



# RETIREE BENEFIT GUIDE

12/01/2022 - 11/30/2023





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# CONGRATULATIONS!

## Transitioning From Active Employee to Retiree Benefits

Welcome to the Trinity River Authority's Retiree Benefits Guide for 2022-2023.

Trinity River Authority of Texas is only able to provide such high levels of service to our customers through the dedication of our employees. Our success could not be possible without you. As you approach retirement eligibility, we are aware that health care benefits and costs are a matter of concern for you. We are pleased to announce that the Authority, along with the support of UMR and the Slover Agency will now be providing an option for financial support for new retiree medical insurance benefits for eligible individuals. This benefit will be retroactive to all current and former employees who met the "Rule of 80" eligibility on or after December 1, 2021.

This new retiree benefits guide will help provide the necessary information from various vendors to help you evaluate your own personal retirement timeline. Please do not hesitate to reach out to any of our vendors or Human Resources staff if you have questions about your options while you plan your retirement. Whether you are thinking about retiring, in the process of retiring or already retired, this guide is available to eligible individuals who have met the age and service requirements (rule of 80) to retire under the Authority's retiree benefits program on or after December 1, 2021.

If you are retiring, your current benefits as an active employee will terminate, but you may continue certain benefits upon re-enrollment as a retiree. Please reference this guide for information on continuation of coverage and eligibility requirements. If you are eligible, in addition to the retiree packet, you will also receive a COBRA packet in a separate mailing. It is important to carefully review your coverage options, length of time that coverage will continue, and the rate information before making an election. Your age, years of service, and other individual circumstances will determine the coverage that best meets your needs.

For more details about your benefits, including covered expenses, exclusions and limitations, please refer to the individual summary plan description (SPD), plan document or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail. Trinity River Authority of Texas reserves the right to make changes at any time to the benefits, costs and other provisions relative to benefits.

## Non-Portable Benefits

The benefit plans listed below will not continue after your retirement:

- Employee Assistance Plan
- Long Term Disability Plan
- New Benefits - Dollars and Sense Program
- Wellness Program
- Prepaid Legal Services
- Dependent Life Insurance for your spouse, other qualified adults, and children
- TRA will stop making contributions to your 401(a) Money Purchase Pension Plan.
- Your voluntary contributions to your 401(a) money purchase pension plan, 457(b) deferred compensation plan, Roth 457, or Roth Individual Retirement Accounts will stop with your final paycheck upon retirement.
- TRA will stop making contributions to your Health Savings Account (HSA) upon retirement.

# ELIGIBILITY AND ENROLLMENT

## Eligibility Requirements for Health Benefits

Retirees who are enrolled in the Staywell medical insurance plan before their retirement may be eligible for continuation of medical coverage by enrolling in the retiree health benefits plan. Retiree's eligibility to participate in the employer-sponsored retiree health benefits is determined by several factors, including their age and number of years they worked for the Authority. Retirees must satisfy the rule of 80 (age + years of service = 80 or more). In addition to other eligibility, there is also a five-year minimum service requirement from their last employment period if they were rehired at the Authority.

## Health Benefits for Retirees Under Age 65 (Pre-65)

Retirees and their spouses will have access to enroll in the employer-sponsored retiree health insurance at a 50% reduced rate monthly premium for Retiree Only and Retiree and Spouse coverage until Medicare-eligible, if they meet the eligibility requirements. Retirees are responsible for the full cost of coverage for qualified children. The retiree medical and prescription drugs benefits are the same as the options available to active employees. Retirees will have the opportunity to change their benefit options during the annual benefits open enrollment.

## Health Benefits for Medicare-Eligible Retirees (Post-65)

Medicare-eligible retirees who elect to enroll in the Retiree Health Plan are eligible for a shared cost of Medicare premiums provided by the Authority upon enrollment in Medicare. Medicare parts B, D, and G will be covered at a rate to be approved annually for the retiree's lifetime if they meet the eligibility requirements.

## Dental and Vision Retiree Benefits

Continuation in the dental and vision plans are available through enrollment in the COBRA program if you are under the age 65. Once you become Medicare-eligible, you are no longer eligible to continue dental and vision under the Authority's group plan. Medicare-eligible retirees could enroll in dental or vision plans with Medicare or with a private supplemental insurance provider.

## Other Benefit Plans (Colonial Life, AFLAC, and Life Insurance)

Continuation in the other benefit plans is available through enrollment with the vendor.

Enrollment Deadlines	
Medical and Other Benefit Plans	30 Calendar Days from Date of Retirement
Dental and Vision (through COBRA)	60 Calendar Days from Date of Retirement

# QUALIFYING EVENTS

## Qualifying Life Event

Certain events in your life may allow you to make changes to your benefit plans. If you experience a qualifying life event during the plan year, it is important you make the changes within 30 calendar days following the qualifying life event date.

Retirees have 60 days to make coverage changes due to status changes for Medicare, Medicaid, and CHIP Eligibility.

Adding Coverage Due To...	Deadline to Make Changes	Required Documentation
Marriage / Divorce	30 Days	Marriage Certificate / Divorce Decree / Common Law Marriage Court-Certified Affidavit
Birth / Adoption	30 Days	Birth Certificate / Court Documents
Death	30 Days	Death Certificate
Gain / Loss of Other Coverage	30 Days	Enrollment Confirmation or Loss of Coverage Letter with Effective Date
Change in Employment Status	30 Days	None
COBRA Qualifying Event	30 Days	Copy of Initial COBRA Notice / Packet
Court Appointed Custody / Medical Support Order	30 Days	Copy of Judge Signed Court Documents
Change in Medicare / Medicaid / CHIP Eligibility	60 Days	Copy of Medicare / Medicaid Card or Announcement

If a Retiree covered under a TRA-sponsored medical insurance plan dies, the Covered Spouse may continue enrollment in medical insurance and/or Medicare benefits for life if they do not remarry. Dependent children may be eligible to continue their existing medical coverage benefits for up to 36 months under COBRA.

# CONTACT INFORMATION

Carrier Name	Line of Coverage	Website	Phone Number
<b>UMR</b>	Medical Policy #7614171	www.umar.com	(800) 826-9781
<b>Optum Rx</b>	Pharmacy Rx Group #01963198	www.optumrx.com	(877) 559-2955
<b>UnitedHealthcare</b>	Dental & Vision Policy #919845	www.myuhc.com	(800) 782-3740
<b>Cigna</b>	Life & Disability	www.cigna.com	(800) 244-6224
<b>AFLAC</b>	Supplemental	Jennifer_morgan@us.Aflac.com	(214) 802-6194
<b>Colonial</b>	Supplemental	Roy.jeffords@coloniallifesales.com	(214) 592-3819
<b>SupportLinc</b>	Employee Assistance Program	www.supportlinc.com Username: trinityriver	(888) 881-5462
<b>Optum Bank</b>	HSA	https://www.optumbank.com/	(844) 553-7130
<b>MissionSquare Retirement</b>	401(a) - Policy #100226 457(b) & Roth 457 - Policy #305037 Roth IRA - Policy #706370	www.missionsq.org	(866) 886-8023
<b>Slover Agency - Rex Slover</b>	Medicare Plans	Rex@sloveragency.com	(972) 379-0422 (214) 415-4575



## To Search for a Provider:

Medical - [www.UMR.com](http://www.UMR.com) -

- UnitedHealthcare Choice Plus Network

Dental - [www.myUHC.com](http://www.myUHC.com) -

- DPPO - National Options PPO 30
- DHMO - TX Select Managed Care DHMO

Vision - [www.myUHC.com](http://www.myUHC.com)

# HUMAN RESOURCES DEPARTMENT

You may always contact human resources by calling the HR hotline by phone at 817-493-5159 or by e-mailing [trahr@trinityra.org](mailto:trahr@trinityra.org).

Name	Title	Phone	Email	Contact for
Leslie Cloer	Manager, Human Resources	(817) 493-5107	cloerlk@trinityra.org	Benefits, Compensation, Employee Relations
Claudine Rank-Belfield	Assistant Human Resources Manager	(817) 493-5174	rankc@trinityra.org	Benefits, Compensation, Employee Relations
Jenna Smith	Human Resources Supervisor	(817) 493-5592	smithj@trinityra.org	Compensations, FMLA, Leave Benefits, Performance Management, Recruitment
Fatma Karim	Human Resources Generalist I	(817) 493-5594	karimf@trinityra.org	General Benefits Questions, Wellness Program
Rita Lankston	Executive Assistant	(817) 493-5156	lankstonrd@trinityra.org	401(a) Pension, 457(b), Roth IRA, Roth 457(b)

If you have questions regarding your medical, dental, or vision benefits, you may contact the Benefit Advocacy Center directly at:  
**(877) 273-7138**

Monday – Friday  
8:00 am – 5:00 pm CST  
Hablamos Español

They can assist with:

- Explanation of benefit
- Prescription / Pharmacy problems
- Benefits questions
- Claim issues



# PRE-65 MEDICAL BENEFITS



A UnitedHealthcare Company

## HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

### HDHP Plan - Choice Plus Network - Policy #7614171

Plan Features	IN NETWORK	OUT OF NETWORK
<b>Plan Year Deductibles</b> (Individual / Family)	\$3,000 / \$9,000	\$4,000 / \$12,000
<b>Plan Year Out-of-Pocket Max</b> (Individual / Family)	\$3,000 / \$9,000	\$9,000 / \$21,000
<b>Coinsurance</b>	0% after Deductible	30% after Deductible
<b>Primary Care Visit</b>	0% after Deductible	30% after Deductible
<b>Specialist Visit</b>	0% after Deductible	30% after Deductible
<b>Preventive Care</b>	Covered at 100%	30% after Deductible
<b>Labs/Diagnostic &amp; Imaging Services</b>	0% after Deductible	30% after Deductible
<b>Mental &amp; Nervous And Substance Abuse</b>	0% after Deductible	30% after Deductible
<b>Outpatient Procedure</b>	0% after Deductible	30% after Deductible
<b>Emergency Room</b>	0% after Deductible	You pay \$200 Copay + 30%
<b>Urgent Care</b>	0% after Deductible	30% after Deductible
<b>Virtual Visits - Teladoc*</b>	Up to \$49	Not Applicable
<b>Hearing Aids</b>	\$2,500 allowance per ear up to \$5,000 after Deductible (Every 5 Years)	
<b>Inpatient Visit</b>	0% after Deductible	30% after Deductible
<b>Pharmacy (Generic)</b>	0% after Deductible	30% after Deductible
<b>Pharmacy (Preferred)</b>	0% after Deductible	30% after Deductible
<b>Pharmacy (Non-Preferred)</b>	0% after Deductible	30% after Deductible

	Total Monthly Cost	TRA Pays	Retiree Pays
<b>Retiree Only</b>	\$963.86	\$481.93	\$481.93
<b>Retiree + Spouse</b>	\$1,811.31	\$963.86	\$847.45
<b>Retiree + Child(ren)</b>	\$1,491.20	\$481.93	\$1,009.27
<b>Retiree + Family</b>	\$1,267.78	\$963.86	\$1,203.92



A UnitedHealthcare Company

# PRE-65 MEDICAL BENEFITS

## PREFERRED PROVIDER ORGANIZATION (PPO)

### PPO Plan - Choice Plus Network - Policy #7614171

Plan Features	IN NETWORK	OUT OF NETWORK
<b>Plan Year Deductibles</b> (Individual / Family)	\$1,000 / \$3,000	\$1,300 / \$3,900
<b>Plan Year Out-of-Pocket Max</b> (Individual / Family)	\$3,500 / \$10,500 <i>(includes Deductible, Copays &amp; Coinsurance)</i>	\$4,500 / \$12,900
<b>Coinsurance</b>	20% after Deductible	40% after Deductible
<b>Primary Care Visit</b>	<b>Premium Designated:</b> \$15 Copay <b>Non-Premium Designated:</b> \$35 Copay	40% after Deductible
<b>Specialist Visit</b>	<b>Premium Designated:</b> \$30 Copay <b>Non-Premium Designated:</b> \$50 Copay	40% after Deductible
<b>Preventive Care</b>	Covered at 100%	40% after Deductible
<b>Labs/Diagnostic &amp; Imaging Services</b>	\$35 Copay	40% after Deductible
<b>Mental &amp; Nervous And Substance Abuse</b>	<b>Office Visit:</b> \$35 Copay <b>Treatment:</b> 20% after Deductible	40% after Deductible
<b>Outpatient Procedure</b>	20% after Deductible	40% after Deductible
<b>Emergency Room</b>	20% after Deductible	You pay \$200 + 40%
<b>Urgent Care</b>	20% after Deductible	40% after Deductible
<b>Virtual Visits - Teladoc*</b>	\$0 Copay	Not Applicable
<b>Hearing Aids</b>	\$2,500 allowance per ear up to \$5,000 after Deductible <i>(Every 5 Years)</i>	
<b>Inpatient Visit</b>	20% after Deductible	40% after Deductible
<b>Separate Pharmacy Out-of-Pocket Max</b> (Individual / Family)	\$1,350 / \$2,700	
<b>Pharmacy (Generic)</b>	\$2 Copay	40% after Deductible
<b>Pharmacy (Preferred)</b>	Greater of \$15 Copay or 20%	40% after Deductible
<b>Pharmacy (Non-Preferred)</b>	Greater of \$30 Copay or 20%	40% after Deductible

	Total Monthly Cost	TRA Pays	Retiree Pays
<b>Retiree Only</b>	\$963.86	\$481.93	\$481.93
<b>Retiree + Spouse</b>	\$1,791.32	\$963.86	\$827.46
<b>Retiree + Child(ren)</b>	\$1,478.58	\$481.93	\$996.65
<b>Retiree + Family</b>	\$2,140.20	\$963.86	\$1,176.34

# PRE-65 MEDICAL BENEFITS

## KEY TERMS TO REMEMBER



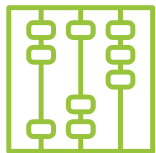
### **PLAN YEAR\* DEDUCTIBLE**

The amount you must pay each year before the plan starts paying a portion of medical expenses. All family members' expenses that count toward a family health plan deductible accumulate together; however, each person also has an individual limit on their own accumulated expenses.



### **PLAN YEAR\* OUT-OF-POCKET MAXIMUM**

This is the total amount you can pay out of pocket each plan year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible, copays and coinsurance.



### **COPAYS AND COINSURANCE**

These expenses are your share of cost paid for covered health care services. Copays are a fixed dollar amount and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service and is generally billed to you after the health insurance company reconciles the bill with the provider.



### **IN-NETWORK VS. OUT-OF-NETWORK**

In-network health care providers have agreed to accept certain rates, so you will typically pay less when you use them. Out-of-network health care providers can charge you any amount they want. Because there is no negotiated rate, these services usually cost you more.



### **PREMIUMS**

A premium is the money that is automatically taken out of your paycheck for health insurance. In addition to the premium, you also pay additional amounts for health care when you use it, such as a deductible, copayment, and coinsurance.

*\* Medical Plan Year Deductible and Out-of-Pocket Maximums are based on dates of service for 12/1/2022-11/30/2023.*

# PRE-65 MEDICAL BENEFITS

## PREVENTIVE CARE SERVICES

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples of preventive care include getting regular physical examinations, age-appropriate screenings, and immunizations. Through the plans offered by Trinity River Authority of Texas, all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**

### WHICH PREVENTIVE CARE SERVICES ARE COVERED?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year (subject to age and gender):

- › Routine Physical Exam
- › Well Baby and Child Care
- › Well Woman Visits
- › Immunizations
- › Routine Bone Density Test
- › Routine Breast Exam
- › Routine Gynecological Exam
- › Screening for Gestational Diabetes
- › Obesity Screening and Counseling
- › Routine Digital Rectal Exam
- › Routine Colonoscopy
- › Routine Colorectal Cancer Screening
- › Routine Prostate Test
- › Routine Lab Procedures
- › Routine Mammograms
- › Routine Pap Smear
- › Testing for HPV and HIV



*"An ounce of prevention is worth a pound of cure"*

# PRE-65 MEDICAL BENEFITS

## Optum Rx Pharmacy Card

The Retail Prescription Program uses a network of participating pharmacies. To receive the highest level of benefits, you must use a participating in-network pharmacy. Prescriptions that you fill at non-participating pharmacies are generally not covered. OptumRx works to help our employees and retirees pay less for current medication through a variety of alternatives to save money:

- Switch to generics - Generics are lower-priced medications that have the same active ingredient as brand-name prescriptions to help you save money
- Transfer to home delivery - Home delivery will deliver your medications to your residence. All forms for your physician to complete to transfer prescriptions to home delivery are available online at [www.optumrx.com](http://www.optumrx.com). Some prescriptions that are ordered in 90-day supplies may be more affordable via home delivery than from your local pharmacy.
- Choose an in-network pharmacy - make sure that your physician sends prescriptions to in-network pharmacy for the most affordable prescription costs
- Try an alternate covered prescription - OptumRx can work with you and your physician to evaluate alternate prescription options that are covered by our insurance plans.

### Member Tools

- Drug pricing and information - you can evaluate pricing for home delivery or at various local pharmacies for cost comparison
- Drug list tool - search the list of Food and Drug Administration (FDA)-approved medications
- Pharmacy locator - if your local pharmacy is out of a needed prescription, you can use the pharmacy locator to find additional in-network pharmacies
- Medication reminders - you can use the OptumRx app or desktop software to set up scheduled text message reminders when it is time to take your medication.





# PLAN ADVISOR



Dedicated to  
**YOU**

**Health care in the modern world calls for a sensitive, personal approach to service - one that's built on real relationships and trust**

Which is why Plan Advisor delivers an experience that's beyond traditional models of member support. Our advisors partner with you so you feel more confident in the decisions you make about your health and comforted by the steps you're taking to get there.

**To connect with your Plan Advisor, call (844) 590-5958**

## We're ready when you are

Here are some of the ways we can help:

**Finding the right fit is important. We can help.**

Finding the right provider can feel daunting. We'll match you to high-quality health care providers and the highest level of benefits - right where you live - to avoid paying more than you need to. We can schedule appointments with providers and identify possible health screenings or preventive care. Expanded access to licensed nurses, social workers and community resources is also included.

**Know your coverage - and costs**

Navigating health care can be tricky, which is why no question is a bad one. Your plan advisor is ready to go over your benefit details with you or connect you to the right person to find the answer you need, so you won't be caught by surprise.

**We'll help you:**

- Look into a recent medical claim to make sure it was paid correctly
- Check to see what your out-of-pocket costs are for services
- See how much you have paid - and how much you have left - of your individual or family deductible
- Understand reward programs available to you
- Discover what services are available to you based on your plan

**Let's talk**

Our plan advisors are available weekdays from 7 a.m. to 7 p.m. Central time. During off hours or weekends a representative can assist you with claims or benefits questions, and your plan advisor can follow up during the regular business hours.



**VISIT US ANYTIME  
ONLINE AT UMR.COM**

Sign up for online services and get quick and easy access to your claims and benefit information.

With **umr.com**, you can:

- ▶ Look up network providers
- ▶ Check your claims activity
- ▶ Review your financial activity
- ▶ Find tools for improving your health

You can even log in on the go with your smart phone or mobile device.

# HEALTH SAVINGS ACCOUNT (HSA)

A health savings account (HSA) is a health care account and savings account in one. The main purpose of this account is to offset the cost of a qualifying high deductible health plan (HDHP) and provide savings for your out-of-pocket eligible health care expenses - those you and your tax dependents may have now, in the future, and during your retirement.

An HSA is a “portable” account. You own your HSA! It’s included in your employee benefits package, but after you set up your account, it’s yours to keep, even if you change jobs or retire.

Once your HSA is established and money is contributed to your account, you can then use your HSA dollars tax-free to pay for eligible health care expenses. Saving money on expenses you’re already paying for, like doctors’ office visits, prescription drugs, and much more. Best of all, you decide how and when to use your HSA dollars.

## **Why is it a good idea to have an HSA?**

HSAs benefit everyone who is eligible to have this account - single individuals, families, and soon-to-be retirees. You save money on taxes in three ways:

- Tax-free deposits - Money contributed to your HSA isn’t taxed (*up to the IRS annual limit*)
- Tax-free earnings - Your interest and any investment earnings grow tax-free
- Tax-free withdrawals - The money used toward eligible health care expenses is not taxed - now or in the future
- As a retiree (pre-65), you can contribute an additional \$3,850 for individual coverage and \$7,750 for family coverage on a post-tax basis through the individual deposits you make directly to Optum Bank into your account
- If you have remaining funds in your HSA at retirement, you can continue to use these funds for eligible health care expenses

Due to IRS guidelines, once you enroll in Medicare, TRA will no longer be able to make contributions to your HSA. After your retirement, TRA will no longer contribute to your HSA.

HSA funds roll over from year-to-year and accumulate in your account. There is no “use-it-or-lose-it” rule with HSAs, and you decide how and when to use your HSA funds, which can be used for eligible expenses you have now, in the future, or during retirement. And when you have a certain balance in your HSA, investment opportunities are available.

# HSA AND MEDICARE

## **Can I still contribute to my HSA if I am Medicare eligible, but choose not to enroll in Medicare?**

By choosing to postpone enrollment in Medicare, you are still eligible to make contributions to your HSA until your first day of the first month that your Medicare coverage begins.

## **Can I keep my HSA and be enrolled in Medicare?**

If you delay enrolling in Medicare until after you are first eligible (when you turn 65), your Part A coverage will start six months back from when you enroll. When planning your official retirement date, it is important to remember the six-month lookback period if you have continued to make contributions to your Health Savings Account (HSA) and you will be above age 65 when you retire.

You cannot contribute to your HSA once your Medicare starts, so it's important to stop contributing to your HSA six months before you enroll in Medicare. If you make contributions that overlap with Medicare coverage (even if you enrolled in Medicare after you made the contribution), you will be charged a 6% excise tax by the Internal Revenue Service (IRS). Contact the IRS for more information.

Funds already in your HSA can still be used for qualified medical expenses upon enrollment in Medicare, you will just not be able to make any additional contributions to your HSA once you begin your Medicare coverage.

## **When should I stop my HSA contributions?**

In most cases, you are ineligible to make HSA contributions the first day of the first month that your Medicare coverage begins.

## **If my spouse is covered by Medicare, but I am not, can I still contribute to an HSA?**

If you are under 65 and otherwise eligible to open and contribute to an HSA, you can contribute up to the maximum limits into your HSA. The main purpose of this account is to offset the cost of a qualifying high deductible health plan (HDHP) and provide savings for your out-of-pocket eligible health care expenses - those you and your tax dependents may have now, in the future, and during your retirement.

An HSA is a "portable" account. You own your HSA! It's included in your employee benefits package, but after you set up your account, it's yours to keep, even if you change jobs or retire.

Once your HSA is established and money is contributed to your account, you can then use your HSA dollars tax-free to pay for eligible health care expenses. Saving money on expenses you're already paying for, like doctors' office visits, prescription drugs, and much more. Best of all, you decide how and when to use your HSA dollars.



# FLEXIBLE SPENDING ACCOUNT (FSA)

## Health Care FSA and Dependent Care FSA

You can submit claims incurred prior to your retirement date by the end of the month following 60 calendar days after your coverage end date. Any funds remaining after your retirement date will be forfeited. The amount of the reimbursements will be subject to the balance in your account.

### Health Care FSA Eligible Expenses

- Medical expenses: copays, coinsurance, and deductibles
- Dental expenses: exams, cleanings, x-rays, and braces
- Vision expenses: exams, contact lenses and supplies, eyeglasses, and laser eye surgery
- Professional services: physical therapy, chiropractor, and acupuncture
- Prescription drugs and insulin
- Over the counter health care items: bandages, pregnancy test kits, blood pressure monitors, etc.

### Dependent Care FSA Eligible Expenses

- Care for your child who is under age 13
- Before and after school care
- Babysitting and nanny expenses
- Daycare, nursery school, and preschool tuition
- Summer day camp
- Care for a relative who is physically or mentally incapable of self-care and lives in your home



When you retire from Trinity River Authority of Texas, you have the option to deposit a one-time lump-sum amount of your vacation/sick time payout upon meeting Rule of 80 (age plus years of service at TRA) to your 457(b) plans out of your final paycheck. IRS maximum annual deferral limits apply.

## Money Purchase Pension Plan - 401(a) Policy #100226

Years of Service	Vesting Schedule
3 Years	20%
4 Years	40%
5 Years	60%
6 Years	80%
7 Years	100%

*100% automatically vested if you are age 55+*

## Deferred Compensation - 457(b) Policy #305037

- 2022 Annual IRS limit for 401(a) and 457(b): \$20,500
- Age 50+ Catch Up: \$6,500

## Roth IRA

- Annual IRS contribution limits are income-based

For assistance with rollovers or retirement planning questions, contact TRA's MissionSquare representative, **Nicholl Aldridge** by phone at (866) 886-8023 or by email at [naldridge@missionsq.org](mailto:naldridge@missionsq.org).

Access your MissionSquare Retirement Plan online at [www.missionsq.org](http://www.missionsq.org).

# PRE-65 DENTAL BENEFITS

## DHMO

The DHMO provides a wide variety of benefits through participating providers. To search for a provider, use the [TX Select Managed Care DHMO](#) network on [www.myUHC.com](http://www.myUHC.com).

At the time of service, you pay the dentist for any applicable copayments according to your schedule of benefits. No claims to file. No Maximums. Most common copayments listed below. TRA does not contribute to Retiree Dental Premiums. Pre-65 Retirees and their dependents will only be eligible to continue dental coverage under COBRA for up to 18 months.



Dental DHMO – Group #919845	
Plan Features	IN NETWORK
Exams / Cleanings (2 per year)	\$0 Copay
Bitewing X-Rays	\$0 Copay
Fluoride Varnish	\$0 Copay
Sealant – Per Tooth	\$8 Copay
Amalgam Filling	\$8 Copay
Resin Filling	\$10 Copay
Porcelain Crown	\$250 Copay
Anterior Root Canal	\$125 Copay
Periodontal Scaling & Root Planing	\$55 Copay
Complete Dentures	\$350 Copay
Implant Placement	\$975 Copay
Orthodontia	\$1,895 Copay

Retiree Monthly Cost	
Retiree Only	\$10.70
Retiree + 1	\$21.75
Retiree + Family	\$37.64



# PRE-65 DENTAL BENEFITS

## DPPO

The Dental PPO allows you the freedom to visit any dentist for all of your dental care. If you receive care from one of United Healthcare's preferred dentists, you will pay less for your care. If you choose a non-preferred dentist, your share of costs will generally be higher, and you may need to file your own claims. TRA does not contribute to Retiree Dental Premiums. Pre-65 Retirees and their dependents will only be eligible to continue dental coverage under CPBRA for up to 18 months.

To Search for an in-network provider, use the National Options PPO 30 network on [www.myUHC.com](http://www.myUHC.com).

Dental PPO - Group #919845	
Plan Features	IN NETWORK
<b>Calendar Year* Deductible</b>	\$50 Individual / \$150 Family
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>• Oral Exams</li> <li>• Cleanings (2 Per Year)</li> <li>• X-Rays</li> <li>• Fluoride Treatments</li> <li>• Sealants</li> </ul>	Covered at 100%
<b>Basic Procedures</b> <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Simple Extractions</li> <li>• Space Maintainers</li> <li>• Endodontics</li> <li>• Periodontal surgery</li> </ul>	Covered at 80%
<b>Major Procedures</b> <ul style="list-style-type: none"> <li>• Bridges</li> <li>• Crowns</li> <li>• Dentures</li> <li>• Inlays &amp; Onlays</li> </ul>	Covered at 50%
<b>Orthodontia</b>	Covered at 50% Lifetime Maximum of \$1,500
<b>Calendar Year* Maximum Benefit</b>	\$1,500
<b>Annual Maximum Rollover</b>	Rollover up to \$500 of your annual max to the next year with claims less than \$750.

\* Dental Calendar Year Deductible and Out-of-Pocket Maximums are based on dates of service for 1/1/2023-12/31/2023.

Retiree Monthly Cost	
<b>Retiree Only</b>	\$42.56
<b>Retiree + 1</b>	\$85.72
<b>Retiree + Family</b>	\$133.98



# PRE-65 VISION BENEFITS

Trinity River Authority's vision plan promotes preventive care through regular eye exams and provides coverage for corrective materials, such as glasses and contact lenses. The Vision plan is administered through United Healthcare.

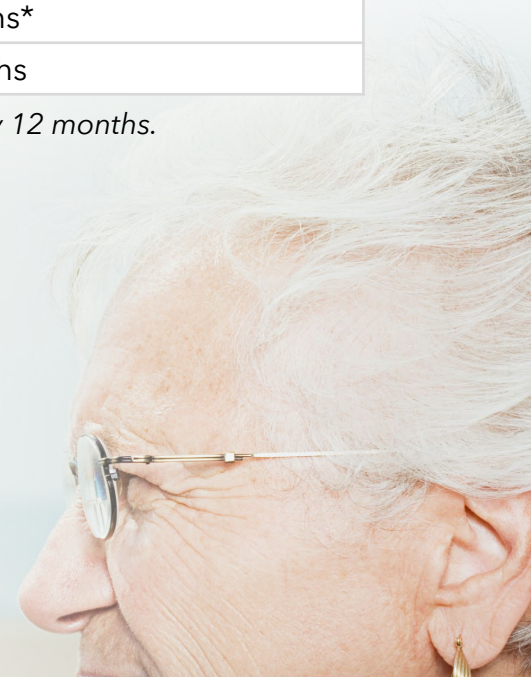
If you enroll in vision coverage, you can go to any eye care provider you choose for care. However, if you choose providers who are part of the UHC network, you will receive a discount on services. To search for a provider or to see if your contacts are formulary brand, use the standard UHC network on [www.myUHC.com](http://www.myUHC.com).

TRA does not contribute to Retiree Vision Premiums. Pre-65 Retirees and their dependents will only be eligible to continue dental coverage under CPBRA for up to 18 months.

Vision - Group #919845		
Plan Features	IN NETWORK	OUT OF NETWORK
<b>Vision Exam</b>	\$10 Copay	Up to \$40
<b>Lenses</b>		
Single	100% after Copay	Up to \$40
Bifocal	100% after Copay	Up to \$60
Trifocal	100% after Copay	Up to \$80
<b>Frames</b>	Up to \$160 + 30% off Balance	Up to \$45
<b>Elective Contact Lenses</b>	<i>Formulary: up to 6 boxes covered Non-Formulary: up to \$150</i>	Up to \$150
<b>Frequency (Months)</b>		
Exam	Every 12 Months	
Lenses OR Contacts	Every 12 Months*	
Frames	Every 24 Months	

\* You may choose either Lenses or Contacts in lieu of lenses once every 12 months.

Retiree Monthly Cost	
<b>Retiree Only</b>	\$9.06
<b>Retiree + 1</b>	\$13.67
<b>Retiree + Family</b>	\$19.07



# PRE-65 VISION BENEFITS

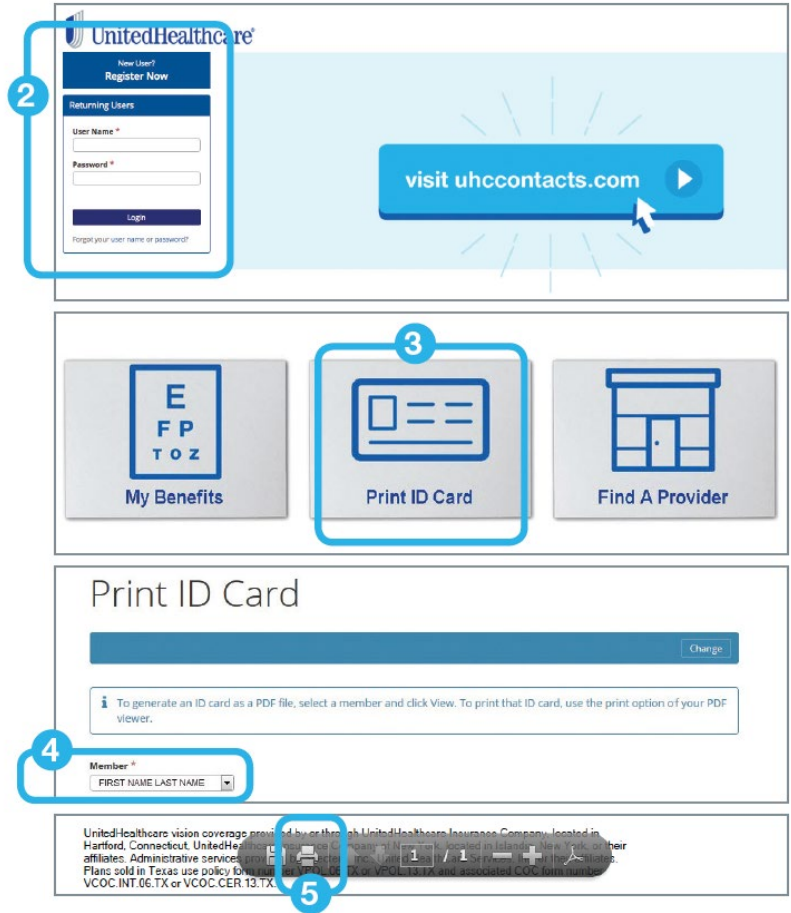
## HOW TO ACCESS VISION ID CARDS

Thanks to United Healthcare’s convenient paperless benefits and claims, you do not need a member ID card to use your benefits. However, if you’d like one, you can easily print one.


### Steps to print your Vision ID card

Your ID card will be personalized with your name, member ID, as well as your exam and materials copay amounts.

1. Go to **myuhcvision.com**
2. Log in or register. Do not register if you also have medical coverage with UnitedHealthcare. Use the single sign-on option through **myuhc.com** instead.
3. Click on “Print ID Card.” If you do not see this option, click on the blue “Select” button next to your plan name.
4. From the drop-down menu, select the person whose ID card you would like to print. Click on “View.”
5. This generates a document with your ID card called *How to Use Your Vision Care Benefits*. Scroll to the bottom of this document. A toolbar will appear; click on the printer icon to print.



### Sample Personalized ID Card

 <p>Member Name: [First, Last]          Member ID: [XXXXXXXX-XX]          Member Web: www.myuhcvision.com          Customer Service: (800) 638-3120</p> <p style="text-align: center;"><b>Vision Identification Card</b></p>	<p><b>Vision Care Benefits</b></p> <p>Exam Copay: [\$XX.XX]          Material Copay: [\$XX.XX]</p> <p>Submit Out-of-Network Claims to:          UnitedHealthcare Vision Claims Department          P.O. Box 30978          Salt Lake City, UT 84130</p> <p><b>Note to Providers:</b>          For more information about this UnitedHealthcare Vision plan, please visit us online at <a href="http://www.Spectera.com">www.Spectera.com</a> or call 1-800-638-3120.</p>
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# MEDICARE INFORMATION

## Who is eligible to enroll in Medicare?

- Age 65 and older
- Under age 65 with certain disabilities
- Any age with a confirmed diagnosis of End-Stage Renal Disease (ESRD)

## Important Things to Remember

- If you turn 65 and are eligible for Medicare, please call Social Security at 800-772-1213 three months prior to your birthday month to enroll in Part A and B. When you receive your Medicare Card, call 817-392-8644 to enroll into TRA's Retiree Health Plan.
- If you turn 65 and are not eligible for Medicare (have not earned 40 credits), but your spouse is eligible for Medicare and is age 62 or older, please call Social Security three months before your birthday month at 800-772-1213 or visit [www.socialsecurity.gov](http://www.socialsecurity.gov).
- Welcome to Medicare package including Medicare enrollment card will be mailed three months before your 65th birthday.

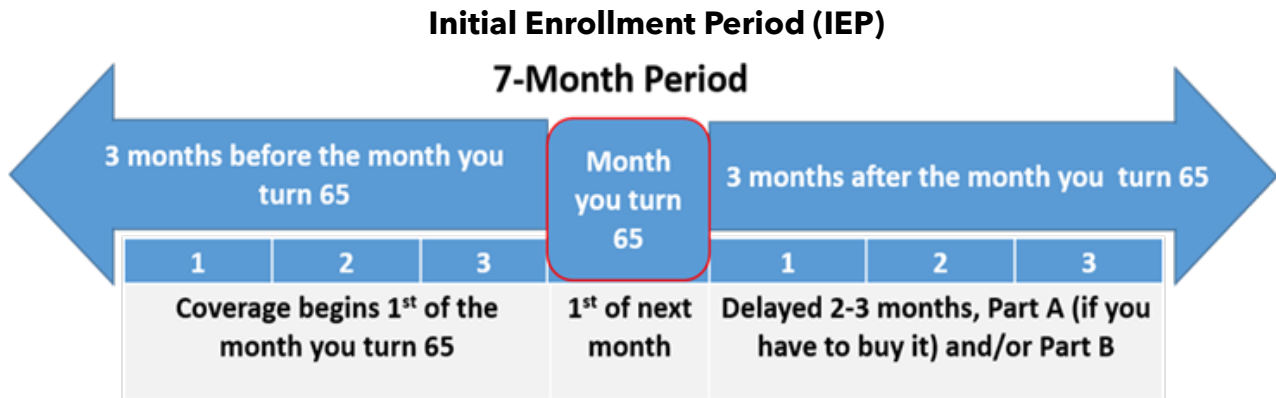
In retirement, failure to enroll in Part B when you reach age 65 will result in you being charged a 10% penalty (by Social Security) for every 12-month period you did not enroll, and your enrollment would be delayed until July 1st of the year you enrolled during January through March. This can also result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

## Agencies responsible for Medicare

- Social Security enrolled eligible people in Medicare
- Centers for Medicare and Medicaid Services (CMS) administers the Medicare program

## When can I enroll in Medicare?

Your first opportunity to enroll in Medicare is during your Initial Enrollment Period, which is the 7-month period that begins 3 months before the month you turn age 65.



# MEDICARE INFORMATION

## Special Enrollment Period (SEP)



8-Month period when you can enroll in:

- ✓ Part A
- ✓ Part B

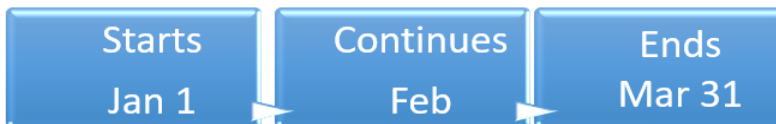
Usually no late enrollment penalties

If you enroll during SEP, you can enroll in:

- ✓ MA (must have Part A and Part B)
- ✓ Part D (Part A and/or Part B)

You have 6 months from the Part B effective date to buy a Medigap policy (must have Part A and Part B)

## General Enrollment Period (GEP)



3-Month period each year during which you can enroll/join:

- ✓ Part A (if you have to buy it)
- ✓ Part B



May have late enrollment penalties

If you enroll in Medicare during the GEP (dates above), from April 1–June 30, you can sign up for:

- ✓ MA (if you have Part A and Part B)
- ✓ Part D (if you have Part A and/or Part B)



## Yearly Open Enrollment Period (OEP) for People Already On Medicare

During this period, you have the opportunity to review your existing Medicare plan coverage and make changes that work best for you.



- 7-week period each year where you can enroll in, disenroll, or switch MA Plans or PDP Plans
- This is a time to review health and drug plan choices.



# MEDICARE INFORMATION

## Part A (Hospital Insurance)

Helps cover expenses when admitted to a facility on an inpatient basis:

- Blood (when inpatient in a facility)
- Hospice Care
- Home Health Care
- Inpatient care in a Religious Non-medical Health Care Institution (RNHCI)

### **Paying for Part A**

You do not have to pay any premium for Part A if you paid FICA taxes for at least 10 years.

## Part B (Medical Insurance)

Helps cover expenses related to doctor's visits and routine outpatient medical care:

- Doctor's services
- Outpatient medical and surgical services and supplies
- Clinical lab tests
- Durable medical equipment (DME), such as walkers and wheelchairs
- Diabetic testing equipment and supplies
- Preventive services, such as flu shots and annual wellness visits
- Medically necessary outpatient physical and occupations therapy and speech/language pathology services
- Outpatient mental health care services

If you want to buy a Medicare Supplement insurance policy (Medigap), you must enroll in Part A and Part B.

For eligible post-65 retirees and their post-65 spouses, the Authority will contribute up to the Base Premium of Part B. For this fiscal year, the Authority will contribute up to \$170.10 monthly for Part B premium reimbursement. The allowed amount for reimbursement will be reviewed annually.

**NOTE:** Veterans Affairs (VA) benefits are separate from Medicare. With VA benefits, you may choose not to enroll in Part B, but you will pay a penalty if you don't sign up for Part B during your IEP and then enroll later. If you have VA coverage, you will not be eligible to enroll in Part B using the SEP. Visit [VA.gov](http://VA.gov) for additional information.

# MEDICARE INFORMATION

## Part D (Drug Plan)

The costs vary by plan. Most people will pay a monthly premium (which varies by plan choice and income), a yearly deductible, and copayments or coinsurance when filling prescriptions.

You may have to pay more if you delay enrolling in Part D coverage.

File Individual Tax Return	File Joint Tax Return	File Married & Separate Tax Return	You pay Income-related monthly adjustment amount + your plan premium
\$91,000 or less	\$182,000 or less	\$91,000 or less	\$0.00 + YPP
Above \$91,000 up to \$114,000	Above \$182,000 up to \$228,000	See below	\$12.40 + YPP
Above \$114,000 up to \$142,000	Above \$228,000 up to \$284,000	See below	\$32.10 + YPP
Above \$142,000 up to \$170,000	Above \$284,000 up to \$340,000	See below	\$51.70 + YPP
Above \$170,000 and less than \$500,000	Above \$340,000 and less than \$750,000	Above \$91,000 and less than \$409,000	\$71.30 + YPP
\$500,000 and above	\$750,000 and above	\$409,000 and above	\$77.90 + YPP

For eligible post-65 retirees and their post-65 spouses, the Authority will contribute up to \$77.90 monthly for Part D premium reimbursement for this fiscal year. The allowed amount for reimbursement will be reviewed annually.

## Medicare Supplement Plans

Medicare Supplement plans, also referred to as Medigap policies, are optional insurance plans offered by private insurance carriers to help cover costs that Medicare Part A and Part B does not cover.

TRA is offering a Plan G Medicare Supplement Policy, which includes prescription drug coverage, to eligible Retirees, age 65 and older, who have met the Rule of 80. TRA has partnered with Rex Slover, of The Slover Agency, to offer this supplemental coverage. For details on the plan coverage, monthly premium rates, and any questions, please contact Rex Slover directly.

For eligible post-65 retirees and their post-65 spouses, the Authority will contribute 100% of monthly Medicare Supplement Plan G premiums, not to exceed the maximum premium level of the 80+ age bracket. The allowed amount for reimbursement will be reviewed annually.

**Rex Slover**  
**The Slover Agency**  
 Office: **972-379-0422**  
 Cell: **214-415-4575**  
 Email: **Rex@SloverAgency.com**

# SOCIAL SECURITY INFORMATION

Just because you retire from Trinity River Authority of Texas, does not mean you have to start withdrawing your monthly benefits from Social Security Administration. You can start receiving your Social Security retirement benefits as early as age 62, or earlier if you become disabled. However, you are entitled to full benefits when you reach your full retirement age. If you delay taking your benefits from your full retirement age up to age 70, your benefit amount will increase. If you start receiving benefits early, your monthly benefits will be reduced by a small percentage for each month before your full retirement age.

When you work and pay Social Security Taxes, you earn "credits" towards Social Security Benefits. You need 40 credits or 10 years of work to qualify to receive Social Security Benefits.

Social Security Disability Income provides a monthly benefit to people who are no longer able to work because of a significant qualified disability. Social Security Administration does not pay partial or temporary disability benefits.

To open an account, [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount) and select "Sign in or Create an Account."

## What Is the Best Age to Start Your Benefits?

You should make an informed decision about when to apply for benefits based on your personal situation. There is no one "best age" for everyone. Ultimately, it is your choice.

Your monthly Social Security benefit amount can differ greatly based on the age when you start receiving benefits. If you decide to start benefits:

- Before your full retirement age, your benefit will be smaller but you will receive it for a longer period.
- At your full retirement age or later, you will receive a larger monthly benefit for a shorter period.

# SOCIAL SECURITY INFORMATION

## Important Timing Considerations

The amount you receive when you begin receiving monthly benefits sets the base for the amount you will receive for the rest of your life.

You may want to consider the following as you evaluate when to begin your Social Security benefits:

- Will I plan to continue working? If you plan to continue working (even in a part-time capacity) while receiving Social Security benefits, there are limits on how much you can earn each year between age 62 and full retirement age to still be eligible to receive all of your benefits. Once you reach full retirement age, your earnings will not affect your benefits
- What is my life expectancy? If you come from a family with a long-life expectancy, you may need to plan to receive retirement benefits for a longer period of time. The longer you can delay receiving your monthly Social Security benefits, the higher your monthly check will be in retirement.
- Do you have alternate retirement income from other individual retirement accounts to help support you if you decide to delay taking your Social Security benefits?
- Will other family members qualify for benefits on your record? As you evaluate when to begin your Social Security retirement benefits, you should determine if your spouse or children will be eligible to receive a portion of your full retirement benefit amount.
- Have you inherited someone else's Social Security benefits as a child or widow(er)?
- How do I decide when to begin my Social Security benefits? Create your Social Security account online. This will allow you to use the monthly retirement calculator to get an estimate of your retirement benefits based on your proposed retirement dates.





# Cigna GROUP TERM LIFE INSURANCE

If you are enrolled in the Group Term Life Insurance through Cigna before your retirement, you may be able to continue your coverage by “porting” your group coverage or by “converting” your coverage to whole life insurance and paying directly to Cigna. Dependent Life coverage that covers spouses and children is not convertible or portable.

**You have 30 days from the date of your retirement to notify Cigna of your intention to convert or port your policy.** CIGNA can be contacted directly at 1-800-423-1282, if you need further information.

## Portability vs. Conversion

Portability	Conversion*
<ul style="list-style-type: none"> <li>Continuation of Group Term Life coverage through a Cigna group term life contract</li> </ul>	<ul style="list-style-type: none"> <li>Conversion of coverage to an individual whole life insurance policy</li> </ul>
<ul style="list-style-type: none"> <li>Portable up to age 69</li> </ul>	<ul style="list-style-type: none"> <li>Convertible beyond age 69</li> </ul>
<ul style="list-style-type: none"> <li>Waiver of Premium optional benefit included</li> </ul>	<ul style="list-style-type: none"> <li>Waiver of Premium optional benefit NOT included</li> </ul>
<ul style="list-style-type: none"> <li>No cash value</li> </ul>	<ul style="list-style-type: none"> <li>Builds cash value to pay for future premiums or from which you can borrow</li> </ul>
<ul style="list-style-type: none"> <li>Pays only death benefit</li> </ul>	<ul style="list-style-type: none"> <li>Pays death benefit plus any accumulated cash value</li> </ul>
<ul style="list-style-type: none"> <li>Coverage amount will reduce at age 65 and again at age 70</li> </ul>	<ul style="list-style-type: none"> <li>No age reduction</li> </ul>
<ul style="list-style-type: none"> <li>You can cancel coverage at any time</li> </ul>	<ul style="list-style-type: none"> <li>You can cancel coverage at any time</li> </ul>

## Ported Term Life Monthly Premium Rates

Attained Age	Per \$1,000 of Coverage
16 - 19	\$0.153
20 - 24	\$0.144
25 - 29	\$0.153
30 - 34	\$0.177
35 - 39	\$0.190
40 - 44	\$0.243
45 - 49	\$0.384
50 - 54	\$0.726
55 - 59	\$1.347
60 - 64	\$2.461
65 - 69	\$4.065
70 +	<i>Can only be ported until age 69</i>

\* Premium rates for the converted whole life policies may be obtained by contacting Cigna directly.



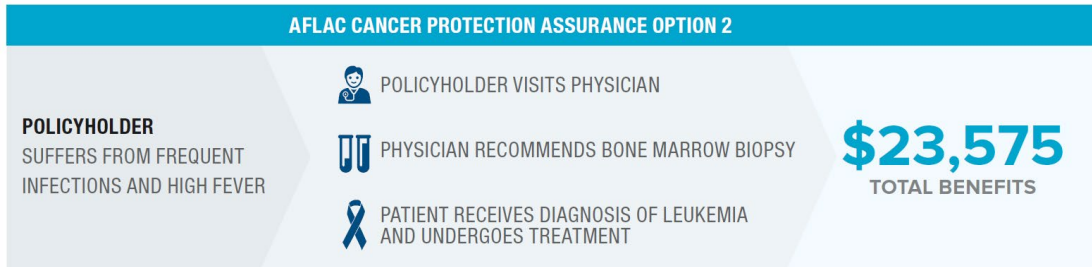
# AFLAC OFFERINGS

## CANCER ASSURANCE AND CRITICAL CARE PROTECTION

### Cancer Assurance:

- A cancer screening benefit of \$75 is payable for routine medical exams to encourage early detection and prevention
- Pays \$4,000 for initial diagnosis of an Internal Cancer, benefits double for dependent children, plus building benefit \$500 annually
- Other examples of payable benefits: surgeries, hospitalizations, home health care, nursing services, hospice, radiation therapy, chemotherapy, immunotherapy, or experimental chemotherapy

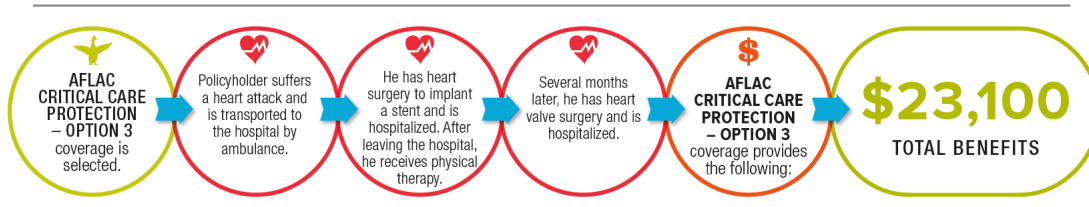
#### HOW IT WORKS



### Critical Care Protection:

- Pays \$7,500 upon diagnosis of having had a specified health event, benefit increases to \$10,000 for dependent children
- Benefits payable for specified heart surgeries – such as heart valve surgery, coronary angioplasty, coronary stent implantation, pacemaker placement, and many more
- Pays \$300 per day for covered hospital stays. Daily benefits payable for covered hospital intensive care unit and step-down intensive care unit confinement.
- Other examples of payable benefits: physical therapy, speech therapy, rehabilitation therapy, home health care, and many more

#### How it works



### Trinity River Authority (Semi-Monthly Rates)

Plan	Age	Individual	Two Parent Family	Single Parent Family	Retiree / Spouse
Aflac Cancer	18-75	\$20.18	\$36.76	\$20.64	\$36.30
Aflac Critical Care Protection	18-35	\$10.08	\$21.78	\$16.38	\$19.44
	36-45	\$14.75	\$29.06	\$20.15	\$26.91
	46-55	\$21.13	\$42.06	\$25.61	\$39.91
	56-70	\$28.54	\$58.89	\$35.36	\$55.25



## ACCIDENT ADVANTAGE AND AFLAC PLUS RIDER



### Accident Advantage:

- A wellness benefit of \$60 is payable for routine medical exams to encourage early detection and prevention
- Examples of payable benefits: fractures, dislocations, lacerations, concussions, burns, emergency dental work, eye injuries, and surgical procedures, X-rays, major diagnostic imaging exams, physical therapy and more!

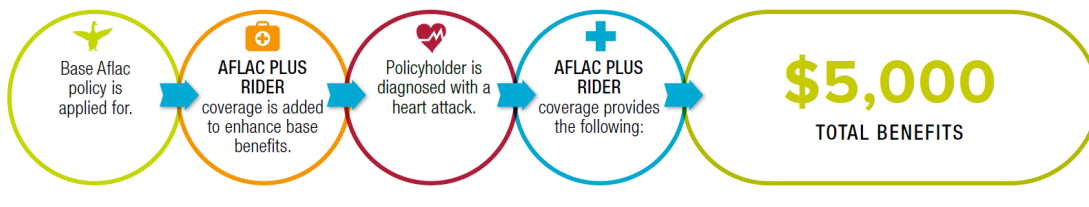
#### How it works



### Aflac Plus Rider:

- This rider can be attached to the Accident Advantage policy, further boosting your benefits.
- The Aflac Plus Rider pays a specific benefit amount when you are diagnosed with a covered event. You can use the cash to help pay out-of-pocket expenses, such as utility bills, car payments, and mortgage or rent.
- HOSPITALIZATION BENEFITS FOR COVID-19, FLU, PNEUMONIA, EBOLA AND BIRD FLU

#### How it works



### Trinity River Authority (Semi-Monthly Rates)

Plan	Age	Individual	Two Parent Family	Single Parent Family	Retiree / Spouse
Aflac Accident Advantage	18-75	\$15.47	\$30.23	\$23.99	\$20.61
Aflac Plus Rider <i>(can be added to the accident plan)</i>	18-29	\$1.56	\$3.77	\$3.12	\$2.93
	30-39	\$2.21	\$4.88	\$3.38	\$4.36
	40-49	\$3.77	\$7.35	\$4.55	\$7.15
	50-70	\$6.44	\$12.35	\$6.63	\$12.29

**Jennifer Morgan**  
Cell | 214-802-6194  
Jennifer\_morgan@us.aflac.com

<https://www.aflacenrollment.com/TRINITYRIVERAUTHORITY/0X7Z54145318>  
to watch a brief video or schedule a time with your agent to apply

# Life Moves Forward.



## Aflac Always Keeps Your Benefits Moving With It.

Ready or not, your life moves forward. Make sure your Aflac coverage moves with you. With Aflac Always, your benefits are protected through automatic payments even if you change jobs, your employer stops providing payroll deductions for your premium or you retire.

### WITH AFLAC ALWAYS:



#### **You keep the policy just the way it's always been**

Keep your insurance policies without having to do any extra paperwork, and lock in the same premium rate you enjoyed with your employer.\*



#### **You choose how you pay**

You choose how your premiums are paid (e.g., bank draft) and when.



#### **It's ready to go to work for you, 24/7**

Should you ever change jobs or retire, Aflac Always is ready to step in to help ensure you keep your coverage.



#### **Protecting your policy is FREE and as easy as 1-2-3!**

Simply log in at [aflac.com/myaflac](http://aflac.com/myaflac), select Aflac Always in the left column and enter your payment information.

Life is always full of the unexpected.  
But Aflac Always will help ensure you have the life you love protected.

**Sign up today at [aflac.com/MyAflac](http://aflac.com/MyAflac)**



\*This does not apply to NY.

Individual coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by American Family Life Assurance Company of New York. Aflac Worldwide Headquarters | 1932 Wynnton Road | Columbus, GA 31999



# COLONIAL OFFERINGS

## SHORT TERM DISABILITY, HOSPITAL CONFINEMENT, AND INDEXED UNIVERSAL LIFE

### SHORT TERM DISABILITY INSURANCE (STD 1000)

Off-Job Accident and Off-Job Sickness Coverage

Monthly Premium per \$100 of Monthly Benefit

6 Month Benefit Period with a 14/14 Day Elimination Period

(Includes STD for pregnancies, too!)

Age 17-49                      \$3.00/\$100

Age 50-69                      \$4.00/\$100

*Coverage available from \$400 a month to \$5,000 a month.*

### HOSPITAL CONFINEMENT INDEMNITY INSURANCE

**Individual Medical Bridge** - Helps cover your deductibles and coinsurance by complementing your major medical coverage. Provides a \$1,000 or \$1,500 (your choice) first day hospital benefit, plus buy-ups for more coverage, and \$650/\$1,500 per outpatient surgery, a \$50 wellness test benefits, and 15 days of rehab at \$100 per day. Outpatient surgery has a \$2,500 calendar year maximum, while the hospital inpatient benefit has NO yearly maximum (Also available: \$1,500 hospital benefit.) Additional Benefits:

- Coverage is portable - you may take it with you if you leave employment
- Daily hospital confinement rider of \$100 per day - Maximum of 365 days
- Enhanced intensive care unit confinement rider \$500 per day - Maximum 30 days

### INDEXED UNIVERSAL LIFE INSURANCE (IUL)

**This is permanent Cash Value life insurance that you can take with you! Includes: Critical Care rider, Terminal Illness rider, and Wellness rider. Premiums are individually rated.**

**Offered by Global Atlantic and ranked industry's best! Additional features:**

- Pays you to LIVE, and protects your beneficiaries if you don't!
- Helps you to retire financially independent
- Tax-Free loans provide retirement income without tax worries
- Replaces lost income from the results of retirement
- Provides market returns without the risks - pays a **guaranteed 2% - 33%**



**Roy Jeffords**  
Phone: 214-592-3819  
Email: [Roy.jeffords@coloniallifesales.com](mailto:Roy.jeffords@coloniallifesales.com)

# PAID TIME OFF (PTO), VACATION, AND SICK LEAVE PAYOUT

## Paid Time Off (PTO)

Paid Time Off payout is based upon the month in which the retirement occurs:

Month of Retirement	Percentage of Unused PTO
September, October, November	100%
June, July, August	75%
March, April, May	50%
December, January, February	25%

## Vacation Leave Hours

Unused accumulated vacation hours are eligible for the payout of up to 240 hours (30 days).

## Sick Leave Hours

Unused accumulated sick leave hours are eligible for the payout of up to the maximum of 720 hours (90 days) based on the Rule of 80 criteria.



## TRINITY RIVER AUTHORITY OF TEXAS NOTICE OF PRIVACY PRACTICES

*This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.*

### ***Our Company's Pledge To You***

This notice is intended to inform you of the privacy practices followed by the Trinity River Authority Health Plan (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on December 1, 2022.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. Trinity River Authority of Texas requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

***Protected Health Information*** - Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

***How We May Use Your Protected Health Information*** - Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

***Payment*** - We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

***Health Care Operations*** - We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

***Treatment*** - Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

***As permitted or Required by Law*** - We may also use or disclose your protected health information without your written authorization for other reasons as *permitted* by law. We are *permitted* by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when *required* by law, for example, in order to prevent serious harm to you or others.

# LEGAL NOTICES

***Pursuant to Your Authorization*** - When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

***To Business Associates*** - We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

***To the Plan Sponsor*** - We may disclose protected health information to certain employees of Trinity River Authority of Texas for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

## ***Your Rights***

***Right to Inspect and Copy*** - In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

***Right to Amend*** - If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

***Right to an Accounting of Disclosures*** - You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures. Your request for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

***Right to Request Restrictions*** - You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

# LEGAL NOTICES

***Right to Request Confidential Communications*** - You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

***Right to be Notified of a Breach*** - You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

***Right to Receive a Paper Copy of this Notice*** - If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

## ***Our Legal Responsibilities***

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

Trinity River Authority of Texas  
Human Resources  
5300 S. Collins St.  
Arlington, TX 76018  
(817) 493-5107  
trahr@trinityra.org

## ***Complaints***

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit [www.hhs.gov/ocr](http://www.hhs.gov/ocr) for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.



# LEGAL NOTICES

## IMPORTANT NOTICE FROM TRINITY RIVER AUTHORITY OF TEXAS ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Trinity River Authority and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

### **There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium. Trinity River Authority of Texas has determined that the prescription drug coverage offered by Trinity River Authority of Texas's plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Trinity River Authority of Texas coverage will be affected. If you do decide to join a Medicare drug plan and drop your current Trinity River Authority of Texas coverage, be aware that you and your dependents may not be able to get this coverage back.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Trinity River Authority of Texas and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Trinity River Authority of Texas changes. You also may request a copy of this notice at any time.

## **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare Prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember:** Keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: December 1, 2022

Name of Entity/Sender: Trinity River Authority of Texas

Contact/Office: Human Resources

Address: 5300 S. Collins St., Arlington, TX 76018

Phone Number: (817) 493-5107

Email: [trahr@trinityhr.org](mailto:trahr@trinityhr.org)

## **WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultations with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema
- These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact Human Resources.



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