Devices, and Eyeglasses or Corrective Lenses
- Transfer of Insurance Information and Medical Records
- Medical and Dental Search and Referral
- Assistance with Vaccine and Blood Transfers

## Assistance with Personal Assistance Services

- Assistance with Emergency Travel Arrangements
- Pre-Trip Information
- Interpretation/Translation
- Locating Lost or Stolen Items
- Emergency Cash Advance
- Legal Referral/Bail
- Emergency Message Relay

## Your Guide to Safe Travel

**Emergencies happen, help is a phone call away.**

An unexpected illness, tooth ache or lost baggage can ruin a trip. With travel assistance services from Generali Global Assistance (GGA), help is only a phone call away. When a member is traveling away from home, they'll have access to travel, medical, personal and assistance services.

We have a local presence in 200 countries and territories worldwide, and 35 24/7 assistance centers staffed with multilingual assistance coordinators, case managers, and medical and security staff. Generali Global Assistance is here to help obtain the care and attention members need in case of an emergency while traveling.

In the event of a life-threatening emergency, they should call the local emergency authorities first to receive immediate assistance, and then contact Generali Global Assistance.

## For 24/7 assistance, please call

**1-231-338-6614**

(LOCAL/DIRECT NUMBER)

**1-833-960-1152**

(TOLL FREE NUMBER)





This Benefits Enrollment Guide (this “Guide”) is presented by Frost Insurance Agency, Inc. (“FIA”) on behalf of The Plan Sponsor for illustrative and informational purposes only. This Guide does not include all of the details contained in the applicable insurance contracts and plan documents. If there is any discrepancy between this information and the insurance contracts and plan documents, the insurance contracts and plan documents will control. If there are any errors or omissions in this Guide, the Plan Sponsor and FIA reserve the right to correct such errors or omissions. In addition, Plan Sponsor reserves the right to unilaterally amend, change, or terminate the health benefit plans, any underlying contracts or any other programs, at any time and without notice, at its sole discretion, according to the terms of the applicable plans or programs.