



CITY OF ENNIS

PLAN YEAR 2026



EMPLOYEE BENEFITS GUIDE



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Benefit Contacts

CARRIER / VENDOR CONTACTS



Imagine360 - Medical

Group # H870922

800-716-2852

www.imagine360.com

Express Scripts

By EVERNORTH

Express Scripts

RXGRP: GPARX4U / RXBIN: 003858 / RXPCN:A4

855-827-2615

www.express-scripts.com



Renaissance.

DENTAL • VISION • LIFE • DISABILITY

Renaissance

Group # 236225

Dental: (800) 894-4532 / Vision VSP: (800) 877-7195

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

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. Benefits will terminate at the end of the month when the dependent reaches 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 found online at 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.

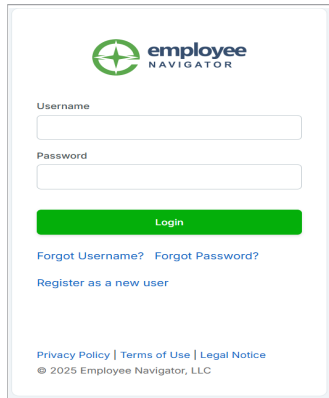
Special Enrollment

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.**

TMRS Beneficiary Designation

Open enrollment is a great time to review and update your beneficiary information. Keeping your designations current helps ensure your benefits are distributed according to your wishes and can prevent delays for your loved ones. Updating your beneficiaries is quick and secure through MyTMRS or by submitting a form at tmrs.com.

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.employeeenavigator.com and click **Login**

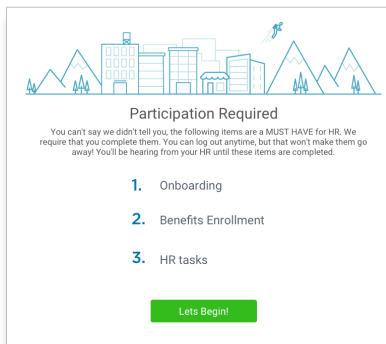
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.
- **Returning users:** Log in with the username and password you selected. Click **Forgot username or Forgot Password**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

If you are using your phone to scan the QR code, tap the three horizontal lines (menu icon) in the upper-right corner of the home page, then select Login.

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

Step 2: Welcome!

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

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

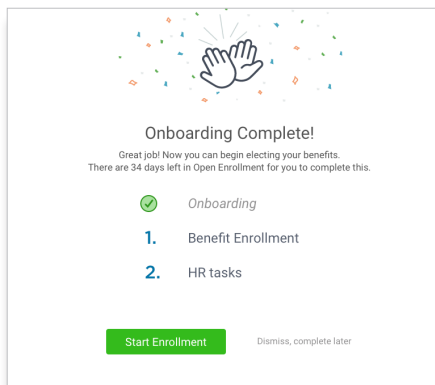
Let's Begin!

Step 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**"



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

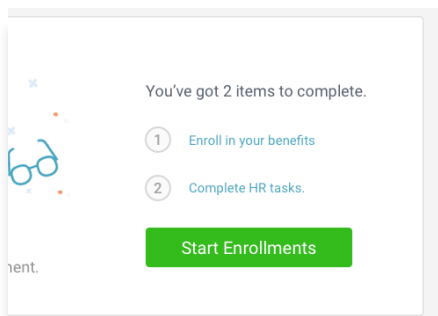
Start Enrollment Dismiss, complete later

Step 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.



You've got 2 items to complete.

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

Start Enrollments

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)

The screenshot shows a benefit election interface. At the top, it displays a plan cost of \$138.46 per pay period, effective on 08/01/18 for an employee. Below this, there's a section titled 'How much will it cost?' with a table showing Plan Cost (\$138.46), Employer Contribution (\$138.46), and My Cost (\$0.00). A 'View employer contributions summary' link is present. At the bottom, there are two buttons: 'Save & Continue' (green) and 'Don't want this benefit?' (blue).

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.

The screenshot shows the 'Enrollment Summary' page. It includes a warning box stating 'Enrollment Not Complete! Please complete the required highlighted steps from your enrollment progress menu.' Below this, there's a section for 'Enrolled Plans' showing a 'Medical' plan. On the right, a progress bar indicates 'Progress 6 of 8' with steps 1 through 8 listed. Step 5, 'Dental', is highlighted in orange, indicating it's incomplete.

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.

The screenshot shows a celebratory screen titled 'High Five! Enrollment Complete!'. It states 'You've only got one more item to complete.' and lists '1. HR Tasks' as the remaining step. There is a green 'Start Tasks' button and a link to '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	\$4.02	\$8.04
Employee + Spouse	\$8.12	\$16.25
Employee + Child(ren)	\$10.65	\$21.31
Employee + Family	\$14.78	\$29.57

Vision Premiums		
	Per Pay Period (semi-monthly)	Monthly
Employee Only	\$0.67	\$1.34
Employee + Spouse	\$1.27	\$2.55
Employee + Child(ren)	\$1.34	\$2.68
Employee + Family	\$1.97	\$3.94

Basic Life and AD&D – Renaissance	\$0.00
Voluntary Life and AD&D – Renaissance	See Age Rated Chart on page 28
Voluntary Short Term Disability – Renaissance	See Age Rated Chart on page 29
Voluntary Long Term Disability – Renaissance	See Age Rated Chart on page 30

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	NON IMAGINE/ENNIS REGIONAL FACILITIES AND NON- PPO PHYSICIANS
Lifetime Maximum	Unlimited		
Plan Year Deductible			
- Per Covered Person	\$0	\$0	\$1,000
- Family Limit*	\$0	\$0	\$3,000
Annual Out-of-Pocket Maximum (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
Inpatient Hospital Services	90%	90%	70% after Deductible	UR Notification required.
Maternity Inpatient Hospital Services	90%	90%	70% after Deductible	Contact UR Company for coordination of care.
Routine Newborn Care Inpatient Hospital Services	90%	90%	70% after Deductible	Payable under covered mother's claim.
Skilled Nursing Facility/Rehabilitation Facility	90%	90%	70% after Deductible	UR Notification required. Limited to 60 days combined per Plan Year.
Hospital Services for Mental/ Nervous Disorders, Chemical Dependency, Drug and Substance Abuse Inpatient/Residential Treatment Facilities	90%	90%	70% after Deductible	UR Notification required.
Hospital Emergency Room - Medical Emergency/Accidental Injury	100% after \$150 Copay; Deductible waived		70% after Deductible	Contact UR Company for coordination of care.
Outpatient Surgical Facility	90%	90%	70% after Deductible	UR Notification required.
Outpatient Therapy/Other Services 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	
Outpatient Diagnostic Services Select Diagnostic Procedures (CT scans, MRIs, PET Scans, etc.)	90%	90%	70% after Deductible	.
All Other Diagnostic Lab/X-ray (Facility only)	100%	100%	70% after Deductible	
Preventive and Wellness Lab and X-ray	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	NON-HEALTHSMART PPO BENEFIT	MAXIMUM BENEFITS, LIMITS & PROVISIONS
Physician Hospital Visits/Surgeon/Anesthesia	90%	90%	70% after Deductible	
Physician Hospital Visit for Mental & Nervous Disorders/ Chemical Dependency, Drug and Substance Abuse	90%	90%	70% after Deductible	
Maternity (Including Prenatal delivery and Postnatal care)	90%	90%	70% after Deductible	Contact UR Company for coordination of care.
Routine Newborn Care (Pediatric care to date of mother's discharge.)	90%	90%	70% after Deductible	
Office Visit (includes Exam, treatment, office surgery)	100% after \$10 Copay PCP/\$30 Copay Specialist	100% after \$10 Copay PCP/\$30 Copay Specialist	70% after Deductible	
Allergy Testing/Serum	100% after \$10 Copay PCP/\$30 Copay Specialist	100% after \$10 Copay PCP/\$30 Copay Specialist	70% after Deductible	
Allergy Injections (without office visit billed)	90%	90%	70% Deductible waived	
Mental/Nervous Disorders and Substance Abuse Office Visits	100% after \$10 Copay PCP/\$30 Copay Specialist	100% after \$10 Copay PCP/\$30 Copay Specialist	70% after Deductible	
Urgent Care Facility Physician Medical Care - Medical Emergency/Accidental Injury	100% after \$25 Copay	100% after \$25 Copay	100% after \$75 Copay Deductible waived	
- Illness not a Medical Emergency	100% after \$25 Copay	100% after \$25 Copay	100% after \$75 Copay Deductible applies	
Recuro	N/A	\$0 Consult Fee		Call 844-715-1724
Chiropractic Services	100% after \$30 Copay	100% after \$30 Copay	70% after Deductible	
Select Diagnostic Medical Procedures CT Scans, MRIs, PET Scans, etc. (Physician's Office or Freestanding Facility)	90%	90%	70% after Deductible	
Diagnostic Lab/X-ray (Freestanding Facility, Independent Lab)	100%	100%	70% after Deductible	

BENEFIT PERCENTAGE FOR:	IMAGINE HEALTH BENEFIT	ENNIS REGIONAL AND HEALTHSMART PPO BENEFIT	NON-HEALTHSMART PPO BENEFIT	MAXIMUM BENEFITS, LIMITS & PROVISIONS
Outpatient Therapy/Other Services 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	
Home Health Services	90%	90%	70% after Deductible	UR Notification Required. Limited to 60 visits per Plan Year.
Inpatient Hospice (Home Hospice)	90%	90%	70% after Deductible	UR Notification required.
Durable Medical Equipment	90%	90%	70% after Deductible	UR Notification required.
Prosthetic Devices and Orthotics	90%	90%	70% after Deductible	
Ambulance Services	90%			Contact UR Company for Coordination of Care
All Other Provider Covered Physician Services	90%	90%	70% after Deductible	

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	LIMITS & PROVISIONS
	ENNIS REGIONAL AND HEALTHSMART PPO BENEFIT		
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

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

Plan limits apply collectively / combined for PPO and Non-PPO Services.

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

New member ID. New benefits site. Same great support.

Imagine360 is here to help you stay healthy – and we’ve made a few changes to make getting care even simpler. Here’s how to stay connected to your benefits.



What’s New

New member ID & benefits ID card

What to Know

Your member ID changed, but your group number stayed the same.

What to Do

Look for your new ID card in the mail. Swap out your old card and bring the new one to every provider visit.

New benefits site: Imagine360 Gateway

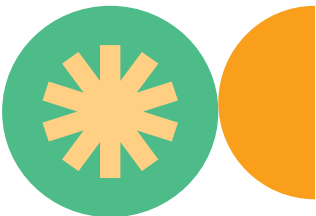
This 24/7 benefits hub has all the tools from miBenefits – plus more.

Go to imagine360.vbagateway.com, click “Register” to create your account, and choose paper or email for plan info. Members 18+ must create their own account but can share access with others.

New mobile app: “Imagine360”

Take your benefits on the go with this powerful but easy-to-use app.

Download “**Imagine360**” on the App/Play store to see your plan information and use smart tools, anytime, anywhere.



From care to claim, we have your back

It’s still hassle-free to get immediate help. **Call the member number on your benefits ID card** for health plan and healthcare questions big or small.

24/7 access to your health benefits: imagine360.vbagateway.com

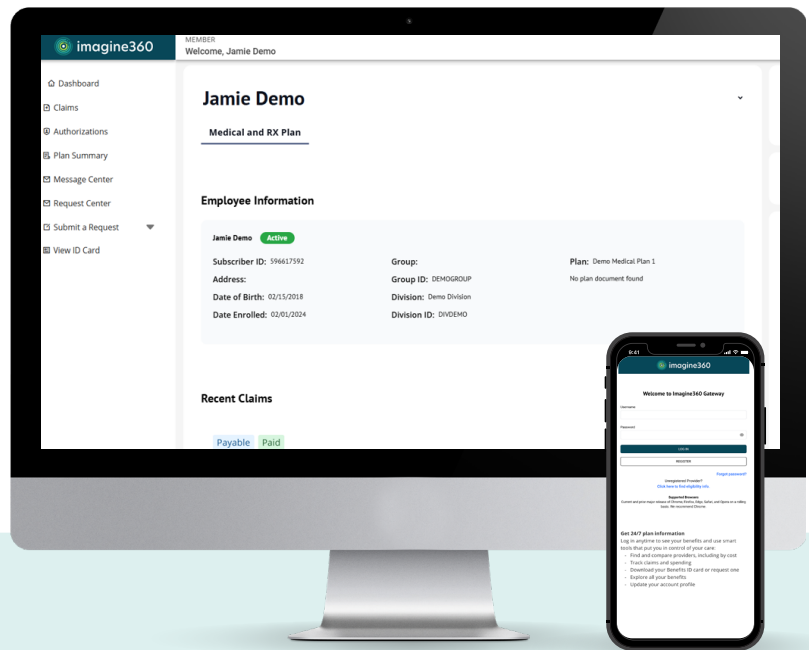
We’re here to help. Call the number on your benefits ID card.
Mon – Thurs: 7 a.m. – 9 p.m. CT | Fri: 7 a.m. – 7 p.m. CT



Imagine360 Gateway

24/7 plan information and tools

- Find and compare providers, including by cost
- Track claims and spending
- Explore all your benefits
- Download or request your benefits ID card



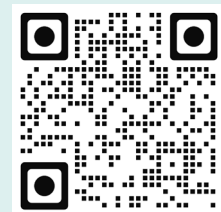
Manage Your Benefits Anytime, Anywhere
Sign up when your plan is live

Register

1. Go to imagine360.vbagateway.com.
2. Click "Register" and select "Member."

Take your benefits on the go

Download the free "Imagine360" app.



**Scan here to register
for Imagine360 Gateway.**

Your Benefits ID Card

When you go to a provider, always bring your card with you.
It has all the health plan information you and your providers need.

SAMPLE FRONT

<Company Logo>

Member:
JOHN SAMPLE
Member ID:
SMPL0001

Dependents:
JANE SAMPLE
JIMMY SAMPLE

PPO XXXX
IN Copays
\$XXX PCP / \$XX Specialist

Group #: XXXXXXXX

Network(s)

RXBIN: XXXXXX
RXPCN: XXX
RXGRP: XXXXXXXX

- Member ID/group number:** Information your provider uses to verify your benefits and submit claims for you and your dependents.
- Provider networks:** The networks included in your plan. You can also see Open Access providers, sometimes called out-of-network. Find providers at imagine360.vbagateway.com.
- Copays:** The copay amounts you're responsible for, if any, when you see a provider.

SAMPLE BACK

Member Services: XXX.XXX.XXXX
Member Portal: imagine360.vbagateway.com
Provider Services: XXX.XXX.XXXX
Provider Portal: imagine360.com

SUBMIT CLAIMS TO:
Payer ID: 48143
Imagine360
PO Box 749075
Dallas, TX 75374-9075

Virtual Care:
Provider FAQs
Find Care
Telemedicine

XXXX.XXXX.XXXX


PPO XXXX
Ded./OOPM:
IN Ded: \$XXXX Ind / \$XXXX Fam
IN OOPM: \$XXXX Ind / \$XXXX Fam
OON Ded: \$XXXX Ind / \$XXXX Fam
OON OOPM: \$XXXX Ind / \$XXXX Fam

NOTICE:
Notification of all hospital admissions must be made within 48 hours.

Possession of this card or UR Notification does not guarantee coverage or payment for the services or procedures reviewed.

- Pharmacy benefits:** Prescription coverage details, if included in your plan.
- Member support:** Call the Member Services number for plan and provider help. Or visit imagine360.vbagateway.com for 24/7 plan information.
- Support for providers:** A support line and website providers can use to verify your benefits.
- Virtual care:** 24/7 access to care by phone or video, if available through your plan. Services vary by plan and may include urgent care, primary care and mental health care.
- Out-of-pocket responsibility:** Your plan deductibles and out-of-pocket maximums, if any.
- More plan details:** Scan the QR code for more plan information and answers to questions providers may ask.



Scan here to view, print or order your benefits ID card.

24/7 access to your health benefits: imagine360.vbagateway.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



Real

DOCTORS.
CARE.
CONVENIENT!

24/7 Virtual Care From Recuro Health

5 reasons to choose Recuro:

- 1 Comprehensive Services.** See board-certified providers for urgent care or primary care. You can also schedule consults with licensed counselors and psychiatrists. Prescriptions are sent to a pharmacy near you.
- 2 Convenience.** Skip the drive and avoid a crowded waiting room. Instead, get care in the comfort of your own home or while you're on the go. Choose from live video or phone options.
- 3 Speed.** Virtual visits fit your busy schedule and save time. When you're sick, you can see a provider almost immediately. For ongoing care or wellness visits, get appointments fast – sometimes even the same day.
- 4 Support.** Your provider will work with you to make sure you get all the care you need. If you need to be seen in person, Recuro can help you make an appointment.
- 5 Cost Savings.** Virtual care often costs you less than in-person options, such as urgent care clinics and

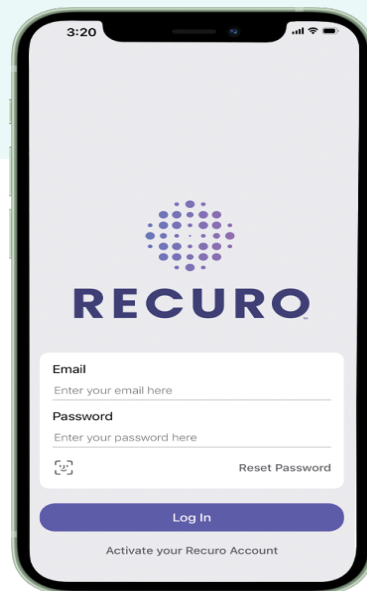
Recuro Health and Prescriptions

Recuro providers and psychiatrists can send medication prescriptions to a pharmacy near you. Prescriptions are based on the doctor's clinical judgement and laws they must follow.

Get Care Now

- Visit member.recurohealth.com/login.
- Call 844-715-1724.
- Download the "Recuro Care" app.

You must use your Imagine360 Gateway username and password to register.



Scan here to make a virtual care appointment.

24/7 access to virtual care at: member.recurohealth.com/login

You can also download the "Recuro Care" app or call 844-715-1724.



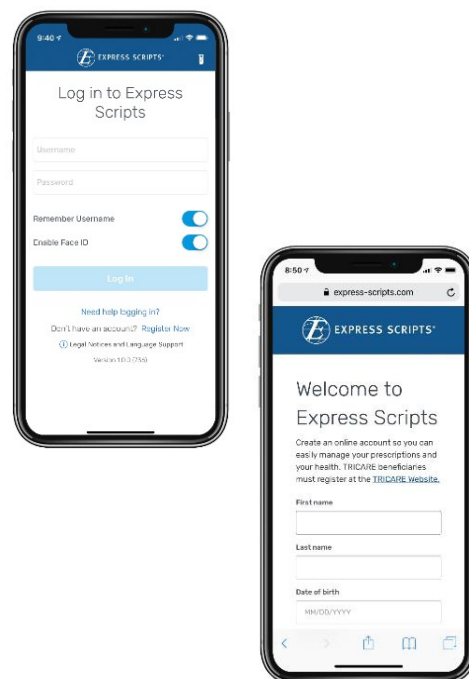
Registering with Express Scripts

Online access to savings and convenience

Manage your medicines anywhere, any time with express-scripts.com and the Express Scripts® mobile app

Register now so you can experience:

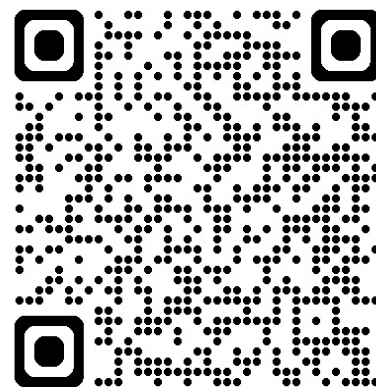
- **More savings.**
Compare prices of medicines at multiple pharmacies. Get free standard shipping¹ from the Express Scripts PharmacySM.
- **More convenience.**
Get up to 90-day supplies of your long-term medicine sent to your home. Order refills, check order status, and track shipments. Print forms 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 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,² 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.

¹ Standard shipping costs are included as part of your prescription plan benefit.

² 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 PharmacySM

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 (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.

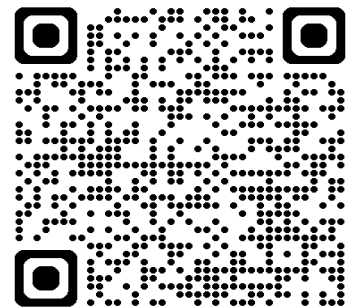
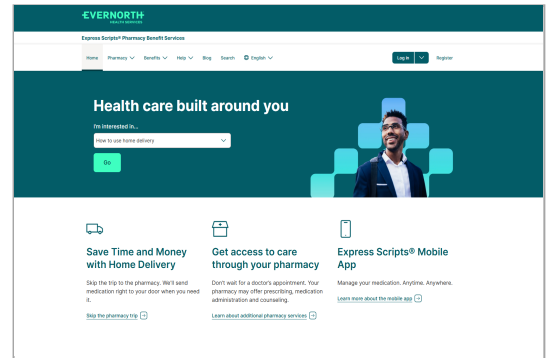
Please allow 10 to 14 days for your first prescription order to be shipped.

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 or *on the go* using the Express Scripts mobile app.

From 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**.”

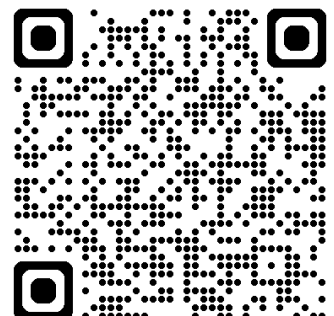
The search results provide a map and list showing nearby pharmacies with address and contact information. You can also “**Get directions**.” Click a letter to find pharmacies alphabetically.

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.



Price Protection & Billing Support

Your health plan includes built-in price protection so you don't overpay for care — no matter which provider you see.



OUR ROLE: Provide price protection

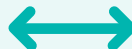
1. After you receive care, your provider sends us a payment request. This is called a claim.
2. We review the claim for errors and overcharges.
3. The claim is paid on a fair price of care.

YOUR ROLE: Keep an eye on provider bills

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:

Compare your Explanation
of Benefits (EOB) ...

... to your provider bill.



From your health plan (not a bill)
Shows what your plan covered
and what you owe.

If they don't match, you have a balance bill.

How to get help with a balance bill

Most of the time, you won't have a reason to contact us about a provider bill. But if you ever receive a balance bill or aren't sure, let us know right away — we'll work on your behalf so you don't overpay.

When you contact us, **always include the balance bill and the best number to reach you.**



Email: bb@imagine360.com

This is the fastest way to receive balance bill support — do not send bills to your Human Resources team.



Fax: 888-560-2447



Mail: 1550 Liberty Ridge Dr., Wayne, PA, 19087

Need help? **Just call the member number on your benefits ID card.**

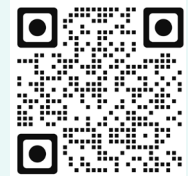
Advocating on your behalf

After we receive your balance bill, a personal advocacy expert will:

- Manage the bill resolution process so you don't have to
- Provide regular updates
- Bring in legal support, if needed, at no cost to you

Don't overpay: helpful tips

- Compare provider bills to your EOBs to check for balance bills.
- Send us balance bills right away.
- Quickly sign the authorization forms that allow designated experts to advocate on your behalf.
- Keep a folder of EOBs and bills you receive, in case questions come up.



Scan here to learn more about how price protection keeps your care costs as affordable as possible.

24/7 access to your health benefits: imagine360.vbagateway.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





Healthcare FSA

Do you want to save 30% on health-related expenses this year? Enrolling in a healthcare flexible spending account (FSA) can save you up to \$900 a year.

What is a healthcare FSA?

A healthcare FSA is an account that lets you set aside money before taxes to pay for many medical expenses for yourself, your spouse, or eligible dependents.

What can it be used for?

Eligible expenses include things like insurance copayments and deductibles, prescription drugs, vision and dental expenses.

How does it work?

1. During open enrollment, sign up for a healthcare FSA.
2. Choose how much money you'd like to set aside for medical expenses.
3. The amount you've chosen is divided equally and deducted from your paycheck over the course of the year.
4. When paying for eligible expenses, you can use your Imagine 360 debit card to pay direct or use your personal funds and get reimbursed.

When can I use it?

Conveniently, the total amount you've chosen to put in your FSA is available to start spending on the first day of your plan.

Helpful Tips

Plan ahead to maximize your healthcare FSA and use all your funds each year.

- Review what you paid for health-related expenses last year — are there any reoccurring items?
- Think about the upcoming year — does anyone in your family need orthodontia or vision care? Are you thinking of having a child?
- Use the information to figure out how much you'd like to have in your FSA.

2026 FSA Contribution Limits

Employees may contribute up to **\$3,400** to their healthcare FSA. Employees may rollover up to **\$680** of unused FSA funds remaining at the end of the plan year. Any amount above **\$680** will be forfeited.

Did You Know?

You can use your FSA for:

- Medical procedures and surgeries
- Exercise and wellness expenses
- Family planning and care
- Many prescription drugs, and over the counter medication when ill.



Dependent Care FSA

Do you want to save 30% on daycare or caregiving expenses? Enrolling in a dependent care flexible spending account (FSA) can save you up to \$1,500 a year.

What is a dependent care FSA?

A dependent care FSA is an account that lets you set aside money before taxes to pay care providers who watch your children and eligible dependents while you're at work.

What can it be used for?

Eligible expenses include before- or after-school care for children 12 or younger, custodial care for dependent adults, licensed daycare centers, a nanny or au pair, preschools, and day camps.

How does it work?

1. During open enrollment, sign up for a dependent care FSA.
2. Choose how much money you'd like to set aside for daycare or caregiving expenses.
3. The amount of money you've chosen will be divided equally and deducted from your paycheck over the course of the year.

When can I use it?

Reimbursement won't be processed until you have enough funds in your account.

Helpful Tips

Plan ahead to maximize your dependent care FSA and use all your funds each year.

- Calculate how much you would normally spend on your dependents' care for 12 months.
- Note that there is an annual contribution limit.
- Set up direct deposit to receive reimbursements faster.

2026 dependent care FSA Contribution Limits

Employees may contribute up to **\$7,500**, or up to **\$3,750** if married and filing separately.

Did You Know?

- You can also use funds for a licensed after-school program or summer camp if your child is age 12 or younger or is disabled.
- If you experience a qualifying event, like having a baby or assuming care for an elderly person, you can sign up outside of the annual enrollment period.
- If your care provider changes rates or fees, you may also adjust the amount you set aside.

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



Getting the Most From Your Imagine360 spending account

Follow these easy steps to optimize your account

☐ Register for the Portal

Check your balance, submit claims, view transactions and more.

1. Visit imagine360cdh.wealthcareportal.com and click *Register*
2. Create your username and password
3. You will have to enter your name and zip code.
4. You will be required to have an email or phone number on file to receive a one time verification code.
5. Follow the prompts to complete your registration

☐ Set up Account Alerts

Confirm your preferences for important communications and alerts.

1. Hover over your name in the top right corner and click on *Communication Settings* in the menu that appears below your name
2. Register your mobile phone for SMS text alerts
3. For each alert type, choose how you want to receive the alert and click *Save* when you are done editing your preferences
4. On the *Accounts Summary* page, click on *Statements* link. Choose your *Delivery Preference* and *Save*
5. On the *Accounts Summary* page, click on *Tax Forms* link. Choose your *Delivery Preference* and *Save*

☐ Enroll in Direct Deposit

Don't wait for reimbursement or waste time depositing checks.

1. Click on *Your Name > Profile* in the top right corner
2. Click *Edit* above *Reimbursement Method*
3. Select *Direct Deposit* and fill out your bank account information. You may be asked to check your bank account for a small deposit and provide the amount of the deposit to confirm your account



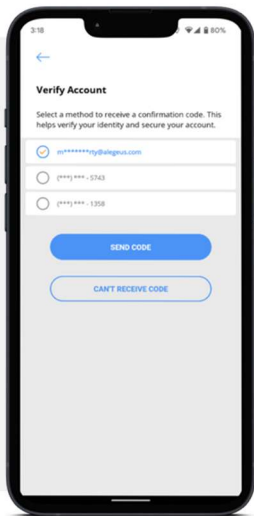
Once your phone is registered, text BAL to 844-799-1747 to receive your current year account balances



OTP Verification Guide

What is OTP?

OTP stands for “one-time passcode.” An OTP is a single-use security code for your benefits account. When you are registering or logging in, a unique code is crafted just for you. It’s then sent to something only you should have handy - like your mobile phone or your email. When you submit this code, it helps us verify your identity. This way, we make sure it’s you (and not someone pretending to be you) who’s getting into your account.



How OTP works?

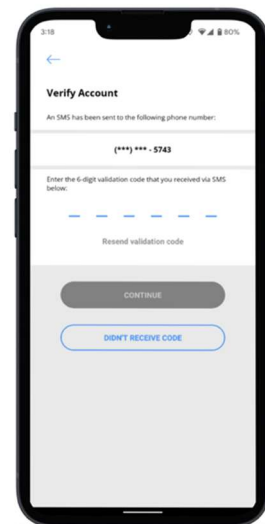
1. When you register or log in, we’ll send a one-time passcode to the email or mobile phone number that we have on file for you.
2. Enter this code within 10 minutes to confirm your identity and complete your registration or sign-on.
3. If you can’t access the mobile phone or email address we’ve stored as yours, contact support at i360flexclaims@imagine360.com.

When to expect OTP verification

You’ll need to enter a one-time passcode (OTP) when:

- Registering for your benefits account
- Trying to log in with the wrong password multiple times, or if you’ve chosen ‘forgot password’
- Changing your password once logged in
- At certain logins for additional security

If you don’t receive the OTP, check your spam or other inboxes. If it’s still missing, you can request a new code up to four times by selecting ‘didn’t receive code’ in the mobile app, or ‘resend code’ from the portal.



Call us at 844-799-1747 or email i360flexclaims@imagine360.com to learn more.

EARLY DETECTION MADE BETTER

Finally. A comfortable,
stress-free Breast Exam.



Schedule your on-site
Bexa Breast Exam
today at **NO COST**

WHEN: September 17th



**SCAN/CLICK HERE
FOR SCHEDULING,
LOCATIONS AND
INFORMATION**

<https://exams.mybexa.com/en/cityofennis>

ELIGIBILITY: All employees and spouses ages 18+ on the City of Ennis Medical Plan are eligible for one Bexa Breast Exam per calendar year at NO COST.

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 provides dental insurance benefits to all eligible employees and their covered dependents through Renaissance. The plan includes a range of dental services and benefits designed to support oral health and wellness. You may access Renaissance PPO Network providers by visiting the following website at 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 certificate of coverage.

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

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*	
OUT OF NETWORK EXPLANATION		
	While you will receive a reimbursement when you go out of network, the out of network provider may not file the claim for you.	
PLAN INFORMATION		
Network Name	VSP	
Group Number	236225	
Laser Vision Correction	Discounts available averaging 15% off regular price or 5% off the promotional offer including LASIK or PRK	
PREMIUM PER EMPLOYEE PAYCHECK		
Employee Only	\$0.63	
Employee + Spouse	\$1.20	
Employee + Child(ren)	\$1.27	
Family	\$1.86	

Disclaimer

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

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

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.



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 and go to the "Benefits & Claims" section.

HOW CAN A VSP NETWORK DOCTOR OFFICE VERIFY MY ELIGIBILITY?

Providers can log in at 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 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.

Life Insurance Highlights

Renaissance | Company Paid Basic Life and AD&D

Plan Explanation

Basic Life Insurance:

Life insurance provides financial protection for your loved ones by helping offset the loss of income and reducing financial hardship in the event of your death. City of Ennis provides each eligible employee with a Basic Life and Accidental Death & Dismemberment (AD&D) benefit equal to one times the annual salary, not to exceed \$250,000*. All Eligible employees are full-time, working 30 hours or more per week and actively at work as of the effective date of coverage.

Basic Accidental Death & Dismemberment:

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.

Beneficiary:

Naming a beneficiary is an important step in protecting the people who matter most to you. Complete the **Renaissance Beneficiary Form** to designate who will receive your Life and AD&D benefits. Be sure to review your beneficiary information periodically and update it after major life events, such as marriage, divorce, or the birth of a child, to ensure your benefits are distributed according to your wishes.

BASIC AD&D BENEFIT		
Loss of Life		100%
Loss of both hands, feet, or eyes		100%
Loss of hand, foot, or an eye*		50%
Loss of thumb and index finger of same hand*		25%
Age Reduction	65% reduction at age 65; 50% reduction at age 70	



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.

*Reduction 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	- In increments of .5k, 1X, 1.5X, 2X, 2.5X or 3X basic annual earnings - To a maximum of \$150,000 or 3X your salary, whichever is less - With a guarantee issue amount of \$150,000 or 3X your salary, whichever is less
Spouse Life Insurance Coverage	- In increments of \$5,000 - To a maximum of \$35,000 or 100% Employee election, whichever is less - With a guarantee issue amount of \$35,000
Child(ren) Life Insurance Coverage	- In increments of \$2,500 - To a maximum of \$10,000 - With a guarantee issue amount of \$10,000



Disclaimer

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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 \$0.241
=	
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 certificate of coverage.

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



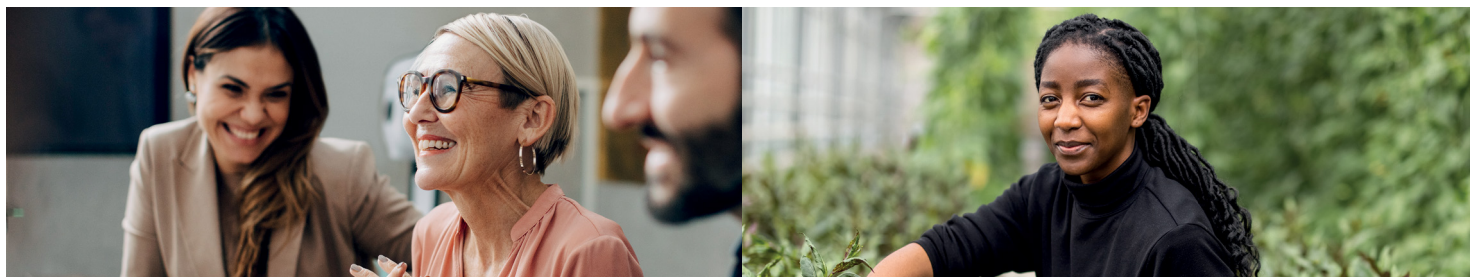
Disclaimer

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

Better protect your family by taking advantage of these benefits

Available to you during open enrollment

**FOR ELIGIBLE EMPLOYEES OF
CITY OF ENNIS**

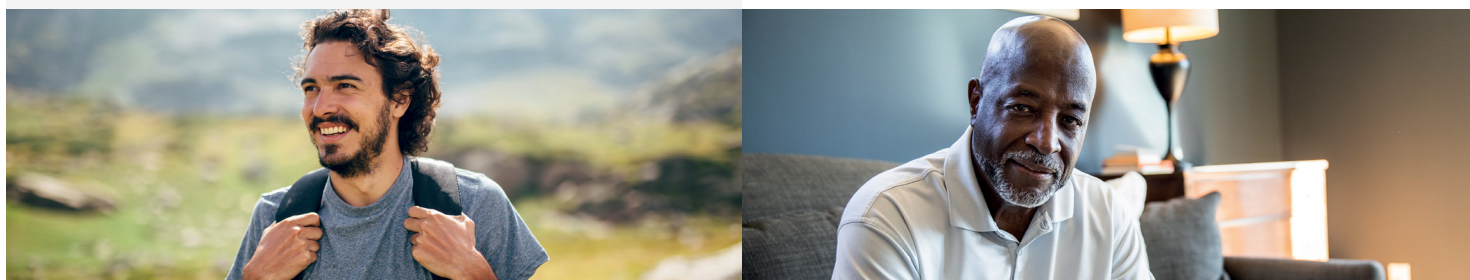


LifeTime Benefit Term

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

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

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 8th year of the City of Ennis Wellness Program through Imagine360!

October 1, 2026 - August 31, 2027

For the 2026-2027 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 2026-2027 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



bE fit well
City of Ennis Employee Wellness Program

 **imagine360**

City of Ennis Wellness Program

October 1, 2026 - August 31, 2027

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.

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
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

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	March 31, 2027	Required for Any Premium Discounts or Wellness Checks
Meet 3 out of 5 Health Screening Targets <u>OR</u> Complete a Reasonable Alternative	August 31, 2027	\$80 per Month Continued Premium Discount (Effective October 1, 2026)
Complete the Tobacco Affidavit <u>OR</u> Complete a Reasonable Alternative	August 31, 2027	\$80 per Month Continued Premium Discount (Effective October 1, 2026)
Earn 10 Wellness Points	August 31, 2027	\$150 Wellness Check
Complete the Move It! Step Challenge (report 2,000,000 steps)	August 31, 2027	\$250 Wellness Check

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 **10/1/2026** will automatically receive the premium discount for October 2026 - September 2027. They will need to complete wellness activities beginning in 2027 to earn premium discounts for October 2027 - September 2028.

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 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.

City of Ennis

Wellness Activity Descriptions

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 **08/31/2027** 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 **09/01/2026 – 08/31/2027**. 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 **10/1/2026 - 08/31/2027**. Log at least 2,000,000 steps by **08/31/2027** 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.

City of Ennis

Reasonable Alternative Options

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, 2027**, 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. **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. **Participants must complete 4 sessions with their Health Coach by August 31, 2027 and must enroll no later than July 9, 2027.**
- **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**. 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.



Monthly Gym/Fitness Membership Benefits

DID YOU KNOW?

If you have a monthly membership to a gym or other fitness-related facility/organization (Camp Gladiator, Crossfit, etc.), verification of your membership & attendance may be submitted to your employer to be eligible for a subsidized reimbursement back into your pocket for taking the steps to staying healthy!



LEVEL ONE BENEFIT:

Step 1: Send verification of your membership to your HR department. This can be a copy of your membership card, a monthly billing statement, or another form of membership verification provided by your gym/facility.

Step 2: Once complete, you will earn the Level One Benefit = \$15 each month!
(Discount effective on the 1st of the following month or upon receiving verification)

LEVEL TWO BENEFIT:

Step 1: Complete the Verification Step above.

Step 2: Send a monthly attendance/activity report to your HR each month. You must have attended 10 or more times in a month to be eligible for the Level Two Benefit.

Step 3: Earn the Level Two Benefit = ADDITIONAL \$20 each month!
(Discount effective on the 1st of the following month or upon receiving verification)

**If submitting a copy of your monthly billing statement, it must note that this charge is recurring, verifying that the membership is active for longer than 1+month.*



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.