

2026



Employee Benefits



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City of Midland is proud to support our employees' overall wellbeing with a variety of benefit options. This guide offers details on our 2026 offerings for you and your family. Contact Human Relations and Development / Benefits with any questions.

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Scan for Your Plans!

Scan with your smartphone to access the City of Midland's Employee Benefits landing page.



See **page 40** for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to City of Midland. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

3 Welcome



Your health and the health of your family are important to City of Midland – this is the reason we offer comprehensive healthcare coverage with ancillary benefit options to eligible employees and their families. City of Midland’s Benefits Package is designed for your total wellbeing.

This guide describes City of Midland’s Employee Benefits Package. Please read through all of your materials very carefully. You have many resources available for any questions related to your plans as you enroll and throughout the year. Take advantage of those resources to be sure you receive the full benefits you need and all that is available to you. The healthcare coverage you elect begins with your initial eligibility date and continues through the end of the enrollment year. **City of Midland’s health care benefit year begins January 1 and ends December 31.**

What’s Changing This Year?

- » Your FSA annual limit is increasing to \$3,300 and the rollover amount is increasing to \$660 (pending IRS approval).
- » For this year’s open enrollment, we are switching to a new enrollment portal. Employees will complete their enrollment through our new HRIS platform, NEOGOV.

Everyone is required to log in and complete their enrollment in NEOGOV this year. This change will help ensure a smooth transition to the new Benefits platform and allow you to confirm that your selections are exactly as you want them, as well as verify that your personal information, dependent details, and beneficiary data are up to date.

Any Questions?

We’re here to help. Contact Human Relations & Development / Benefits at 432-218-4546 or email benefits@midlandtexas.gov.

Coverage Contribution Details

BENEFITS	AUTOMATIC	VOLUNTARY	WHO PAYS	HOW YOU PAY
MEDICAL		x	You and City of Midland	Before tax*
EAP	x		City of Midland	No cost
DENTAL		x	You and City of Midland	Before tax*
VISION		x	You	Before tax*
BASIC LIFE/AD&D	x		City of Midland	No cost
SUPPLEMENTAL LIFE		x	You	Before tax*
DEPENDENT LIFE/AD&D		x	You	After tax
VOLUNTARY LTD		x	You	After tax
RETIREMENT (TMRS EXCLUDING FIRE)	x		You and City of Midland	Before tax*
RETIREMENT (FIRE PENSION)	x		You and City of Midland	Before tax*

*Your deductions are made on a pre-tax basis. This reduces your taxable income and saves you money on federal taxes.

City of Midland's benefits are designed to support your unique needs.

Eligibility

If you are a full-time employee of City of Midland who is regularly scheduled to 30+ hours per week, you are eligible to participate in medical, dental, vision, life and disability plans, and additional benefits.

Coverage Dates

Your elections are effective on the first of the month following 30 days of full time employment. Benefits cannot be changed until the next enrollment period unless you experience a Qualifying Life Event.

Dependents

Dependents eligible for coverage include:

- » Your legal spouse.
- » Children under the age of 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom you or your spouse have legal guardianship).
- » Dependent children 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

Important: Open Enrollment is Required

Action Needed: All employees must actively participate in Open Enrollment, even if you wish to keep your current benefits for 2026.

No Automatic Renewal: Your current benefit elections will not carry over to the new plan year. If you do not enroll, you will not have coverage in 2026.

Lasting Choices: The selections you make during this period will remain in effect for the entire plan year, unless you experience a Qualifying Life Event.

Dependent Verification

To enroll a dependent in any of the City of Midland benefit plans, it is the employee's responsibility to scan and upload the required supporting documentation to NEOGOV within 30 days of a Qualifying Life Event. **For the birth of a child Qualifying Life Event, employees are granted 60 days to submit the necessary documentation.**

Dependent verification is required to avoid removal of coverage. Supporting documents — such as birth certificates, marriage licenses, and Social Security cards — must be uploaded to NEOGOV in order to confirm eligibility and approve coverage for your dependents. Acceptable dependent verification documents include:

- » **Spouse:** State-issued marriage certificate and Social Security card.
- » **Child:** State-issued birth certificate or certificate of adoption and Social Security card.

Supporting Documents

A Qualifying Life Event (QLE) requires documentation that clearly shows the effective date of coverage loss or gain for each affected individual, applicable to medical, dental, and vision plans. Acceptable forms of documentation include:

- » A letter from the insurance company
- » An employer letter on official letterhead
- » A COBRA statement

Please submit your QLE through NEOGOV by following these steps:

1. On your Dashboard, select the Benefits tab.
2. Click on the Life & Work Event tab.
3. Select Create Life/Work Event.
4. Enter your Event Type and Event Date.
5. Upload your supporting document reflecting the gain or loss of coverage within the last 30 days.

Next Steps:

- » The Benefits team will review your request.
- » If approved, you'll be able to access the Life/Work Event Enrollment.
- » Log in to NEOGOV, choose your benefits, and submit your enrollment.

Any Questions?

Email us: benefits@midlandtexas.gov

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Open Enrollment Checklist

Open Enrollment will take place September 29, 2025 – October 12, 2025. Once the Open Enrollment period closes, your next opportunity to change or elect benefits will not be until the next annual Open Enrollment period, unless you have a qualifying life event. Coverage takes effect on January 1, 2026.

Open Enrollment Action Items

Understand your choices.

You can choose any combination of medical, dental, and/or vision plan coverage. For example, you could opt out of medical and select only dental and vision coverage for yourself. The only condition is that, as an eligible City of Midland employee, you must select coverage for yourself before you can choose coverage for your dependents.

Dependents cannot be added to your coverage unless their Social Security number and birth date are entered into NEOGOV.

Log in to NEOGOV.

Access to NEOGOV is essential for completing your benefit elections, including Annual Open Enrollment, Qualifying Life Events, or New Hire enrollments. The City of Midland uses a single sign-on feature with NEOGOV, so you can log in using the same credentials as your midlandtexas.gov email account.

- » Log in to: neogov.com (select SS0 option)
- » Company Employer Code: midlandtx
- » Username: First Initial Last Name@midlandtexas.gov
- » The same password used to access your midlandtexas.gov email

Update your personal/dependent information.

Confirm your mailing address and phone number are up to date in NEOGOV. If you've experienced any life changes since the last Open Enrollment period – such as the birth of a child or a move – you may need to change your elections or update your pertinent details.

Double-check covered medications.

If you make any changes to your plan, consider how it affects your prescriptions (i.e., will their costs go up or down?).

Review available plans' deductibles.

Think you may have more medical needs than usual this year? You might want a lower deductible. If not, you could switch to a higher deductible plan and enjoy lower premiums.

Consider your FSA.

An FSA can help cover healthcare costs, including dental and vision services and prescriptions. Adding an FSA account to your benefits can help with your long-term financial goals. **To elect an FSA in 2026, you MUST make an active FSA election during Open Enrollment.** FSA elections **do NOT** roll over from year to year.

Check your deductions.

When you elect benefits, you make a payroll contribution toward the cost of your coverage. Contributions for some benefits are based on the level of coverage you select and, in some cases, your age and/or your earnings. Premiums are deducted biweekly over 24 pay periods beginning January 2026. Please review your paychecks to confirm the elections and deductions are correct. For any benefit deduction discrepancies, contact Human Relations and Development / Benefits at 432-218-4546 or email benefits@midlandtexas.gov.

What Are Qualifying Life Events?

You can update your benefits when you start a new job or during Open Enrollment each year. But changes in your life called Qualifying Life Events (QLEs) determined by the IRS can allow you to enroll in health insurance or make changes outside of these times.

<p>When a Qualifying Life Event occurs, you have 30 days to request changes to your coverage through NEOGOV. For a birth or adoption event, while the request must still be made within 30 days, you are allowed up to 60 days to submit the required dependent verification documents. Your change in coverage must be consistent with your change in status.</p>				
 <p>A change in the number of dependents — birth or adoption (30 days to report), or if a child is no longer an eligible dependent (30 days to report)</p>		 <p>A change in a spouse's employment status (resulting in a loss or gain of coverage) (30 days to report)</p>		 <p>A change in employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility (30 days to report)</p>
	 <p>Entitlement to Medicare or Medicaid (60 days to report)</p>		 <p>Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP) (30 days to report)</p>	
 <p>Death in the family (leading to change in dependents or loss of coverage) (30 days to report)</p>		 <p>Turning 26 and losing coverage through a parent's plan (30 days to report)</p>		 <p>Changes in address or location that may affect coverage (30 days to report)</p>
	 <p>Eligibility for coverage through the Marketplace (Healthcare.gov) (60 days to report)</p>		 <p>A change in your legal marital status (marriage, divorce, or legal separation) (30 days to report)</p>	

Qualifying Life Events provide a 30-day window to request benefit changes through NEOGOV. You must also submit the required supporting documentation related to your life event within the same 30-day period. Proof of the event is required, such as a letter from a previous insurance provider or employer, COBRA paperwork, or other official documentation showing the gain or loss of coverage. Additionally, dependent verification is required to maintain coverage. Failure to submit documentation may result in your dependent being removed from coverage.

Reach out to City of Midland's Human Relations and Development / Benefits at 432-218-4546 with questions regarding specific life events and your ability to request changes. **Don't miss out on a chance to update your benefits!**

The Midland Health and Wellness Center is a family medicine practice offering most services at no cost to City of Midland employees. This convenient near-site clinic provides care with minimal wait times. Visit the Health and Wellness Center if you or your covered dependents have a non-life-threatening injury or illness, such as an ear infection, cold, sinus infection, urinary tract infection, fever, cut, bruise, or a sprain. Services are available to adults and children aged two and older who are currently enrolled in the City of Midland's UMR Medical Plan.

Primary Care

- » **Episodic Care:** Treatment of medical conditions, such as upper respiratory infections, rashes, urinary tract infections, and minor injuries.
- » **Management of Chronic Conditions:** Treatment of multiple complicated medical conditions requiring specialty care and/or significant oversight. The Midland Health clinician will work in collaboration with your provider to provide adjunct care and education.
- » **Routine Annual Exams and Screenings**
- » **Annual Physicals:** Includes a physical exam and all external lab processing that is not on the included Exception List.
- » **Annual Women's Health Exams:** Includes pelvic exam and pap smear.
- » **School Physicals:** Routine physicals for students (high school and below) who are dependents of employees of the city. Physicals will be provided during the summer months in conjunction with Midland I.S.D.'s athletic physicals.

Supplemental Primary Care Services

- » **Lab Draws:** For diagnostic and monitoring purposes at the recommendation of onsite clinician. The cost of external lab processing for tests included on the Exception List is a third-party charge and shall be billed to the City of Midland's Health Plan.
- » **Mass Biometric Screenings:** Employee and eligible spouse biometric screening.
- » **Flu Vaccines:** Flu vaccines administered to employees and dependents who are enrolled in the medical plan.

Health Maintenance and Disease Prevention

- » **Health Risk Assessment:** Annual Biometric Screening including Lipid Panel, HA1C, Height, Weight, and Blood Pressure.
- » **Comprehensive Health Review (CHR):** For high-risk individuals and those with chronic disease. One-on-one consultation with onsite clinician to review assessment results, health history and risk appraisal, set goals and recommend strategies to achieve goals.
- » **Lifestyle Risk Reduction:** For high-risk individuals agreeing to follow-up with the Midland Health provider as their personal health coach who will work one-on-one with individuals to change behaviors putting them at risk for certain conditions, addressing lifestyle habits such as physical activity, smoking, diet, stress, weight control, cholesterol and blood pressure.
- » **Wellbeing Improvement Plans:** Individualized well-being improvement plans.
- » **Proactive support** with periodic outreach initiatives designed to identify individuals likely to have an episode of care.

Chronic Condition Coaching

- » **For Individuals with Chronic Diseases:** Diabetes, COPD, asthma, CHF, CAD, HTN, depression, and low back pain.
- » **Work one-on-one** with individuals to develop a treatment plan that aligns with national clinical guidelines for their disease, including coaching, symptom monitoring, and disease education.

health and wellness center



MIDLAND HEALTH

Health and Wellness Center
709 W. Louisiana Ave.
Midland, TX 79707
Call: 432-221-3100

Business Hours: Monday - Friday
8:00 a.m. to 5:00 p.m.
- Walk-In services 8:00 a.m. to 10:00 a.m.
- Appointments available after 10:00 a.m.

Notice Regarding Wellness Program

UMR Group Health Plan is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve participant health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening or annual preventive exam, which may include a blood test for total cholesterol, HDL, LDL, triglycerides, glucose, and cotinine screening. Your blood pressure, height, weight, and waist circumference may also be measured. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, individuals who choose to participate in the wellness program may qualify for the premium discount by earning program credit by completing their PHA at the Midland Health & Wellness Center. See medical rates for details.

Although you are not required to participate in the blood test or other medical examinations or complete the HRA, only participants who do so may qualify for the \$25 (Employees) and \$50 (Employee and Spouse) credit.

Additional incentives may be available for participants who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Relations and Development.

The information from your HRA or blood test or other medical examinations may be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as wellness programming and content. You also are encouraged to share your results or concerns with your own doctor.

Protections From Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and City of Midland may use aggregate information it collects to design a program based on identified health risks in the workplace, UMR Group will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. In order to provide you with services under the wellness program, your personally identifiable health information may be shared with one or more of the following: Lockton Companies.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Relations and Development.

Medical benefits are administered through UMR. The City of Midland offers two plan options: Plan A or Plan B. You should compare the per-period costs, annual deductibles, annual out-of-pocket maximum, and copays/coinsurance when determining the best plan option for you and your family. Keep in mind your choice is effective for the entire 2026 plan year unless you have a Qualifying Life Event.

Medical Premium Discount

City of Midland employees are eligible for a discounted medical premium by completing a Personal Health Assessment (PHA) with their Primary Care Physician or at the Health and Wellness Center. During enrollment, the initial contribution amount for Plan A and Plan B will reflect the higher, non-discounted rate. This amount will be adjusted to the discounted rate once verification is received that you – and your spouse, if covered – have completed the PHA.

PLAN A - NO PHA DISCOUNT

PLAN A - PHA DISCOUNT

BIWEEKLY CONTRIBUTIONS (24 PAY PERIODS)						
COVERAGE TIER	FULL RATE	EMPLOYER COSTS	EMPLOYEE COSTS	FULL RATE	EMPLOYER COSTS	EMPLOYEE COSTS
EMPLOYEE ONLY	\$419.36	\$401.86	\$17.50	\$419.36	\$414.36	\$5.00
EMPLOYEE + SPOUSE	\$788.62	\$713.62	\$75.00	\$788.62	\$738.62	\$50.00
EMPLOYEE + CHILD(REN)	\$679.60	\$642.10	\$37.50	\$679.60	\$654.60	\$25.00
EMPLOYEE + FAMILY	\$955.84	\$793.34	\$162.50	\$955.84	\$818.34	\$137.50

PLAN B - NO PHA DISCOUNT

PLAN B - PHA DISCOUNT

BIWEEKLY CONTRIBUTIONS (24 PAY PERIODS)						
COVERAGE TIER	FULL RATE	EMPLOYER COSTS	EMPLOYEE COSTS	FULL RATE	EMPLOYER COSTS	EMPLOYEE COSTS
EMPLOYEE ONLY	\$477.77	\$406.77	\$71.00	\$477.77	\$419.27	\$58.50
EMPLOYEE + SPOUSE	\$891.31	\$721.81	\$169.50	\$891.31	\$746.81	\$144.50
EMPLOYEE + CHILD(REN)	\$762.15	\$648.65	\$113.50	\$762.15	\$661.15	\$101.00
EMPLOYEE + FAMILY	\$1,084.71	\$803.71	\$281.00	\$1,084.71	\$828.71	\$256.00

Your medical premium contribution is deducted from your paycheck on a pre-tax basis across 24 paychecks. For months with three paychecks, deductions will be made from the first two paychecks only, and the third paycheck will be free of benefit deductions.

Note

Don't miss out on additional benefits offered by UMR! Be sure to check pages 31 - 34 for more information on these valuable programs:

- » Virtual Mental Health Counseling through Teladoc, offering convenient support wherever you are.
- » Virtual Care by Teladoc Health at no cost for common illnesses like cold & flu, pink eye, and more.
- » Talkspace, giving you access to a dedicated therapist from the comfort of your home or on the go.
- » One Pass, designed to support your fitness goals – whether at the gym, at home, or even in the kitchen.

Medical Plan Summary

This chart summarizes the 2026 medical coverage provided by UMR. All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.



	PLAN A		PLAN B	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE				
INDIVIDUAL	\$1,500	\$1,750	N/A	\$250
FAMILY	\$3,000	\$3,500	N/A	\$500
COINSURANCE (PLAN PAYS)	80%*	50%*	70%	50%
ANNUAL OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)				
INDIVIDUAL	\$5,500	\$Unlimited	\$5,500	Unlimited
FAMILY	\$11,000	\$Unlimited	\$11,000	Unlimited
COPAYS/COINSURANCE				
PREVENTIVE CARE	Covered 100%	Covered 50%	Covered 100%	Covered 50%
PRIMARY CARE	You pay 20%	You pay 50%	You pay 30%	You pay 50%
SPECIALIST SERVICES	You pay 20%	You pay 50%	You pay 30%	You pay 50%
DIAGNOSTIC CARE	You pay 20%	You pay 50%	You pay 30%	You pay 50%
MENTAL HEALTH - INPATIENT	You pay 20%	You pay 50%	You pay 30%	You pay 50%
MENTAL HEALTH - OUTPATIENT	You pay 20%	You pay 50%	You pay 30%	You pay 50%
URGENT CARE	You pay 20%	You pay 50%	You pay 30%	You pay 50%
EMERGENCY ROOM	\$50 copay + 20%*	\$50 copay + 20%*	\$50 copay + 30%	\$50 copay + 20%*

*After deductible

The PPO A and PPO B plans have an aggregate deductible, meaning the family deductible amount will include all combined eligible expenses that you and your covered dependents incur. The family deductible amount may be satisfied by one member or a combination of two or more members covered under your medical plan. The same typically applies for the out-of-pocket maximum.

Our Plans Are Self-Funded

Our medical, dental, and pharmacy plans are self-funded. What does that mean? Rather than paying fixed premiums to an insurance carrier as with fully insured plans, City of Midland pays fixed administrative fees to use the carrier's network and pays members' claims from its general assets. This gives City of Midland more control over the plan we select for our employees. Together, the City and employees share the cost of healthcare.

Healthcare Cost Transparency

There are so many different providers and varying costs for healthcare services – how do you choose? Online services called healthcare cost transparency tools can help. Available through most health insurance carriers, these tools allow you to compare costs for services, from prescriptions to major surgeries, to make your choices simpler. To learn more, log in to UMR and select the "Find Costs and Care" tab to gain access to the Health Cost Estimator option.

11 Out-of-Pocket Costs

These are the types of payments you're responsible for:

Copay

The fixed amount you pay for healthcare services at the time you receive them.

Coinsurance

Your percentage of the cost of a covered service. If your office visit is \$100 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be \$20.

Annual Deductible

The amount you must pay for covered services before your insurance begins paying its portion/coinsurance.

Annual Out-of-Pocket Maximum

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.

Online Resources

umr.com

Make umr.com your first stop.

UMR's online accessibility makes managing your health care fast and easy. At umr.com, you'll find everything you want to know – and need to do – as soon as you sign in.

No hassles. No waiting. Just the answers you're looking for anytime, night or day!

Sign in now to:

- » View things to do – your personalized benefits to-do list.
- » Check your benefits and see what's covered.
- » Look up what you owe and how much you've paid towards your deductible.
- » Find a doctor in your network.
- » Learn about medical conditions and your treatment options.
- » Access tools and trusted resources to help you live a healthier life.

Need a new ID Card? It's easy to get a replacement online.

Just select ID Card from the main navigation to see a copy of your card. With a couple more clicks, you can have a new card mailed to your home.

Need your card today? Print a temporary copy from our desktop site. Or use your smartphone to view your ID card or fax a copy to your doctor's office.

Healthcare Cost Estimator Tool

Using your benefit information, UMR's Healthcare Cost Estimator tool can help you look up a treatment procedure in your area and the estimated cost. This tool can also show you how that cost is impacted by your deductible, coinsurance, and out-of-pocket maximum.

Claims Center

Quickly see what you spent on healthcare this year under the Claims menu option. Here you can see a breakdown by the types of services, so you can see where all your money went.

Provider Finder

Under the Find Costs and Care menu option, you can find a provider to find participating doctors and facilities near you.

Mobile App

The UMR app is a smarter, simpler, faster way to manage your healthcare benefits, right from the palm of your hand. With just one tap you can:

- » Access your digital ID card.
- » View your plan details.
- » Find out if there is a copay for your upcoming appointment.
- » Chat, call, or message UMR's member support team.

Download the UMR mobile app today!



For those who prefer to speak with a UMR representative, call 866-868-8307. Spanish Speaking Available

13 Preventive Care



A UnitedHealthcare Company

The City of Midland covers preventive services — at no cost to you!

Routine checkups and screenings are considered preventive, so they're often paid at 100% by your insurance. Some common covered services include:



Wellness visits, physicals, and standard immunizations



Screenings for blood pressure, cancer, cholesterol, depression, obesity, and diabetes



Pediatric screenings for hearing, vision, obesity, and developmental disorders



Anemia screenings, breastfeeding support, and pumps for pregnant and nursing women



Iron supplements (for infants at risk for anemia)



Note

It's important to take advantage of these covered services. But remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. **Read over your benefit summary to see what specific preventive services are provided to you. You can locate the benefit summary by logging in to umr.com and navigating to the Plan Documents section.**

What Vaccines Are Covered 100% Under Preventive Care?

Many vaccines are covered under preventive care when delivered by a doctor or provider in your plan's network. These include chickenpox, flu, shingles, and tetanus. For a full list, visit www.healthcare.gov/preventive-care-adults.

WHERE TO GO FOR CARE



TELEMEDICINE

When would I use this?

You need care for minor illnesses and ailments, but would prefer not to leave home. These services are available by phone and online (via webcam).

What type of care would they provide?*

- Cold & flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Sinus problems

Cost

Plan A & Plan B: \$0 copay



MIDLAND HEALTH & WELLNESS CENTER

When would I use this?

When you or your dependents have a non-life-threatening injury or illness, such as an ear infection, cold, sinus infection, urinary tract infection, fever, cut, bruise, or a sprain. Services provided to dependent child(ren) age two and above.

What type of care would they provide?*

- Primary care
- Management of chronic conditions
- Routine annual screenings
- Immunizations

Cost

Plan A & Plan B: \$0 copay

Midland Health & Wellness Center

709 W. Louisiana Ave., Midland
432-221-3100



PRIMARY CARE CENTER

When would I use this?

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

What type of care would they provide?*

- Routine checkups
- Immunizations
- Preventive services
- Manage your general health

Cost

Plan A: You pay 20%**

Plan B: You pay 30%



URGENT CARE CENTER

When would I use this?

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

What type of care would they provide?*

- Strains, sprains
- Minor broken bones (e.g., finger)
- Minor infections
- Minor burns
- X-rays

Cost

Plan A: You pay 20%**

Plan B: You pay 30%

In-Network Urgent Care Centers

Vital Care

407 Kent St., Midland
4400 N Midland Dr., Midland
3952 E 42nd St., Odessa

Westex

4705 Briarwood Ave., Midland
6301 Andrews Hwy., Midland
5514 North Big Spring St., Midland
6950 Eastridge Rd., Odessa
3490 East Yukon Rd., Odessa
616 N Main St., Andrews



DO YOUR HOMEWORK

What may seem like an urgent care center could actually be a **standalone ER**. These newer facilities come with a higher price tag, so ask for clarification if the word "emergency" appears in the company name.



EMERGENCY ROOM / FREESTANDING ER

When would I use this?

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

What type of care would they provide?*

- Heavy bleeding
- Chest pain
- Major burns
- Spinal injuries
- Severe head injury
- Broken bones

Cost

Plan A: \$50 copay + 20%**

Plan B: \$50 copay + 30%

Freestanding ER

SignatureCare Emergency Center

5409 West Wadley Ave., Midland
2731 North Grandview Ave., Odessa

Emergency Room

Midland Memorial Emergency Department

400 Rosalind Redfern Grover Pkwy., Midland

* This is a sample list of services and facilities and may not be all-inclusive.

**After deductible

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through UMR. **That means you will only have one ID card for both medical care and prescriptions.** Information on your benefits coverage and a list of network pharmacies is available online at umr.com or by calling the Customer Care number on your ID Card. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, Non-Preferred, or Specialty Drugs.

PHARMACY COVERAGE DETAILS (Applicable to Both Plan A and Plan B)

	IN-NETWORK	OUT-OF-NETWORK
RX DEDUCTIBLE	\$100	
RETAIL RX (30-DAY SUPPLY)		
GENERIC	\$0 copay	\$0 copay
PREFERRED	You pay 30%	You pay 30%
NON-PREFERRED	You pay 30%	You pay 30%
SPECIALTY DRUGS	\$150 copay	\$150 copay
MAIL ORDER RX (30-DAY SUPPLY)		
GENERIC	\$0 copay	\$0 copay
PREFERRED	\$90 copay	\$90 copay
NON-PREFERRED	\$90 copay	\$90 copay
SPECIALTY DRUGS	\$90 copay	\$90 copay

Pharmacy and medical deductibles are separate under this Plan. Expenses for pharmacy benefits do not count toward the medical deductible, and medical expenses do not count toward the pharmacy deductible. Each must be met independently, as outlined in the Schedule of Benefits.

Note

- » Always discuss lower cost alternatives with your physician and check the insurance company's website for a complete drug list at optumrx.com.
- » **If you regularly take the same medications, a mail order program may allow you to get a three-month supply for a lower cost, saving you trips to the pharmacy and time waiting in line.**
- » In addition, many chain pharmacies offer certain generic medications at deep discounts, and some will dispense certain antibiotics for free.
- » Check with your pharmacy to determine if any special programs are available.

Generic Drugs

Want to save money on meds? Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety, and strength. Because they are the same medicine, generic drugs are just as effective as the brand names, and they are held to the same rigid FDA standards. But generic versions cost 80% to 85% less on average than the brand-name equivalent. **To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.**

Lowering Medication Costs

How do prescription discount programs work? These discounts can't be combined with your benefit plan's coverage, so make sure to check the price against the cost of using your insurance's prescription drug benefit. Something else to consider: If you choose to use a discount card and are therefore not tapping into your insurance's prescription drug benefit, the cash amount you pay for the prescription may not count toward your deductible or out-of-pocket maximum under the benefit plan.

- » **GoodRx** is a web- and app-based platform that allows you to search for prescription drug coupons and compare pharmacy prices. The company claims a savings of up to 80% on generics.
- » **Optum Perks** also provides coupons for medications and a searchable database for drug cost comparison at participating pharmacies near you. The Optum Perks member card, which can be used at more than 64,000 pharmacies, is free to use and requires no personal data.
- » Another discount option is the **Amazon Prime Rx Savings** discount card, which is included with an Amazon Prime membership and is administered by Inside Rx. It provides discounts of up to 80% for generics and up to 40% for brand-name medication at participating pharmacies.
- » **Cost Plus Drug Company** is a web-based pharmacy that claims to keep costs low by buying directly from the manufacturer. It currently only offers a certain selection of medications and accepts a handful of prescription insurance providers, but it may be worth checking the price difference between Cost Plus and your regular pharmacy.

Manage your Medication Online

The Optum Rx website and app are fast, easy and secure ways to get the information you need to make the most of your pharmacy benefits.

Set up an online account and you can:

- » Check drug prices.
- » Place a home delivery order.
- » Track home delivery order status.
- » Access and print your ID card.
- » Find a network pharmacy.
- » Sign up for automatic refills.
- » View claim and benefit information.

Register Now

To set up your online account:

1. Go to OptumRx.com or scan the QR code below.
2. Select REGISTER on the home page.
3. Enter the information from your ID card.
4. Create a username and password.
5. Complete your profile.

If you already have an account, sign in using your username and password.



Optum Rx®



17 Health Care Flexible Spending Account



Take control of your spending! A Health Care Flexible Spending Account (HCFSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

What Is an HCFSA?

With a UMR Health Care FSA, you can contribute up to \$3,300 annually (for the 2026 plan year) in pre-tax dollars to cover qualified medical expenses such as deductibles, copays, coinsurance, menstrual products, personal protective equipment (PPE), over-the-counter medications, and more. Contributing pre-tax reduces your taxable income, which means more take-home pay. Plus, you can use an HCFSA debit card to pay for eligible expenses at the time of service – no need to wait for reimbursement.

Using Your HCFSA Debit Card

Where to Use:

Use the card at doctors' offices, dentists' offices, pharmacies, and vision service providers.

It **cannot** be used at places that don't provide services covered under the plan unless they follow IRS rules.

Transaction Denial:

If you use it at an ineligible location, the transaction will be denied. Some transactions are "auto-substantiated" (don't need extra paperwork), but some may require documentation.

IRS Rules Still Apply:

Even though you can pay at the point of sale, IRS rules require proof (substantiation) that expenses are eligible.

Keep Your Receipts:

Always save receipts and Explanation of Benefits (EOBs) for any debit card charges in case you need to prove eligibility.

Consequences of No Proof:

Without proof, your card could be suspended and the expense considered taxable.

General Rules

The IRS has the following rules for an HCFSA:

- » Expenses must occur during the 2026 plan year.
- » Funds cannot be transferred between FSAs, such as Health Care to Dependent Care FSAs.
- » The "use it or lose it" rule applies: any unused funds will be forfeited unless your plan offers a carryover.
- » You cannot change your Health Care FSA election mid-year unless you experience a Qualifying Life Event.
- » Terminated employees have 90 days after their termination date to submit HCFSA claims for reimbursement.

HCFSA Carryover:

The City of Midland's HCFSA plan allows the maximum IRS carryover amount to the following year. This carryover applies regardless of whether you re-enroll in the HCFSA for the next plan year.

2026 IRS HCFSA	
Contribution Limit	\$3,300
Carryover Amount	\$660

Please note: IRS limits and rules may change annually.

Submitting Claim Documentation

Notification:

UMR will notify you via letter or email if documentation is needed.

The mobile app also provides updates (e.g., “Paid,” “Documents Needed”).

What Documentation is Needed:

Receipts, itemized statements, or EOBs including:

- » **Who:** Name of the person receiving the service (not required for detailed cash register receipts)
- » **What:** Description of the product/service (e.g., Dental Cleaning, Rx, Over-the-Counter Medications)
- » **When:** Date of service (may differ from payment date)
- » **Where:** Name of provider or retailer
- » **How Much:** Amount paid or owed

Stay Connected

Administered by UMR for the City of Midland’s HCFSAs

Online Account:

- » Check your balance and transactions
- » Submit claim documentation
- » Access educational resources

Website: UMR.com

Phone: 866-868-8307

Download the UMR mobile app today!

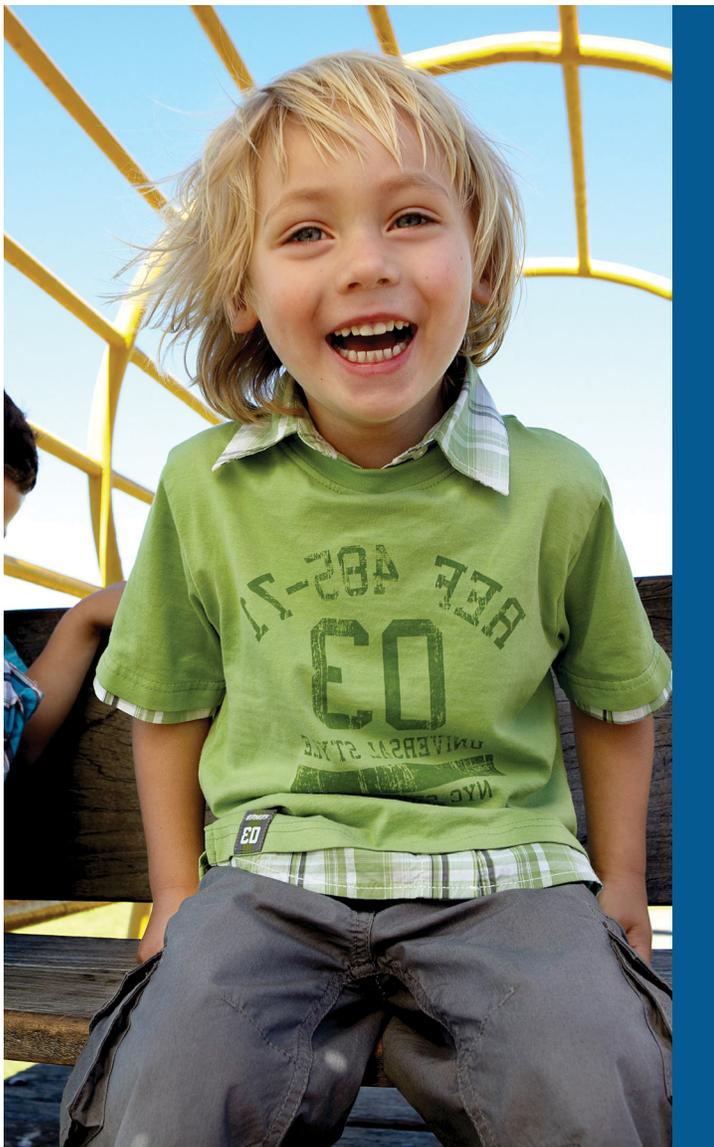


19 Dependent Care Flexible Spending Account

A tax-free account where you set aside pre-tax money to pay for eligible dependent care expenses – for elderly or child dependents – allowing you and your spouse to work or attend school full-time.

What Is a DCFSA?

In addition to the Health Care Flexible Spending Account (HCFSA), you may choose to participate in the Dependent Care Flexible Spending Account (DCFSA) even if you don't elect any other benefits. With a DCFSA, you set aside pre-tax funds to cover expenses related to caring for elderly or child dependents. Unlike the HCFSA, reimbursement from your DCFSA is limited to the total amount currently deposited in your account on a weekly basis.



Eligible Dependents

Dependents must be your spouse, child(ren) or someone you can claim as an exemption for federal income tax purposes. To be covered through your DCFSA, the individual must meet one of the following:

- » A dependent under the age of 13 whom you would be entitled to a deduction under the IRS Code 151(c)
- » A family member who cannot care for themselves and requires supervision

This account covers dependents daycare expenses that are necessary for you and your spouse to work or attend school full-time.

Eligible expenses:

- » In-home babysitting (not provided by a dependent)
- » Licensed nursery or daycare for preschool children
- » Before- and after- school care
- » Day Camp
- » In-house dependent care

General Rules

The IRS has the following rules for a DCFSA:

- » Maximum contribution limit: **\$7,500** pre-tax per year.
- » Cannot claim the same expense on both DCFSA and federal income taxes.
- » **Use-it-or-lose-it:** Unused funds are forfeited at year-end.
- » Election changes are only allowed with Qualifying Life Events.
- » Highly compensated employees (those with family gross earnings of \$160,000 or more last year) may be subject to different contribution limits. Visit www.irs.gov for details.
- » Terminated employees have 90 days post-termination to submit claims.

Please Note: Due to federal regulations, expenses for your domestic partner and your domestic partner's child(ren) may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

How Does DCFSA Work?

- » **Funding:** Your bimonthly contribution amount will be deposited into your account managed by UMR.
- » **Accessing Funds:** You must pay eligible DCFSA expenses directly to the care provider out-of-pocket. Always keep your receipts for documentation.
- » **Requesting Reimbursement:** Submit claims through the mobile app or online at umr.com.
 - **Mobile App Upload:** Snap a photo with your phone camera, and the image is submitted immediately.
 - **Online Upload:** Log in to your account, select your scanned receipt or documentation, and upload it to your claim.

Please Note: Reimbursements apply only to services already received during the current plan year (2026). Payments are made as funds become available, so partial reimbursements may occur if your account balance is insufficient at the time of claim submission.

Stay Connected

Administered by UMR for the City of Midland’s DCFSA.

Consumer Account(s) Online:

- » Check your balance and transactions
- » Submit claim documentation
- » Access educational resources

Website: UMR.com

Phone: 800-826-9781



Note

The Dependent Care FSA is not to be used for medical expenses, nor is it the same as electing medical coverage for dependents. The DCFSA does not include a debit card, and funds are accessed through the reimbursement process.

21 UMR Dental



A UnitedHealthcare Company

Like brushing and flossing, visiting your dentist is an essential part of your oral health. City of Midland offers affordable plan options from UMR for routine care and beyond.

Dental Plan Summary

This chart summarizes the dental coverage provided by UMR for 2026.

	IN-NETWORK
ANNUAL DEDUCTIBLE	
INDIVIDUAL	\$50
FAMILY	\$150
ANNUAL MAXIMUM	
PER PERSON	\$1,500
COVERED SERVICES	
PREVENTIVE SERVICES Oral exams, x-rays, routine cleanings, fluoride treatments, sealants	100%
BASIC SERVICES Fillings, space maintainers, basic oral surgery, periodontal prophylaxis, emergency exams, stainless steel crowns	80%
MAJOR SERVICES Inlays, onlays, crowns, complex oral surgery, root canals, periodontics, endodontics, dentures, bridges, crowns, extractions	50%
ORTHODONTICS Dependent Children and Adults	50%
ORTHODONTIC LIFETIME MAXIMUM	\$1,000

Stay in Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit UMR at umr.com.

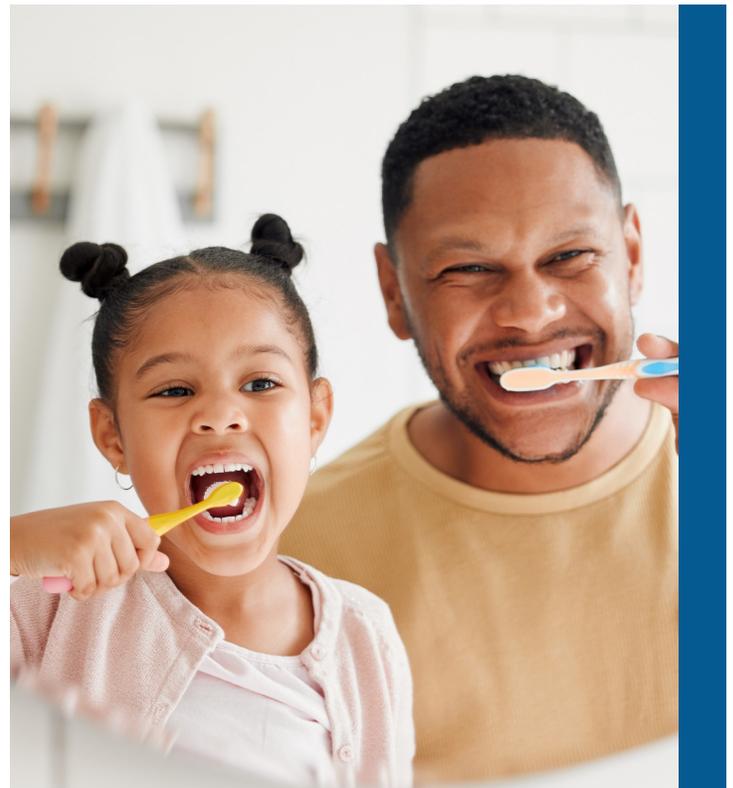
Download the UMR mobile app today!



Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis.

UNITED HEALTHCARE DENTAL PPO			
BIWEEKLY CONTRIBUTIONS (24 PAY PERIODS)			
	FULL RATE	CITY OF MIDLAND CONTRIBUTION	EMPLOYEE CONTRIBUTION
EMPLOYEE ONLY	\$21.09	\$12.34	\$8.75
EMPLOYEE + SPOUSE	\$43.19	\$24.94	\$18.25
EMPLOYEE + CHILD(REN)	\$44.50	\$21.00	\$23.50
EMPLOYEE + FAMILY	\$71.12	\$44.37	\$26.75



Note

According to the CDC, untreated cavities can lead to abscess (a severe infection) under the gums which can spread to other parts of the body and have serious, and in rare cases fatal, results.

Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through Ameritas.

Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis.

VISION PLAN

BIWEEKLY CONTRIBUTIONS (24 PAY PERIODS)

EMPLOYEE ONLY	\$3.74
EMPLOYEE + SPOUSE	\$9.26
EMPLOYEE + CHILD(REN)	\$7.82
EMPLOYEE + FAMILY	\$13.34

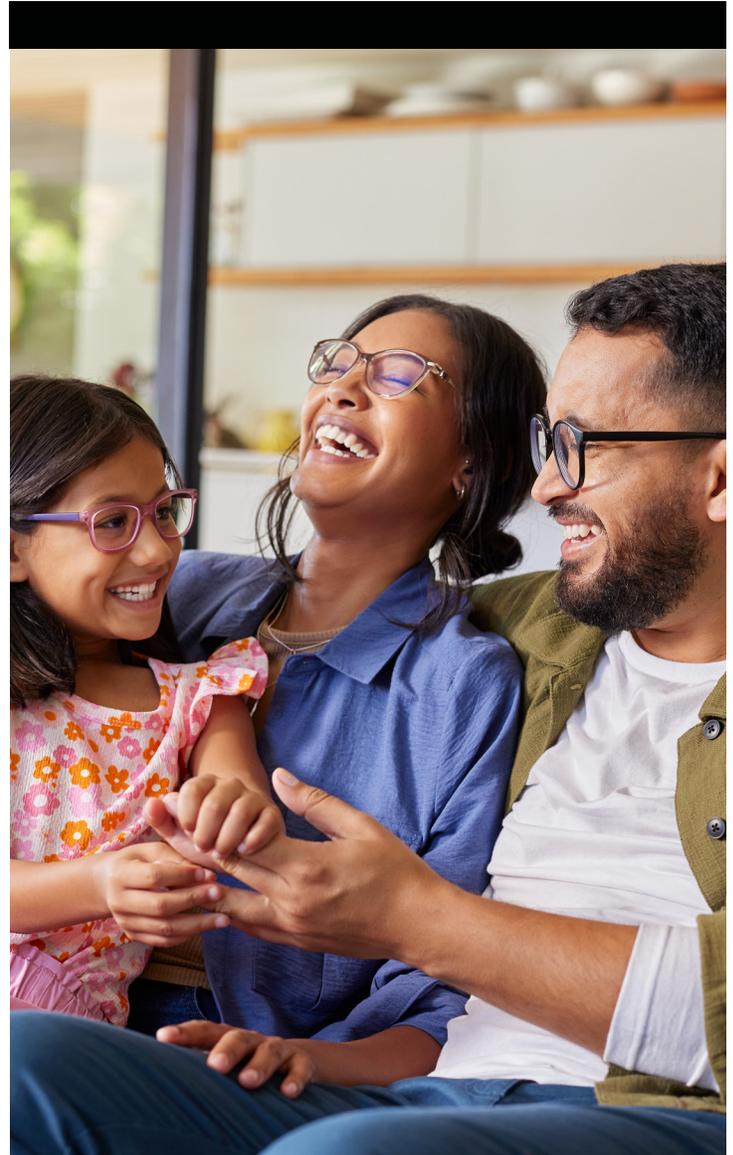
Vision Plan Summary

This chart summarizes the vision coverage provided by Ameritas for 2026.

	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
EXAMS			
COPAY	\$10	\$10	Every 12 months
LENSES			
SINGLE VISION	Covered in full*	Up to \$30	Every 12 months
BIFOCAL		Up to \$50	
TRIFOCAL		Up to \$65	
LENTICULAR		Up to \$100	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
FITTING AND EVALUATION**	You pay up to \$60	No benefit	Every 12 months
ELECTIVE	Up to \$200	Up to \$145	
MEDICALLY NECESSARY	Covered in full	Up to \$210	
FRAMES			
COPAY	\$10	\$10	Every 12 months
ALLOWANCE	\$200 allowance**	Up to \$70	

*After copay

**The Costco and Walmart allowance will be the wholesale equivalent.





23 The Standard Life and AD&D



It's hard to imagine something happening to you, but having a plan in place is essential to ensure your family is taken care of. Life insurance offers financial protection and peace of mind, helping secure your family's future no matter what.

Basic Life and Accidental Death & Dismemberment Insurance

The City of Midland provides employees with NO COST Basic Life and Accidental Death & Dismemberment (AD&D) insurance as part of their basic coverage through The Standard.

If you are a full-time employee, you automatically receive Life and AD&D insurance even if you waive other coverage. The amount of coverage you receive will depend on your Class.

To ensure that your designated loved one receives your benefits, please complete your beneficiary designation through the NEOGOV enrollment portal.

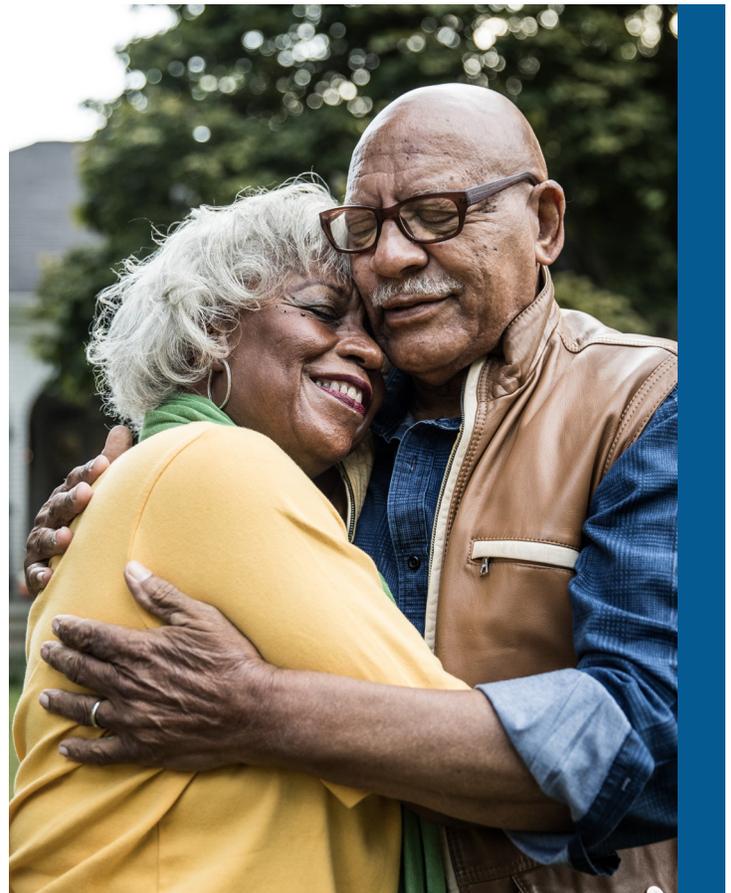
What Is a Beneficiary?

A beneficiary is the person or entity you choose to receive the benefits from your life insurance, retirement plans, or other financial accounts in the event of your death. Naming a beneficiary ensures that your benefits are distributed according to your wishes and helps avoid delays or complications for your loved ones. You can choose one or more beneficiaries and update them at any time, especially after major life events like marriage, divorce, or the birth of a child.

Example: If you list your spouse as the beneficiary on your life insurance policy, they will receive the policy payout if something happens to you. If no beneficiary is named, the funds may go to your estate and be subject to probate, which can delay access to the money.

Note: If you name a minor (typically under age 18) as a beneficiary, they cannot receive the funds directly. The money will be held – often under court supervision – until the child reaches the age of majority (usually 18, but this may vary by state). A court may appoint a guardian to manage the funds in the meantime, which can delay access and add legal complexity.

CLASS 1 - ACTIVE DEPARTMENT HEADS AND DIRECTORS	
ELIGIBILITY	All full-time employees working 30+ hours per week
LIFE BENEFIT AMOUNT	\$100,000
AD&D BENEFIT AMOUNT	\$100,000
CLASS 2 - ALL OTHER ACTIVE MEMBERS	
ELIGIBILITY	All full-time employees working 30+ hours per week
LIFE BENEFIT AMOUNT	\$75,000
AD&D BENEFIT AMOUNT	\$75,000



Voluntary Life and AD&D Insurance

In addition to the insurance provided at no cost to you by City of Midland, you can purchase additional voluntary life and AD&D coverage for yourself, your spouse and child(ren). During this open enrollment, employees enrolled in voluntary life insurance can increase by **one increment (\$10,000) up to the Guaranteed Issue limit** without Evidence of Insurability, as long as coverage has not been previously declined.



VOLUNTARY EMPLOYEE LIFE/AD&D	
COVERAGE AMOUNT	Increments of \$10,000, up to \$500,000
WHO PAYS	Employee
MAXIMUM BENEFIT	\$500,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Newly eligible employees are guaranteed coverage up to \$150,000. Any amount elected above \$150,000 will require EOI. If you decline coverage during your initial enrollment and choose to enroll at a later date, you will be guaranteed coverage up to \$10,000. Any amount above \$10,000 will require EOI.
AGE REDUCTION	65% at age 70; 50% at age 75
VOLUNTARY SPOUSE LIFE	
COVERAGE AMOUNT	Option 1: \$20,000; Option 2: \$10,000; Option 3: \$50,000
WHO PAYS	Employee
MAXIMUM BENEFIT	Option 1: \$20,000; Option 2: \$10,000; Option 3: \$50,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Any increase from initial election
AGE REDUCTION	65% at age 70; 50% at age 75
VOLUNTARY CHILD LIFE	
COVERAGE AMOUNT	Option 1: \$5,000; Option 2: \$5,000; Option 3: \$10,000
WHO PAYS	Employee
MAXIMUM BENEFIT	Option 1: \$5,000; Option 2: \$5,000; Option 3: \$10,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No
DEFINITION OF CHILD	Unmarried child from birth to age 26

Note: If you waive coverage as a new hire, EOI will be required to enroll or increase your coverage during a subsequent enrollment period.

Note

If you choose to elect more than the guaranteed amount for Voluntary Life coverage, you must complete an Evidence of Insurability (EOI) to have your full election approved. An EOI must be submitted to The Standard for any amount over \$150,000 during initial enrollment, and for any increase above \$10,000 during annual open enrollment – especially if the increase brings your total coverage above \$150,000. However, the maximum amount of Voluntary Life insurance you may elect is \$500,000.

Please note: The enrollment portal automatically caps elections at \$150,000 and does not apply the above EOI rules. As a result, we will be monitoring elections and EOI requirements manually outside of the system to ensure compliance.

To assist with this process, you must also complete the Neogov Additional Life Insurance Request Form if you intend to elect coverage above \$150,000 or increase your existing coverage by more than \$10,000 during annual open enrollment. This ensures we are aware of your election and can track any required EOI accordingly.

VOLUNTARY EMPLOYEE LIFE RATES

	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Under 30	\$0.80	\$1.60	\$2.40	\$3.20	\$4.00	\$4.80	\$5.60	\$6.40	\$7.20	\$8.00
30 - 34	\$0.84	\$1.68	\$2.52	\$3.36	\$4.20	\$5.04	\$5.88	\$6.72	\$7.56	\$8.40
35 - 39	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$9.90	\$11.00
40 - 44	\$1.60	\$3.20	\$4.80	\$6.40	\$8.00	\$9.60	\$11.20	\$12.80	\$14.40	\$16.00
45 - 49	\$2.40	\$4.80	\$7.20	\$9.60	\$12.00	\$14.40	\$16.80	\$19.20	\$21.60	\$24.00
50 - 54	\$3.60	\$7.20	\$10.80	\$14.40	\$18.00	\$21.60	\$25.20	\$28.80	\$32.40	\$36.00
55 - 59	\$5.80	\$11.60	\$17.40	\$23.20	\$29.00	\$34.80	\$40.60	\$46.40	\$52.20	\$58.00
60 - 64	\$7.80	\$15.60	\$23.40	\$31.20	\$39.00	\$46.80	\$54.60	\$62.40	\$70.20	\$78.00
65 - 69	\$12.40	\$24.80	\$37.20	\$49.60	\$62.00	\$74.40	\$86.80	\$99.20	\$111.60	\$124.00
70 - 74	\$23.00	\$46.00	\$69.00	\$92.00	\$115.00	\$138.00	\$161.00	\$184.00	\$207.00	\$230.00
75 and Over	\$84.00	\$168.00	\$252.00	\$336.00	\$420.00	\$504.00	\$588.00	\$672.00	\$756.00	\$840.00
	\$110,000	\$120,000	\$130,000	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000
<30	\$8.80	\$9.60	\$10.40	\$11.20	\$12.00	\$12.80	\$13.60	\$14.40	\$15.20	\$16.00
30-34	\$9.24	\$10.08	\$10.92	\$11.76	\$12.60	\$13.44	\$14.28	\$15.12	\$15.96	\$16.80
35-39	\$12.10	\$13.20	\$14.30	\$15.40	\$16.50	\$17.60	\$18.70	\$19.80	\$20.90	\$22.00
40-44	\$17.60	\$19.20	\$20.80	\$22.40	\$24.00	\$25.60	\$27.20	\$28.80	\$30.40	\$32.00
45-49	\$26.40	\$28.80	\$31.20	\$33.60	\$36.00	\$38.40	\$40.80	\$43.20	\$45.60	\$48.00
50-54	\$39.60	\$43.20	\$46.80	\$50.40	\$54.00	\$57.60	\$61.20	\$64.80	\$68.40	\$72.00
55-59	\$63.80	\$69.60	\$75.40	\$81.20	\$87.00	\$92.80	\$98.60	\$104.40	\$110.20	\$116.00
60-64	\$85.80	\$93.60	\$101.40	\$109.20	\$117.00	\$124.80	\$132.60	\$140.40	\$148.20	\$156.00
65-69	\$136.40	\$148.80	\$161.20	\$173.60	\$186.00	\$198.40	\$210.80	\$223.20	\$235.60	\$248.00
70-74*	\$253.00	\$276.00	\$299.00	\$322.00	\$345.00	\$368.00	\$391.00	\$414.00	\$437.00	\$460.00
75+*	\$924.00	\$1,008.00	\$1,092.00	\$1,176.00	\$1,260.00	\$1,344.00	\$1,428.00	\$1,512.00	\$1,596.00	\$1,680.00
	\$210,000	\$220,000	\$230,000	\$240,000	\$250,000	\$260,000	\$270,000	\$280,000	\$290,000	\$300,000
<30	\$16.80	\$17.60	\$18.40	\$19.20	\$20.00	\$20.80	\$21.60	\$22.40	\$23.20	\$24.00
30-34	\$17.64	\$18.48	\$19.32	\$20.16	\$21.00	\$21.84	\$22.68	\$23.52	\$24.36	\$25.20
35-39	\$23.10	\$24.20	\$25.30	\$26.40	\$27.50	\$28.60	\$29.70	\$30.80	\$31.90	\$33.00
40-44	\$33.60	\$35.20	\$36.80	\$38.40	\$40.00	\$41.60	\$43.20	\$44.80	\$46.40	\$48.00
45-49	\$50.40	\$52.80	\$55.20	\$57.60	\$60.00	\$62.40	\$64.80	\$67.20	\$69.60	\$72.00
50-54	\$75.60	\$79.20	\$82.80	\$86.40	\$90.00	\$93.60	\$97.20	\$100.80	\$104.40	\$108.00
55-59	\$121.80	\$127.60	\$133.40	\$139.20	\$145.00	\$150.80	\$156.60	\$162.40	\$168.20	\$174.00
60-64	\$163.80	\$171.60	\$179.40	\$187.20	\$195.00	\$202.80	\$210.60	\$218.40	\$226.20	\$234.00
65-69	\$260.40	\$272.80	\$285.20	\$297.60	\$310.00	\$322.40	\$334.80	\$347.20	\$359.60	\$372.00
70-74*	\$483.00	\$506.00	\$529.00	\$552.00	\$575.00	\$598.00	\$621.00	\$644.00	\$667.00	\$690.00
75+*	\$1,764.00	\$1,848.00	\$1,932.00	\$2,016.00	\$2,100.00	\$2,184.00	\$2,268.00	\$2,352.00	\$2,436.00	\$2,520.00



VOLUNTARY EMPLOYEE LIFE RATES

	\$310,000	\$320,000	\$330,000	\$340,000	\$350,000	\$360,000	\$370,000	\$380,000	\$390,000	\$400,000
<30	\$24.80	\$25.60	\$26.40	\$27.20	\$28.00	\$28.80	\$29.60	\$30.40	\$31.20	\$32.00
30-34	\$26.04	\$26.88	\$27.72	\$28.56	\$29.40	\$30.24	\$31.08	\$31.92	\$32.76	\$33.60
35-39	\$34.10	\$35.20	\$36.30	\$37.40	\$38.50	\$39.60	\$40.70	\$41.80	\$42.90	\$44.00
40-44	\$49.60	\$51.20	\$52.80	\$54.40	\$56.00	\$57.60	\$59.20	\$60.80	\$62.40	\$64.00
45-49	\$74.40	\$76.80	\$79.20	\$81.60	\$84.00	\$86.40	\$88.80	\$91.20	\$93.60	\$96.00
50-54	\$111.60	\$115.20	\$118.80	\$122.40	\$126.00	\$129.60	\$133.20	\$136.80	\$140.40	\$144.00
55-59	\$179.80	\$185.60	\$191.40	\$197.20	\$203.00	\$208.80	\$214.60	\$220.40	\$226.20	\$232.00
60-64	\$241.80	\$249.60	\$257.40	\$265.20	\$273.00	\$280.80	\$288.60	\$296.40	\$304.20	\$312.00
65-69	\$384.40	\$396.80	\$409.20	\$421.60	\$434.00	\$446.40	\$458.80	\$471.20	\$483.60	\$496.00
70-74*	\$713.00	\$736.00	\$759.00	\$782.00	\$805.00	\$828.00	\$851.00	\$874.00	\$897.00	\$920.00
75+*	\$2,604.00	\$2,688.00	\$2,772.00	\$2,856.00	\$2,940.00	\$3,024.00	\$3,108.00	\$3,192.00	\$3,276.00	\$3,360.00
	\$410,000	\$420,000	\$430,000	\$440,000	\$450,000	\$460,000	\$470,000	\$480,000	\$490,000	\$500,000
<30	\$32.80	\$33.60	\$34.40	\$35.20	\$36.00	\$36.80	\$37.60	\$38.40	\$39.20	\$40.00
30-34	\$34.44	\$35.28	\$36.12	\$36.96	\$37.80	\$38.64	\$39.48	\$40.32	\$41.16	\$42.00
35-39	\$45.10	\$46.20	\$47.30	\$48.40	\$49.50	\$50.60	\$51.70	\$52.80	\$53.90	\$55.00
40-44	\$65.60	\$67.20	\$68.80	\$70.40	\$72.00	\$73.60	\$75.20	\$76.80	\$78.40	\$80.00
45-49	\$98.40	\$100.80	\$103.20	\$105.60	\$108.00	\$110.40	\$112.80	\$115.20	\$117.60	\$120.00
50-54	\$147.60	\$151.20	\$154.80	\$158.40	\$162.00	\$165.60	\$169.20	\$172.80	\$176.40	\$180.00
55-59	\$237.80	\$243.60	\$249.40	\$255.20	\$261.00	\$266.80	\$272.60	\$278.40	\$284.20	\$290.00
60-64	\$319.80	\$327.60	\$335.40	\$343.20	\$351.00	\$358.80	\$366.60	\$374.40	\$382.20	\$390.00
65-69	\$508.40	\$520.80	\$533.20	\$545.60	\$558.00	\$570.40	\$582.80	\$595.20	\$607.60	\$620.00
70-74*	\$943.00	\$966.00	\$989.00	\$1,012.00	\$1,035.00	\$1,058.00	\$1,081.00	\$1,104.00	\$1,127.00	\$1,150.00
75+*	\$3,444.00	\$3,528.00	\$3,612.00	\$3,696.00	\$3,780.00	\$3,864.00	\$3,948.00	\$4,032.00	\$4,116.00	\$4,200.00

Please Note: Voluntary Employee Life rates are shown as a monthly rate and will differ from your pay check amounts, which are on a biweekly basis across 24 pay checks.

*Coverage amounts for ages 70 and over reduce due to age reduction

DEPENDENT SUPPLEMENTAL LIFE OPTIONS

OPTION 1 (EMPLOYEE BIWEEKLY COSTS)	OPTION 2 (EMPLOYEE BIWEEKLY COSTS)	OPTION 3 (EMPLOYEE BIWEEKLY COSTS)
\$3.50	\$2.00	\$9.50
COVERAGE AMOUNTS	COVERAGE AMOUNTS	COVERAGE AMOUNTS
Spouse: \$20,000 Child(ren): \$5,000	Spouse: \$10,000 Child(ren): \$5,000	Spouse: \$50,000 Child(ren): \$10,000

27 The Standard Long-Term Disability



You and your loved ones depend on your regular income. That's why City of Midland offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury or illness. A portion of your income is protected until you can return to work or you reach retirement age.

Voluntary Long-Term Disability (LTD) Insurance

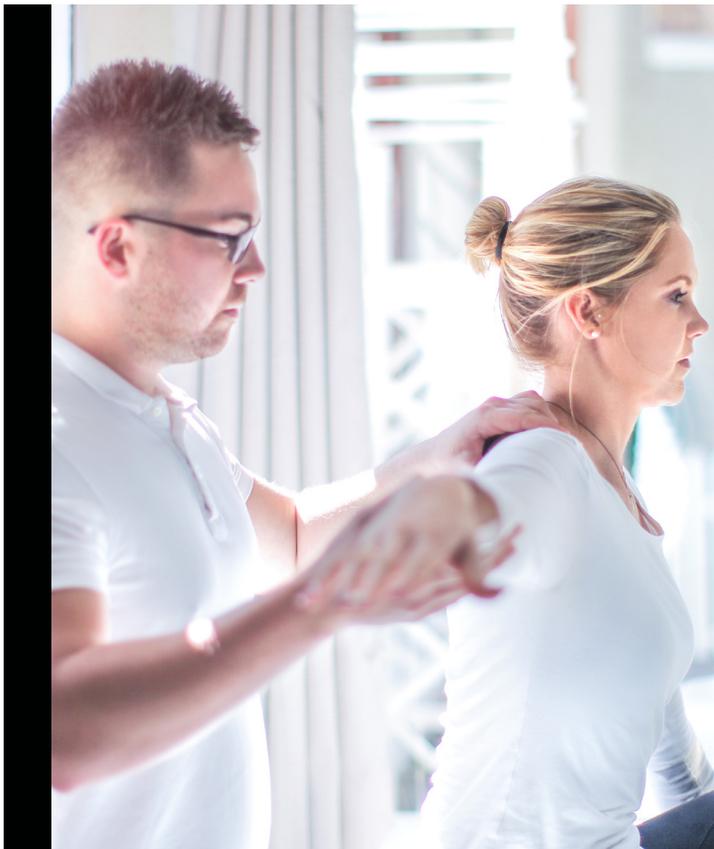
LTD benefits are available for purchase on a voluntary basis. This insurance replaces 66 2/3% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Relations and Development for details.

BENEFIT WAITING PERIOD

ACCIDENTAL INJURY	OTHER DISABILITIES
0 days	3 days
14 days	14 days
30 days	30 days
60 days	60 days
90 days	90 days
180 days	180 days

LONG-TERM DISABILITY BENEFITS

MAXIMUM BENEFIT	The lesser of \$8,000 or 66 2/3% of pre-disability earnings
MINIMUM BENEFIT	25% of your LTD benefit before reduction by deductible income
MONTHLY BENEFIT	\$100 increments
PRE-EXISTING CONDITION LIMITATION	First 90 days of disability will pay regardless; after 90 day of look back period & 12 months of coverage will apply



Note

If you are enrolled in the City of Midland's voluntary Long-Term Disability (LTD) Plan, you and your household members are eligible for additional Employee Assistance Program (EAP) benefits through The Standard.

Health Advocate provides the EAP services. Their professionals can help with referrals to support groups, a network counselor, community resources, or your health plan.

Contact Health Advocate: 888-293-6948

For TTY services, dial 711

answers@healthadvocate.com

healthadvocate.com/standard3

As an added benefit for LTD enrollees, Travel Assistance is available 24/7 to provide support for medical emergencies, travel coordination, and other urgent services while you're traveling away from home.

For more details about the additional benefits provided by The Standard, please refer to pages 35 and 36.



LONG-TERM DISABILITY COSTS

ANNUAL EARNINGS	MONTHLY EARNINGS	MONTHLY DISABILITY (66 2/3)	ACCIDENT/SICKNESS BENEFIT WAITING PERIOD COST PER MONTH					
			0-3	14-14	30-30	60-60	90-90	180-180
\$21,600	\$1,800	\$1,200	\$60.48	\$49.20	\$44.40	\$31.20	\$24.84	\$18.24
\$23,400	\$1,950	\$1,300	\$65.52	\$53.30	\$48.10	\$33.80	\$26.91	\$19.76
\$25,200	\$2,100	\$1,400	\$70.56	\$57.40	\$51.80	\$36.40	\$28.98	\$21.28
\$27,000	\$2,250	\$1,500	\$75.60	\$61.50	\$55.50	\$39.00	\$31.05	\$22.80
\$28,800	\$2,400	\$1,600	\$80.64	\$65.60	\$59.20	\$41.60	\$33.12	\$24.32
\$30,600	\$2,550	\$1,700	\$85.68	\$69.70	\$62.90	\$44.20	\$35.19	\$25.84
\$32,400	\$2,700	\$1,800	\$90.72	\$73.80	\$66.60	\$46.80	\$37.26	\$27.36
\$34,200	\$2,850	\$1,900	\$95.76	\$77.90	\$70.30	\$49.40	\$39.33	\$28.88
\$36,000	\$3,000	\$2,000	\$100.80	\$82.00	\$74.00	\$52.00	\$41.40	\$30.40
\$37,800	\$3,150	\$2,100	\$105.84	\$86.10	\$77.70	\$54.60	\$43.47	\$31.92
\$39,600	\$3,300	\$2,200	\$110.88	\$90.20	\$81.40	\$57.20	\$45.54	\$33.44
\$41,400	\$3,450	\$2,300	\$115.92	\$94.30	\$85.10	\$59.80	\$47.61	\$34.96
\$43,200	\$3,600	\$2,400	\$120.96	\$98.40	\$88.80	\$62.40	\$49.68	\$36.48
\$45,000	\$3,750	\$2,500	\$126.00	\$102.50	\$92.50	\$65.00	\$51.75	\$38.00
\$46,800	\$3,900	\$2,600	\$131.04	\$106.60	\$96.20	\$67.60	\$53.82	\$39.52
\$48,600	\$4,050	\$2,700	\$136.08	\$110.70	\$99.90	\$70.20	\$55.89	\$41.04
\$50,400	\$4,200	\$2,800	\$141.12	\$114.80	\$103.60	\$72.80	\$57.96	\$42.56
\$52,200	\$4,350	\$2,900	\$146.16	\$118.90	\$107.30	\$75.40	\$60.03	\$44.08
\$54,000	\$4,500	\$3,000	\$151.20	\$123.00	\$111.00	\$78.00	\$62.10	\$45.60
\$55,800	\$4,650	\$3,100	\$156.24	\$127.10	\$114.70	\$80.60	\$64.17	\$47.12
\$57,600	\$4,800	\$3,200	\$161.28	\$131.20	\$118.40	\$83.20	\$66.24	\$48.64
\$59,400	\$4,950	\$3,300	\$166.32	\$135.30	\$122.10	\$85.80	\$68.31	\$50.16
\$61,200	\$5,100	\$3,400	\$171.36	\$139.40	\$125.80	\$88.40	\$70.38	\$51.68
\$63,000	\$5,250	\$3,500	\$176.40	\$143.50	\$129.50	\$91.00	\$72.45	\$53.20
\$64,800	\$5,400	\$3,600	\$181.44	\$147.60	\$133.20	\$93.60	\$74.52	\$54.72
\$66,600	\$5,550	\$3,700	\$186.48	\$151.70	\$136.90	\$96.20	\$76.59	\$56.24
\$68,400	\$5,700	\$3,800	\$191.52	\$155.80	\$140.60	\$98.80	\$78.66	\$57.76
\$70,200	\$5,850	\$3,900	\$196.56	\$159.90	\$144.30	\$101.40	\$80.73	\$59.28

Please Note: Long-Term Disability rates are shown as a monthly rate and will differ from your pay check amounts, which are on a biweekly basis across 24 pay checks.

For more rate options or plan details, consult with HR

Pension (excluding Sworn-Fire):

The City of Midland participates in the Texas Municipal Retirement System (TMRS), a statewide retirement program designed to provide employees with long-term financial security in retirement. TMRS offers mandatory savings with employee matching, and employee contributions earn annual interest until retirement, ensuring lifelong benefits.

TMRS Eligibility

All full-time employees are automatically enrolled in TMRS upon hire. Employee contributions are deducted pre-tax from each paycheck, and the city will provide a matching contribution upon retirement.

Midland's Plan:

- » Employees contribute 7% of their gross salary
- » The city will match contributions 2:1 at retirement
- » Employees are vested after 5 years
- » Service credit may be transferred to or from other Texas public retirement systems and/or military service
- » Employees can retire at the age of 60 **OR** after 20 years of service, whichever comes first

City of Midland provides a Supplemental Death Benefit (SDB) to its employees and retirees. Your designated beneficiary will receive one of the following benefit amounts upon your death. **For Employees.** If you die while employed, your beneficiary will receive an SDB equal to your annual salary. **For Retirees.** \$7,500 will be paid to your beneficiary when you die after retirement.

For more information, contact TMRS at 1-800-924-8677 or visit the my.tmrs.com

Fire Pension (Sworn-Fire):

The City of Midland Fire Department participates in the Midland Firemen's Relief and Retirement Fund (MFRRF), a pension fund organized under the Texas Local Firefighters Retirement Act (TLFFRA) designed to provide employees with long-term financial security in retirement. MFRRF offers a defined benefit pension plan, funded in part by employees contributions along with employer contributions, ensuring lifelong benefits.

MFRRF Eligibility

Members of the firefighter's pension fund are automatically enrolled in MFRRF upon hire. Employee contributions are deducted pre-tax from each paycheck, and the city provides their matching contributions to the MFRRF each pay period.

Plan Benefits (as of 8/2025):

- » Employees contribute 14.2% of their gross salary
- » The city contributes 24.2% of gross salary
- » Employees are vested after 10 years
- » Employees qualify for Normal Retirement at age 50 **AND** completion of 20 years of service

For more information, contact MFRRF Pension Administrators at 1-866-952-6329 or visit the fund's website at www.midlandfrf.com

Additional 457(b) retirement accounts are available in the form of deferred compensation through payroll deduction on a pre-tax or Roth basis. This plan allows you to contribute a portion of your salary into an investment account to grow your retirement savings. Employees' enrollment is optional.

Pre-Tax 457(b)

A Pre-tax 457(b) account allows you to make contributions before taxes, reducing your taxable income for the year. Taxes are deferred until you make withdrawals in retirement, at which point the funds are taxed as ordinary income.

Roth 457(b)

A Roth 457(b) account allows you to contribute after-tax dollars, meaning you pay taxes upfront. However, your contributions and any investment growth can be withdrawn tax-free in retirement, provided certain conditions are met. You can select the 457(b) retirement administrator that best suits your financial needs.

457(b) plans are managed by: [Nationwide](#), [Empower](#), or [Corebridge](#) (click each 457(b) plan name to visit their websites)

30 Employee Wellness

You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong. But your mental health is just as important. What do you do to stay healthy mentally? Do you know where you can go when you need help? Whether you need assistance with work-life balance or anxiety, there are resources available to help you out.

Employee Assistance Program

The City of Midland offers an Employee Assistance Program (EAP) through AllOne Health for all employees and their household members at no cost to you. The EAP offers a wide variety of counseling, referral, and consultation services, which are all designed to assist you and your family in resolving work and life issues in order to live happier, healthier, and more balanced lives. From stress, addiction, and change management to locating childcare facilities, legal assistance, and financial challenges, our qualified professionals are here to help. These services are completely confidential and can be easily accessed 24/7, offering you around-the-clock assistance for all of life's changes.

- » **Short-term Counseling** – Counseling sessions with a qualified counselor to assist with issues such as stress, anxiety, grief, marital/family challenges, relationship issues, addiction, etc. Counseling is available via structured telephonic sessions, video, and in-person at local providers offices.
- » **Referrals & Community Resources** – Our team provides referrals to local community resources, member health plans, support groups, legal resources, and child/elder care/daily living resources.
- » **Alternate Modes of Support** – Your EAP offers support alternatives in addition to traditional short-term counseling including telephonic life coaching, AWARE stress reduction sessions, and virtual group counseling.
- » **Work-life Services** – Our work-life consultants are available to assist you with a wide range of daily living resources such as locating pet sitters, event planners, home repair, tutors, travel planning, and moving services.
- » **Child and Elder Care Referrals** – Our child and elder care specialists can help you with your search for licensed child and elder care facilities in your area. Searchable databases and other resources are also available on the Deer Oaks member website.

- » **Take the High Road Ride Reimbursement Program** – Deer Oaks reimburses members for their cab, Lyft, and Uber fares in the event that they are incapacitated due to an impairment by a substance or extreme emotional condition.
- » **Advantage Financial Assist** – Unlimited telephonic consultation with an Accredited Financial Counselor qualified to advise on a range of financial issues such as bankruptcy prevention, debt reduction, financial planning, and identity theft; supporting educational materials available; unlimited online access to a wealth of educational financial resources, links, tools and forms (i.e. tax guides, financial calculators, etc.).
- » **Advantage Legal Assist** – Free 30 minute telephonic or in-person consultation with a plan attorney; 25% discount on hourly attorney fees if representation is required; unlimited online access to a wealth of educational legal resources, links, tools, and forms; and interactive online simple will preparation.

Access your EAP Benefits

Call: 888-993-7650

Online: allonehealth.com/deeroaks

Mobile App



Mental Health and UMR Medical

When your covered AllOne Health services run out of free counseling visits, the City's UMR medical plan covers behavioral and mental health services, as long as the providers and services are in-network.

Through UMR

You can see your choice of network providers in-person or virtually for one-on-one counseling. Outpatient visits are subject to deductible and coinsurance.

Through Teladoc

Via video or telephone, you can receive counseling from the privacy and convenience of your home. Your licensed virtual therapist may provide a diagnosis, treatment, and medication if needed. You can see the same therapist with each appointment and establish an ongoing relationship. There is no cost for virtual behavioral health visits through Teladoc.



Other Mental Health Resources

No matter your problem, whether you're a manager or entry-level employee, don't be afraid to ask for help. There are resources available 24/7.



988 Suicide & Crisis Lifeline

Dial 988 to be connected with 24/7/365 emotional support.

Free, confidential crisis counseling, including appropriate follow-up services, is available no matter where you live in the United States.



Crisis Text Line

Text "HOME" to 741741

Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.



War Vet Call Center

Veterans and their families can call 877-WAR-VETS (877-927-8387) to talk about their military experience and/or readjustment to civilian life.

Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.

32 UMR Added Benefits



A UnitedHealthcare Company

Available to those enrolled into one of the City's medical plans.

Virtual Care for Illnesses – No Cost

UMR provides a virtual medicine benefit through Teladoc for you and your enrolled dependents.

Teladoc doctors can treat many medical conditions, including:

- » Cold & flu
- » Allergies
- » Bronchitis
- » Bladder infection/ urinary tract infection
- » Respiratory infection
- » Pink eye
- » Sore throat
- » Stomachache
- » Sinus problems

Virtual Care for Your Mental Health – No Cost

Teladoc Health licensed therapists and psychiatrists are here for you no matter what you are facing, whether it's big or small. They can help you improve your mood with things like:

- » Learning to stay calm in stressful moments
- » Managing and understanding depression
- » How to handle relationship and family problems
- » Controlling anxiety caused by work or personal issues
- » Working through past trauma
- » Overcoming burnout which could be causing mental or physical exhaustion and irritation.

Virtual Dermatology – Deductible Applies

Teladoc Health Dermatology is available to you in a snap. Upload images of your skin issue online or on the app. You'll receive a custom treatment plan within 24 hours.

Get help with:

- » Acne
- » Rashes
- » Eczema
- » Rosacea
- » And more

How it works:

1. Download the app or go online to register or log in.
2. Complete or update a brief medical history.
3. Upload images of your skin issue online or on the app.

You'll receive a treatment plan within 24 hours of your virtual visit. You may ask questions for up to 7 days after you receive your plan.



Access Teladoc Virtual Visits

Call: 800-835-2362

Visit: www.TeladocHealth.com

Download the Teladoc Health mobile app



33 UMR Added Benefits



A UnitedHealthcare Company

Talkspace

Something on your mind? Talk to a dedicated therapist at home or on the go.

With Talkspace online therapy, you can regularly communicate with a therapist, safely and securely from your phone or desktop. No in-person office visit required. Therapy is available for individuals age **13 or older**. Psychiatry services are provided for those ages **18 and above**.

Here's how Talkspace can fit your life

With Talkspace, you can talk to a therapist no matter where you are.

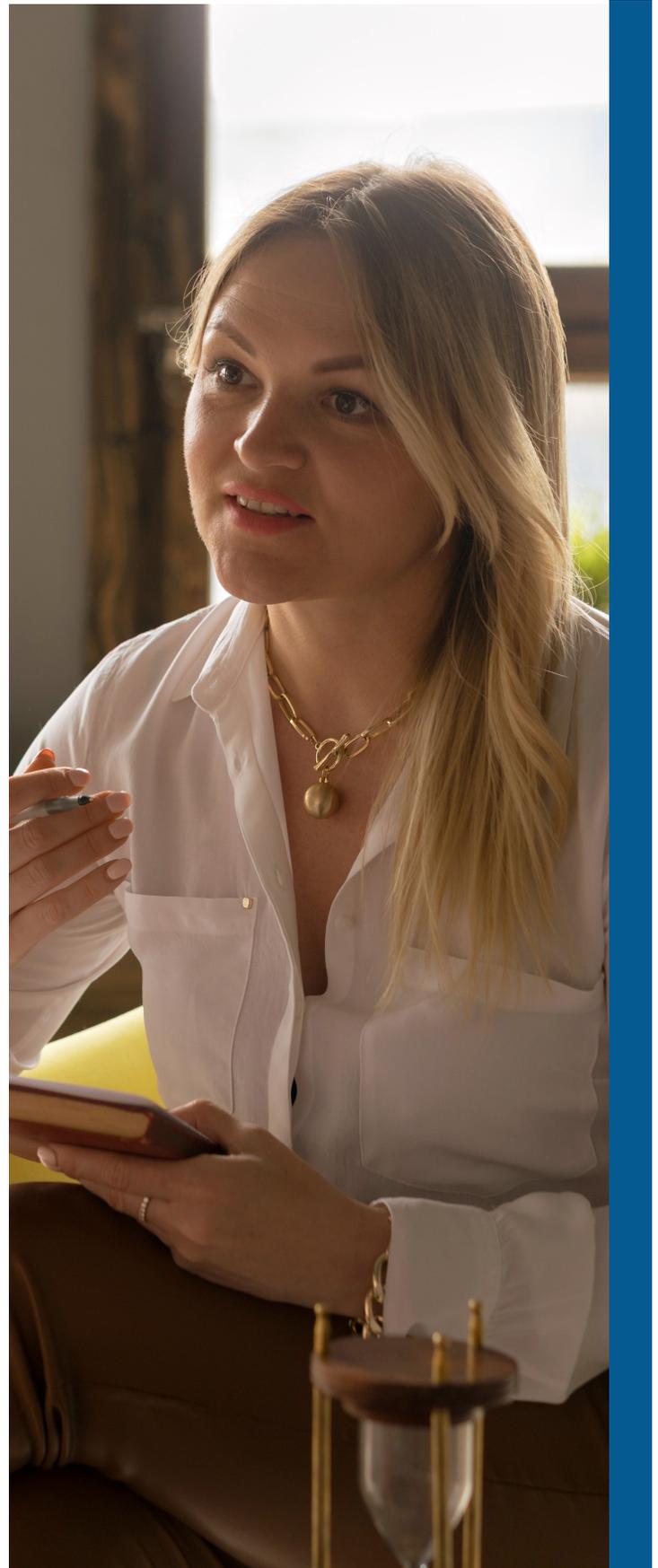
- » Support for anxiety, depression, PTSD, substance use disorders, eating disorders, compulsive disorders and other conditions
- » Specialized clinicians deliver services across all 50 states and are matched to members based on location, needs and preferences
- » Find a therapist with an online matching tool
- » Start therapy within hours of choosing your therapist
- » Choose real-time, face-to-face video visits by appointment
- » Those ages 18 and older can also access Talkspace Psychiatry to schedule live video sessions with a psychiatrist who can help create a tailored treatment plan

Talkspace is convenient, safe, and secure

Simply register (first visit only) at talkspace.com/connect. After you register, download the Talkspace app on your mobile device. Talkspace is also supported by Chrome, Firefox, Safari, or Edge browsers on your desktop computer.

Talkspace is one of many network providers in the UnitedHealthcare behavioral health network. Please refer to the network directory for access to other providers.

Talkspace is covered under your plan's behavioral health benefits.



34 UMR Added Benefits



A UnitedHealthcare Company

One Pass Select

Rediscover Your Passion for Health

One Pass Select can help you reach your fitness goals, while finding new passions along the way. Find a routine that's right for you whether you work out at home or at the gym. Choose a membership tier that fits your lifestyle and provides everything you need for whole body health in one easy, affordable plan.

Find your fit with One Pass Select

At the Gym

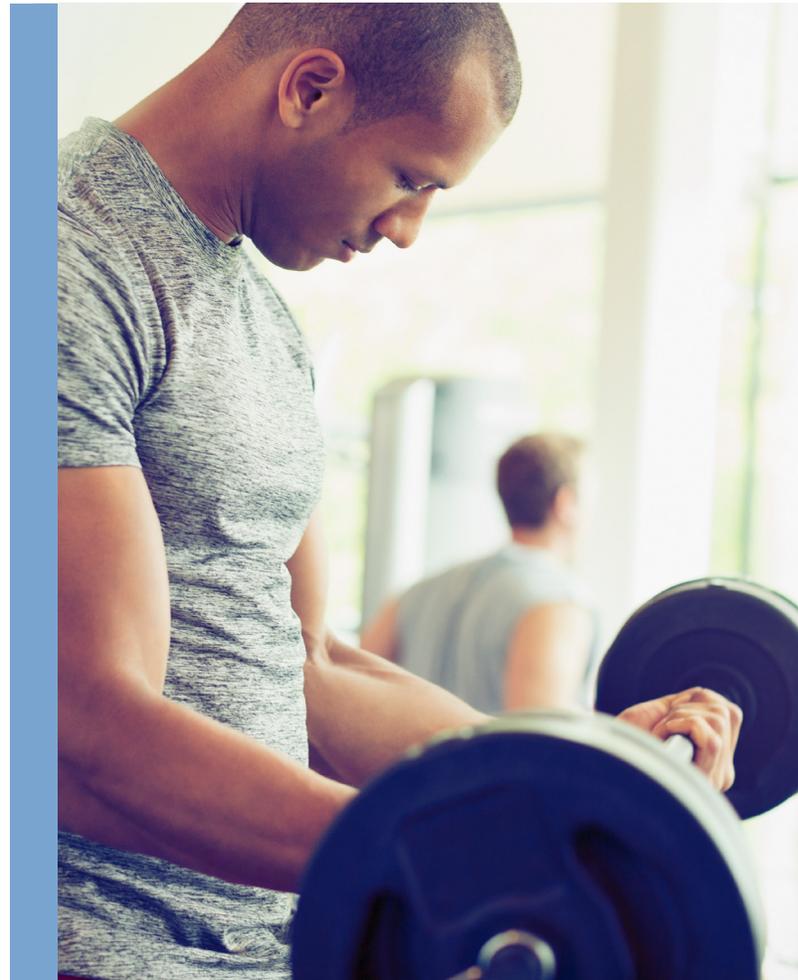
Choose from UHC's large nationwide network of gyms and local fitness studios. Use any gym in the network and create a routine just for you.

At Home

Work out at home with live or on-demand online fitness classes. Try our workout builder to get routines created just for you, no matter what your fitness level and interests are.

In the Kitchen

Get groceries and household essentials delivered to your home. UHC's One Pass program makes it easy to plan for everything you need to enjoy delicious, nutritious meals.



Find the Right Plan for You.

CATEGORY	DIGITAL ONLY	CLASSIC	STANDARD	PREMIUM	ELITE
Monthly Fee	\$10/monthly	\$34/monthly	\$69/monthly	\$109/monthly	\$249/monthly
Gym Network Size	Online Fitness Classes Only	12,000+ gym locations	14,000+ gym and premium locations	16,000+ gym and premium locations	19,000+ gym and premium locations
Grocery Delivery	X	✓	✓	✓	✓

All tiers classic or above come with grocery and home essentials delivery at no extra cost! Learn more and enroll today at [OnePassSelect.com](https://www.onepassselect.com)

35 Additional Benefits



Travel Assistance

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night. You and your eligible dependents are covered with Travel Assistance at no cost to you through your group insurance from Standard.

Security That Travels With You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:

- » Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories
- » Credit card and passport replacement and missing baggage and emergency cash coordination
- » Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission
- » Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains
- » Connection to medical care providers, interpreter services
- » Local attorneys and assistance in coordinating a bail bond
- » Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization
- » Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded
- » Evacuation arrangements in the event of a natural disaster, political unrest and social instability

Access Your Benefits

Call: 800-872-1414

Text: 609-986-1234

Email: medservices@assistamerica.com

Or by downloading the mobile app and using reference number: 01-AA-STD-5201

Note

Educational Assistance Program

Employees are encouraged to continue their formal academic education in areas that will enhance their contribution to City service. Depending on department funding availability, the City of Midland provides tuition reimbursement for employees. Reimbursement amounts are subject to prior approval, course completion and grades obtained. *For more information, speak with your department manager.*

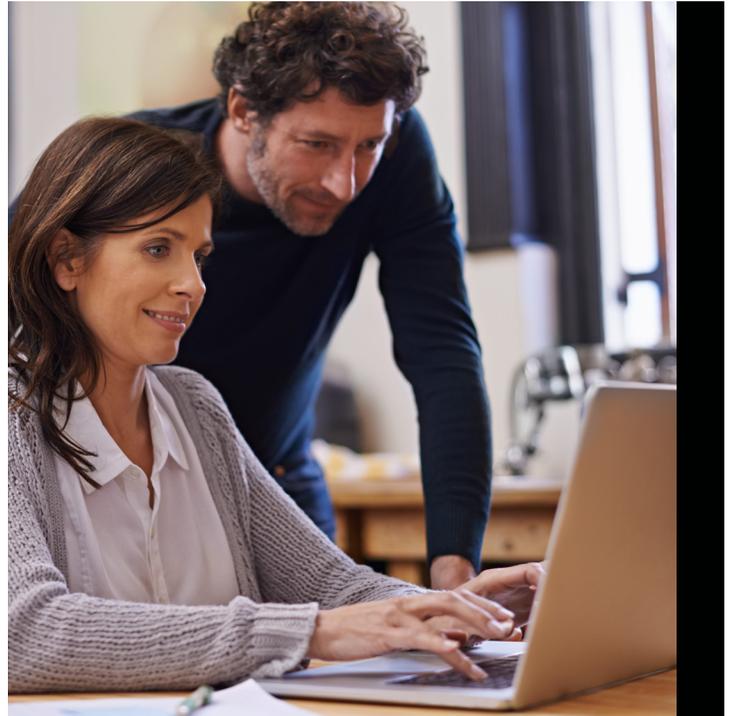
Life Services

Our Life Services Program can help you create a will, make advance funeral plans, and put your finances in order. After a loss, your beneficiary can consult experts by phone or in person and obtain other helpful information online. The Life Services Toolkit is automatically available to those insured under a group Life insurance policy from The Standard at no cost to you!



Services for Beneficiaries

- » **Grief Support:** Care Managers with advanced training are on call to provide up to 6 confidential grief sessions by phone or in person. Our Care Managers may offer your beneficiaries additional grief support through support kits sent to their home, based on each individual's needs.
- » **Legal Services:** In addition to online estate planning tools, your beneficiaries can obtain legal assistance from experienced attorneys. They can schedule an initial office visit or a telephone consultation for up to 30 minutes with a network attorney.
- » **Financial Assistance:** Your beneficiaries can schedule up to 30-minute telephone sessions with financial counselors who can help with issues such as budgeting strategies, and credit and debt management.
- » **Support Services:** During an emotional time, your beneficiaries can receive help planning a funeral or memorial service. WorkLife advisors can guide them to resources to help manage household repairs and chores, find childcare and elder care providers or organize a move or relocation.
- » **Online Resources:** Your beneficiaries can easily access additional services and features on the Life Services Toolkit website for beneficiaries, including online resources about funeral costs, find funeral-related services and make decisions about funeral arrangements.



Services to Help You Now

- » **Estate Planning Assistance:** Online tools walk you through the steps to prepare a will and create other documents, such as living wills, powers of attorney and advance directives.
- » **Financial Planning:** Consult online services to help you manage debt, calculate mortgage and loan payments, and take care of other financial matters with confidence.
- » **Health and Wellness:** Timely articles about nutrition, stress management and wellness help employees and their families lead healthy lives.
- » **Identity Theft Prevention:** Check the website for ways to thwart identity thieves and resolve issues if identity theft occurs.
- » **Funeral Arrangements:** Use the website for guidance on how to begin, to educate yourself on funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.

Access your Benefits

Visit: standard.com/mytoolkit

Username: support

Call: 800-378-5742

Access your Benefits

Visit: standard.com/mytoolkit

Username: assurance

37 Important Contacts

Medical

UMR

866-868-8307

umr.com

Policy #: 76416476

Dental

UMR

866-868-8307

umr.com

Policy #: 7670-03-416476

Vision

Ameritas

800-755-8844

ameritas.com

Policy #: 010-065119

Pharmacy

Optum Rx

877-559-2955

optumrx.com

Flexible Spending Accounts

UMR

866-868-8307

umr.com

Life and AD&D

The Standard

800-628-8600

standard.com

Policy #: 148127-C

Long-Term Disability

The Standard

833-240-6609

standard.com

LTD Policy #: 148127-B

Retirement

Texas Municipal Retirement System (TMRS)

800-924-8677

my.tmrs.com

Midland Firemen's Relief and Retirement Fund (MFRRF)

866-952-6329

www.midlandfrf.com

Employee Assistance Program

AllOne Health

888-993-7650

allonehealth.com/deeroaks

Employee Clinic

Health and Wellness Center

709 W Louisiana Ave.

Midland, TX 79701

432-221-3100

Human Relations & Development

Benefits

300 N. Lorraine Street

Midland, TX 79702

432-218-4546

benefits@midlandtexas.gov

Have Questions About Your Coverage?

When calling an insurance company, always be prepared to provide the following:

- Your full name
- Your member ID or social security number
- Your address or other personal information such as your date of birth
- If calling regarding a claim: the date(s) of service and doctor's name

38 Glossary

Balance Billing – When you are billed by a provider for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

Deductible – The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you’ve paid \$1,000 for covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer’s decision.

Flexible Spending Accounts (FSAs) – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You’ll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are “use it or lose it,” so funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or rollover into the next plan year.

- » **Health Care FSA** – A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren’t covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- » **Dependent Care FSA** – A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.



Network – A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan’s members at discounted costs.

- » **In-Network** – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- » **Out-of-Network** – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- » **Non-Participating** – Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage.

Out-of-Pocket Maximum – The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn’t cover. Check with your carrier to confirm what applies to the maximum.



Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.

- » **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- » **Preferred Drugs** – Brand-name drugs on your provider’s approved list (available online).
- » **Non-Preferred Drugs** – Brand-name drugs not on your provider’s list of approved drugs. These drugs are typically newer and have higher copayments.
- » **Specialty Drugs** – Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered. These medications are usually required to be filled at a specific pharmacy.
- » **Prior Authorization** – A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- » **Step Therapy** – The goal of a Step Therapy Program is to guide employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before “stepping up” to a non-preferred brand.

Reasonable and Customary Allowance (R&C) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.

Required Notices

Important Notice From City of Midland About Your Prescription Drug Coverage and Medicare Under the UMR Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Midland 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:

1. 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.
2. City of Midland has determined that the prescription drug coverage offered by the UMR plan(s) 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 City of Midland coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current 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 City of Midland 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 at the end of these notices 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 City of Midland 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
- » Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "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, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D 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:	January 1, 2026
Name of Entity/Sender:	City of Midland
Contact—Position/Office:	Human Relations & Development / Benefits
Address:	300 N. Loraine Street Midland, TX 79701
Phone Number:	432-218-4546

Women's Health and Cancer Rights Act

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 consultation with the attending physician and the patient, for:

- » All stages of reconstruction of the breast on which the mastectomy was performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- » Prostheses; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Relations & Development / Benefits at 432-218-4546.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Relations & Development / Benefits at 432-218-4546.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Relations & Development / Benefits at 432-218-4546.

