2025-2026 Employee Benefits

Welcome

At City of Killeen, we are committed to your health and well-being. We are proud to provide you and your family with valuable and significant benefits. This Guide is an overview of the benefits available to you and their impact on your compensation as a whole. Please read it carefully in order to make the best choices for you and your family in the 2025-2026 Plan Year.

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We all work together to make City of Killeen a success, and our teamwork extends to your benefits. Your health and well-being are important to us, so we provide benefit options to make your and your family's lives better. Together, let's invest in you. Read over this guide for details on your 2025-2026 benefits. If you have questions, your Human Resources Department is here to help.

See **page 37** for important information concerning Medicare Part D coverage.

In this Guide, we use the term Company to refer to City of Killeen. 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.

Eligibility & Enrollment

City of Killeen offers a variety of benefits to support you and your family's needs. Choose options that cover what's important to your unique lifestyle.

Eligibility

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

When Does Coverage Begin?

You have 30 days to enroll in benefits and your elections are effective on the first of the month following 30 days of employment. You won't be able to change your benefits until the next Open Enrollment unless you experience a Qualifying Life Event.

Eligible Dependents

Dependents eligible for coverage in the City of Killeen benefits plans include:

- Your legal spouse (or common-law spouse where recognized).
- Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children and children for whom legal guardianship has been awarded to you or your spouse).
- 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).

Verification of dependent eligibility is required upon enrollment.

Thoughts & Tips: **You cannot change your benefit selections during the plan year unless you have a Qualifying Life Event, such as marriage and/or the birth or adoption of a child.**

Enroll now. You've got one shot!

What are Qualifying Life Events?

Most people know you can change your benefits when you start a new job or during Open Enrollment. But did you know that changes in your life may permit you to update your coverage at other points in the year? Qualifying Life Events (QLEs) determined by the IRS could allow you to enroll in health insurance or change your elections outside of the annual Open Enrollment.

Common qualifying events include:

- A change in your legal marital status (marriage, divorce or legal separation)
- A change in the number of your dependents (for example, through birth or adoption, or if a child is no longer an eligible dependent)
- A change in your spouse's employment status (resulting in a loss or gain of coverage)
- A change in your employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility
- Entitlement to Medicare or Medicaid
- Eligibility for coverage through the Marketplace
- Changes in your address or location that may affect the coverage for which you are eligible

Some lesser-known qualifying events are:

- Turning 26 and losing coverage through a parent's plan
- Death in the family (leading to change in dependents or loss of coverage)
- Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)

Unless your Qualifying Life Event is due to a loss of coverage under Medicaid or Children's Health Insurance Program (CHIP), you have 30 days from the event to request the appropriate changes to your coverage from the Human Resources Department. Keep in mind your change in coverage must be consistent with your change in status. If you do not notify the Human Resources Department within the 30-day time frame, you will be required to wait until Open Enrollment to enroll or make changes.

Questions regarding specific life events and your ability to request changes should be directed to City of Killeen's Human Resources Department. Don't miss out on a chance to update your benefits!

Enrollment Instructions

As you know, your benefits are an important part of your overall compensation. City of Killeen is proud of our simple, convenient, online benefits enrollment system that makes enrollment faster and easier than ever before!

Employee Benefits Website

Please visit our employee benefits website to register:
https://secure7.saashr.com/ta/6138490.login

Before You Begin

- Please review the plan information available on this benefits website. All benefit summaries, Summary Plan Description (SPDs) and FAQs are accessible for all lines of coverage.
- If you are enrolling your spouse and/or children, please have their dates of birth and social security numbers.

1. Personal Information

Please verify that all the information is accurate. If you see any blank fields or need to make changes, please update the information on this screen.

2. Dependent Information

If you have a spouse or children that you wish to cover, please enter their information in this section. Remember that you will need correct names, dates of birth and social security numbers for all covered individuals.

3. Benefit Selections

The next few screens will present benefits selections by product (medical, dental, vision, life insurance, disability, etc.). Each page will show you the benefits you are eligible for, along with a cost "per paycheck." If at any point you would like to see more information, the expanded benefit summaries, forms, provider links and more can be found below the benefit options. After you've made your selection, click "Continue" to go to the next benefit.

4. Beneficiary Information

It is important that you complete this information. You may select a dependent from the second screen, or you may designate any other person, organization, or estate trust. We recommend updating this information on an annual basis or after any major life event.

5. Benefits Review

This is the final step. Please review your benefit choices and costs. If you wish to make changes to your selections, click on the "Edit" button to update your information. Once you have completed your review, agree to the terms and hit "Continue." You will then be given an opportunity to print a Benefits Confirmation Statement for your personal records.

Wellness

Ready to get in step with health and wellness? You're not in this alone — City of Killeen wants to help move you forward toward a healthier lifestyle with the Blue Points wellness rewards program. The health management program is included in coverage for all employees enrolled in the medical plan and is completely confidential.

Well onTarget understands how hard it can be to maintain a healthy lifestyle. Sometimes, you may need a little motivation. That's why Blue Cross Blue Shield offers the Blue Points program. This program may help you get on track — and stay on track — to reach your wellness goals.

You will be able to earn points for regularly participating in many different healthy activities. You can redeem these points in the online shopping mall, which provides a wide variety of merchandise. Created with your needs in mind, the Blue Points program has many convenient, user friendly, personalized, and flexible features.

Choose From a Large Selection of Rewards

Redeem your points in our online shopping mall. Reward categories include apparel, books, health, and personal care, jewelry, electronics, music, and sporting goods. You will also find discounted items.

Participate in Activities That Match Your Goals

Look how quickly your Blue Points can add up! Log on to wellontarget.com to find all the interactive tools and resources you need to start racking up Blue Points.

Incentives Health Activities

- Wellness activities: Health assessment, health coaching, online self-management programs, and corporate challenges
- Preventive care/screenings: Annual physicals, biometric screening and outcomes, and preventive screenings

Wellness Discount

Preventative care is an important aspect of staying healthy. To help, City of Killeen will provide a wellness discount if you complete an annual physical.

Privacy Reminder: City of Killeen does not have access to individual health information. City of Killeen statistics referenced in this communication are aggregate. Personal health information is always treated privately and we take this very seriously.

Notice Regarding Wellness Program

Wellness 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. 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 participate in the blood test or other medical examinations.

However, individuals who choose to participate in the wellness program may qualify for $50 monthly.

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 254-501-7839.

The information from your 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 Killeen may use aggregate information it collects to design a program based on identified health risks in the workplace, Well onTarget 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, Health Info Shared With .

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 254-501-7839.

Medical Benefits

Medical benefits are provided through Blue Cross Blue Shield of Texas. Choose the plan that works best for your life. Consider the physician networks, premiums and out-of-pocket costs for each plan. Keep in mind your choice is effective for the entire 2025-2026 plan year, unless you have a Qualifying Life Event.

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your monthly contributions.

	HDHP PLAN		PPO PLAN	
MONTHLY COSTS				
	WITH WELLNESS	WITHOUT WELLNESS	WITH WELLNESS	WITHOUT WELLNESS
EMPLOYEE ONLY	$0.00	$50.00	$45.00	$95.00
EMPLOYEE + SPOUSE	$479.38	$529.38	$635.22	$685.22
EMPLOYEE + CHILD(REN)	$157.12	$207.12	$240.04	$290.04
EMPLOYEE + FAMILY	$611.14	$661.14	$803.44	$853.44

How to Find a Provider

Visit www.bcbstx.com or call the Customer Service number listed on the back of your member ID card. You can also download the Blue Cross Blue Shield of Texas app to manage your healthcare wherever you are. Text BCBSTXAPP to 33633 to get the app. When searching for a provider, please use Blue Choice for the network.

Thoughts & Tips:

Most preventive care offered by an in-network physician is covered at 100%.

Medical Benefits

Medical Plan Summary

This chart summarizes the 2025-2026 medical coverage provided by Blue Cross Blue Shield of Texas. All covered services are subject to medical necessity as determined by the plan.

	HDHP PLAN		PPO PLAN	
CALENDAR YEAR DEDUCTIBLE				
	NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER	NETWORK PROVIDER	OUT-OF-NETWORK PROVIDER
INDIVIDUAL	$3,300	$6,600	$3,500	$7,000
FAMILY	$6,600	$13,200	$10,500	$21,000
COINSURANCE (YOU PAY)	30%*	50%	30%*	50%
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)				
INDIVIDUAL	$6,600	$13,200	$8,150	$16,400
FAMILY	$13,200	$26,400	$16,300	$32,600
COPAYS/COINSURANCE				
PREVENTIVE CARE	No charge	50% of allowable amount after deductible	No charge	50% of allowable amount after deductible
PRIMARY CARE	$25 copay*	50% of allowable amount after deductible	$25 copay	50% of allowable amount after deductible
SPECIALIST SERVICES	$75 copay*	50% of allowable amount after deductible	$75 copay	50% of allowable amount after deductible
URGENT CARE	30%*	50% of allowable amount after deductible	$50 copay	50% of allowable amount after deductible
VIRTUAL VISITS	30%*	N/A	No charge	N/A
EMERGENCY ROOM	30%*	50% of allowable amount after deductible	$1,000 copay, then 30% after deductible	$1,000 copay, then 30% after deductible
INPATIENT HOSPITAL	30%*	50% of allowable amount after deductible	$250 per admission copay, then plan deductible and 30%	$250 per admission copay, then plan deductible and 50%
OUTPATIENT HOSPITAL	30%*	50% of allowable amount after deductible	30%*	50% of allowable amount after deductible

*After Deductible

The individual deductible amount must be met by each member enrolled under your medical coverage. If you have several covered dependents, all charges used to apply toward a “per individual” deductible amount will also be applied toward the “per family” deductible amount. When the family deductible amount is reached, no further individual deductibles will have to be met for the remainder of that calendar year. No member may contribute more than the individual deductible amount to the “per family” deductible amount. The same typically applies for the out-of-pocket maximum.

Pharmacy Benefits

Prime Therapeutics, through their partnership with BCBSTX, is your plan's pharmacy services manager and is committed to helping you find cost-effective ways to get your medication(s).

Prescription Drug Coverage for Medical Plans

Since the Prescription Drug Program is coordinated through Blue Cross Blue Shield of Texas, 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 www.BCBSTX.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 (Lowest Cost), Brand (Formulary/Preferred) (Low-mid Cost), Brand (Non-formulary/Non-preferred) (Mid-high Cost), or Preferred Specialty (Highest Cost).

	HDHP PLAN		PPO PLAN	
	NETWORK PHARMACIES	OUT-OF-NETWORK PHARMACIES	NETWORK PHARMACIES	OUT-OF-NETWORK PHARMACIES
RETAIL RX (31-DAY SUPPLY)				
GENERIC	$10*	50% of allowed amount minus copay	$15	50% of allowed amount minus copay
BRAND (FORMULARY/PREFERRED)	$35*	50% of allowed amount minus copay	$35	50% of allowed amount minus copay
BRAND (NON-FORMULARY/ NON-PREFERRED)	$60*	50% of allowed amount minus copay	$70	50% of allowed amount minus copay
PREFERRED SPECIALTY	25% after deductible to a max of $150	Not covered	25% to a max of $150	Not covered
MAIL ORDER RX (90-DAY SUPPLY)				
GENERIC	$25*	N/A	$37.50	N/A
BRAND (FORMULARY/PREFERRED)	$87.50*	N/A	$87.50	N/A
BRAND (NON-FORMULARY/ NON-PREFERRED)	$150*	N/A	$175	N/A
PREFERRED SPECIALTY	25% after deductible to a max of $150	N/A	25% to a max of $150	N/A

*After Deductible

Generic Drugs

Looking to save money on medication costs? You've most likely heard that generic prescription drugs are a more affordable option, so here's the skinny: 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 brand-name drugs and undergo the same rigid FDA standards. But on average, **a generic version costs 80% to 85% less than the brand-name equivalent.** To find out if there is a generic equivalent for your brand-name drug, talk to your doctor.

Note: Apps such as GoodRx let you compare prices of prescription drugs and find possible discounts. If you use these tools, make sure to check the price against the cost through your insurance to get the best deal. Note that these discounts can't be combined with your benefit plan's coverage. As a result, if you choose to use a discount card from an app such as GoodRx, the amount you pay will not count toward your deductible or out-of-pocket maximum under the benefit plan.

BlueCross BlueShield of Texas

Blue Access for Members℠

Health care at your fingertips.

Blue Cross and Blue Shield of Texas helps you get the most from your health care benefits with Blue Access for Members. You and all covered dependents age 18 and up can create a BAM℠ account.

With BAM you can:

- Find care – search for in-network doctors, hospitals, pharmacies and other health care providers
- Get your digital member ID card
- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Sign up for text or email alerts

It's easy to get started.

Use your member ID card to create a BAM account at **bcbstx.com**, or text **BCBSTXAPP** to **33633** to download our mobile app.*

SCAN ME

Scan this QR code to visit bcbstx.com.

*Message and data rates may apply.

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Preventive Care

Most health plans are required to cover a set of preventive services — at no cost to you!

Some age-appropriate screening tests and routine checkups are considered preventive, which means they're often paid at 100%. Keep up to date with your primary care physician to save time and money and keep yourself healthier in the long run. Under the U.S. Patient Protection and Affordable Care Act (PPACA), 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 children ages 6 to 12 months at risk for anemia)

Take advantage of these covered services. However, remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. This means 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.

Where to Go for Care

You think you may be sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new medication, but the pharmacy is closed. Instead of immediately choosing an expensive trip to the emergency room or relying on questionable information from the internet, take a look below at various care centers and resources and the types of care they provide.

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

What are the costs and time considerations?**
- Often requires a copay and/or coinsurance
- Normally requires an appointment
- Usually little wait time with scheduled appointment

Convenience Care

When would I use this?
You need a quick answer to a health issue that does not require immediate medical treatment or a physician visit.

What type of care would they provide?*
Answers to questions regarding:
- Symptoms
- Medications and side effects
- Self-care home treatments
- When to seek care

What are the costs and time considerations?**
- Nurse lines are usually available 24 hours a day, 7 days a week.
- This service is usually free as part of your medical insurance.

VIRTUAL VISITS

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

What are the costs and time considerations?**
- There is usually a first-time consultation fee and a flat fee or copay for any visit thereafter.
- Access to care is usually immediate. Some states may not allow for prescriptions through telemedicine or virtual visits.

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.

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

What are the costs and time considerations?**
- Often requires a copay and/or coinsurance that is usually higher than an office visit
- Walk-in patients welcome, but waiting periods may be longer as patients with more urgent needs will be treated first

EMERGENCY ROOM

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

What are the costs and time considerations?**
- Often requires a much higher copay and/or coinsurance
- Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first

*This is a sample list of services and may not be all-inclusive. **Costs and time information represent averages only and are not tied to a specific condition or treatment.

Virtual Medicine

Virtual medicine is a convenient and easy way to talk to a doctor fast for non-emergency medical care. You can now use virtual medicine through Blue Cross Blue Shield with MDLIVE or get answers to health-related questions with the 24/7 Nurseline.

24/7 Nurseline

The Blue Cross Blue Shield Nurseline is available 24 hours a day, seven days a week. They have registered nurses waiting to talk to you whenever you call the 24/7 Nurseline. The nurses can answer your health questions and try to help you decide whether you should go to the emergency room, urgent care center, or make an appointment with your doctor. The Nurseline can answer questions for you and your family about:

- Asthma
- Dizziness
- Back pain
- Sore throat
- High fever
- And much more

Call the24/7 Nurseline number on the back of your Member ID card. The Nurseline is a free service through your Blue Cross Blue Shield medical plan.

Call 800-581-0393 to reach the 24/7 Nurseline and talk to a nurse. Hours of Operation: Anytime

Live Virtual Visits

MDLIVE is a virtual visit program that provides convenient access to non-emergency medical care. Board-certified MDLIVE doctors are available 24/7/365 by website, mobile app, or phone. The virtual visit can help with the following:

- Acne
- Allergies
- Bronchitis
- Cold and Flu
- Fever
- Headache
- Pink eye
- Sinus infection
- Rash
- Sport injuries
- Respiratory problems
- Vomiting

You can register in a few different ways.

- **Viewing their website at https://members.mdlive.com/bcbstx/**
- **Calling customer service at 888-680-8646**
- **Downloading the MDLIVE app**

You can call customer service on the back of your BCBSTX member ID card to see the cost. MDLIVE accepts HSA and FSA cards.

Health Savings Account

Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in a HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

WEX will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses — no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on www.irs.gov for a complete list.

Eligibility

You are eligible to contribute to an HSA if:

- You are enrolled in an HSA-eligible HSA Plan.
- You are not covered by your spouse's non-HDHP.
- You or your spouse does not have a Healthcare Flexible Spending Account or Health Reimbursement Account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

Pre-tax Paycheck Contributions

Employer Contributions (pre-tax)

HSA

Tax-free Payments (for qualified medical expenses)

Unused funds roll over annually

Thoughts & Tips:

Because HSA funds never expire, contributing your annual maximum to your HSA can help you save to pay for healthcare expenses tax-free after retirement.

You Own Your HSA

Your HSA is a personal bank account that you own and manage. You decide how much you contribute, when to use the money for medical services and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements (you own all contributed HSA funds immediately) or forfeiture provisions (you keep all HSA funds whether you leave the company or retire).

How to Enroll

To enroll in The City of Killeen's HSA, you must elect the Plan 1 (HDHP w/HSA) with The City of Killeen. Submit all HSA enrollment materials and choose the amount to contribute on a pre-tax basis. The City of Killeen will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified.

HSAs and Taxes

HSA contributions are made through payroll deduction on a pre-tax basis when you open an account with WEX. The money in your HSA (including interest and investment earnings) grows tax-free. When the funds are used for qualified medical expenses, they are spent tax-free.*

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax. This is why it's important to know what medical expenses qualify for HSA use and to keep track of where you spend your HSA funds.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2025-2026, contributions (which include any employer contribution) are limited to the following:

2025-2026 HSA FUNDING LIMITS	
EMPLOYEE	$4,300
FAMILY	$8,550
CATCH-UP CONTRIBUTION (AGES 55+)	$1,000

The City of Killeen provides an HSA employer contribution that will be deposited on a quarterly basis.

EMPLOYER HSA CONTRIBUTION	
EMPLOYEE	$123.46

HSA contributions over the IRS annual contribution limits ($4,300 for individual coverage and $8,550 for family coverage for 2025-2026) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

- Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed but won't have to pay a penalty tax.
- Leave the excess contributions in your HSA and pay 6% excise tax on them. Next year consider contributing less than the annual limit to your HSA.

The City of Killeen HSA is established with WEX. You may be able to roll over funds from another HSA. For more enrollment information, contact the Human Resources Department or visit www.wexinc.com.

***State income taxes are also waived on HSA contributions in almost all states.**

Flexible Spending Accounts

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

Healthcare Flexible Spending Account

You can contribute up to $3,300 annually for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them — no waiting for reimbursement.

Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — even if you don't elect any other benefits. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently deposited in your account.

- With the Dependent Care FSA, you can set aside up to $5,000 to pay for child or elder care expenses on a pre-tax basis.
- Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the employee for more than half the year.
- You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent day care expenses that are necessary for you and your spouse to work or attend school full time. Eligible expenses include:

- In-home babysitting services (not provided by a dependent)
- Care of a preschool child by a licensed nursery or day care provider
- Before- and after-school care
- Day camp
- In-house dependent day care

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

Using the Account

Use your FSA debit card at doctor and dentist offices, pharmacies, and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you use the card at an ineligible location.

Submit a claim form along with the required documentation. Contact WEX with reimbursement questions. If you need to submit a receipt, WEX will notify you. Always save receipts for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges in case you need to prove an expense was eligible. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.

General Rules

The IRS has the following rules for Healthcare and Dependent Care FSAs:

- Expenses must occur during the 2025-2026 plan year.
- Funds cannot be transferred between FSAs.
- You are not permitted to claim the same expenses on both your federal income taxes and Dependent Care FSA.
- You must "use it or lose it" — any unused funds will be forfeited.
- You cannot change your FSA election in the middle of the plan year without a Qualifying Life Event.
- Terminated employees have thirty (30) days following termination to submit FSA claims for reimbursement.
- Those considered highly compensated employees (family gross earnings were $155,000 or more last year) may have different FSA contribution limits. Visit www.irs.gov for more info.

Thoughts & Tips: The Dependent Care FSA is not to be used for medical expenses, nor is it the same as electing medical coverage for dependents.

FSA vs HSA

Flexible Spending Accounts		Health Savings Accounts
Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right.	**OWNERSHIP**	You own your HSA. It is a savings account in your name, and you always have access to the funds, even if you change jobs.
You can elect a Healthcare FSA even if you waive other coverage. You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and an HSA.	**ELIGIBILITY & ENROLLMENT**	You must be enrolled in a Qualified HDHP to contribute money to your HSA. You cannot be covered by a spouse's non-High Deductible plan or a spouse's FSA or enrolled in Medicare or TRICARE. You can change your contribution at any time during the Plan Year.
FSA contributions are tax-free via payroll deduction. Funds are spent tax-free when used for qualified expenses.	**TAXATION**	HSA contributions are tax-free; the account grows tax-free; and funds are spent tax-free on qualified expenses.
You can contribute up to $3,300 in 2025-2026 to an FSA. This amount may be increased annually.	**CONTRIBUTIONS**	Both you and your employer can contribute up to $4,300 in 2025-2026 (up to $8,550 for families). Ages 55+ can make an annual $1,000 "catch-up" HSA contribution.
Some plans include an FSA debit card to pay for eligible expenses. If not, you pay up front and submit receipts for reimbursement.	**PAYMENT**	Many HSAs include a debit card to pay for qualified expenses directly. Alternatively, you can save funds for future expenses or retirement.
Any unclaimed funds at the end of the year are forfeited. Exceptions might include an additional 2.5-month grace period for expenses to be incurred and reimbursed, or an allowed rollover amount.	**ROLLOVER OR GRACE PERIOD**	HSA funds roll over from year to year. The account is portable and may be used for future qualified expenses — even in retirement years.
Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, and vision care. A full list is available at www.irs.gov.	**QUALIFIED EXPENSES**	Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, vision care, Medicare Part D plans, COBRA premiums, and long-term care premiums. A full list is available at www.irs.gov.
Dependent Care FSA (pre-tax dollars can be used for elder or child dependent care) and Limited Use FSA (used to pay for eligible dental and vision expenses).	**OTHER TYPES**	There is only one type of HSA.

Please refer to your summary plan description or plan certificate for your plan's specific FSA or HSA benefits.

Supplemental Health Benefits

City of Killeen offers several ways for you to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and is offered at discounted group rates.

Accident Coverage

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact. Accident coverage, available through Allstate, provides benefits for you and your covered family members if you have expenses related to an accident that occurs outside of work. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help you pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits under this plan are payable to you, to use as you wish.

Outpatient Physicians Treatment

This plan pays **$25 for the base plan and $37.50 for the plus plan** for each day a covered person is treated by a physician outside of a hospital for an injury sustained as a result of an accident; or preventive care. This benefit is payable only once per day per covered person, and is limited to 2 days per covered person per calendar year and a maximum of 4 days per calendar year if coverage includes eligible dependents. This benefit does not cover sickness.

	BASE PLAN	PLUS PLAN
MONTHLY CONTRIBUTIONS		
EMPLOYEE ONLY	$8.26	$11.18
EMPLOYEE + SPOUSE	$14.28	$19.30
EMPLOYEE + CHILD(REN)	$21.10	$28.44
EMPLOYEE + FAMILY	$28.92	$39.08

Brief Summary of Benefits*

This chart summarizes the 2025-2026 accident plan cash benefit paid to you and provided by Allstate.

	BASE PLAN	PLUS PLAN
INITIAL HOSPITAL CONFINEMENT	$1,000 + $200 per day ($400 per day for Intensive Care)	$1,250 + $250 per day ($500 per day for Intensive Care)
DISLOCATIONS/FRACTURES	Up to $9,000	Up to $12,000
AMBULANCE	Ground: $300 Air: $900	Ground: $400 Air: $1,200
ACCIDENT PHYSICIANS TREATMENT, URGENT CARE OR EMERGENCY ROOM SERVICES	$150	$200
X-RAY	$300	$400
ACCIDENT FOLLOW-UP TREATMENT	$75	$100
BURNS	Up to $750	Up to $1,000
BRAIN INJURY DIAGNOSIS	$450	$600
COMPUTED TOMOGRAPHY (CT) SCAN AND MAGNETIC RESONANCE IMAGING (MRI) BENEFIT	$75	$100
COMA WITH RESPIRATORY ASSISTANCE	$15,000	$20,000
OPEN ABDOMINAL OR THORACIC SURGERY	$1,500	$2,000
TENDON, LIGAMENT, ROTATOR CUFF OR KNEE CARTILAGE SURGERY BENEFIT WITH REPAIR	Up to $750	Up to $1,000
RUPTURED DISC SURGERY	$750	$1,000
BLOOD AND PLASMA	$450	$600
PHYSICAL THERAPY	$45	$60
APPLIANCE	$188	$250

*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

Supplemental Health Benefits

Critical Illness Coverage

Critical Illness coverage through Allstate pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like; for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses.

Plan Highlights

- Guaranteed Issue Coverage (no medical questions)
- Children are covered at NO COST when you elect employee coverage
- Benefits are payable based on the date of the covered event occurring or the date of diagnosis. Illnesses or occurrences prior to the effective date of coverage will not be payable events
- $50 annual Wellness Benefit is payable for each covered member for completing certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy or stress test (once per year per covered person)

Coverage Amounts:

- Employee: $15,000 or $30,000
- Spouse: $15,000 or $30,000
- Children: 50% of the employee benefit

Covered Conditions and Benefit Amounts*

A covered employee and a covered spouse each have the full benefit amount illustrated below. Any covered child(ren) are covered at 50% of the benefit amount illustrated below.

	COVERED BENEFITS
ADVANCED ALZHEIMER'S DISEASE	100%
ADVANCED PARKINSON'S DISEASE	100%
BENIGN BRAIN TUMOR	100%
COMA	100%
COMPLETE LOSS OF HEARING	100%
COMPLETE LOSS OF SIGHT	100%
COMPLETE LOSS OF SPEECH	100%
CORONARY ARTERY BYPASS SURGERY	25%
END STAGE RENAL FAILURE	100%
HEART ATTACK	100%
MAJOR ORGAN TRANSPLANT	100%
PARALYSIS	100%
PULMONARY EMBOLISM	25%
PULMONARY FIBROSIS	25%
STROKE	100%
SUDDEN CARDIAC ARREST	25%
CANCER BENEFITS	
INVASIVE CANCER	100%
CARCINOMA IN SITU	25%
SKIN CANCER	$250
SPECIFIED CHRONIC ILLNESSES (PAY AFTER 90-DAYS OF LOSS OF ADL'S DUE TO LISTED CONDITION)	
ADRENAL HYPOFUNCTION (ADDISON'S DISEASE)	50%
ARTHRITIS	50%
HUNTINGTON'S CHOREA	50%
LOU GEHRIG'S DISEASE (ALS)	50%
MULTIPLE SCLEROSIS	50%
MUSCULAR DYSTROPHY	50%
OSTEOMYELITIS	50%
OSTEOPOROSIS	50%

*This is a summary. Refer to plan document for details including definitions, plan exclusions and limitations.

Supplemental Health Benefits

	$15,000 COVERAGE				$30,000 COVERAGE			
MONTHLY CONTRIBUTIONS								
EMPLOYEE'S AGE	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	FAMILY	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	FAMILY
18-24	$3.70	$7.38	$3.70	$7.38	$6.58	$13.16	$6.58	$13.16
25-29	$4.78	$9.54	$4.78	$9.54	$8.72	$17.40	$8.72	$17.40
30-34	$6.82	$13.64	$6.82	$13.64	$12.76	$25.50	$12.76	$25.50
35-39	$10.16	$20.30	$10.16	$20.30	$19.30	$38.62	$19.30	$38.62
40-44	$14.14	$28.30	$14.14	$28.30	$27.18	$54.36	$27.18	$54.36
45-49	$20.46	$40.90	$20.46	$40.90	$39.62	$79.24	$39.62	$79.24
50-54	$28.10	$56.18	$28.10	$56.18	$54.68	$109.34	$54.68	$109.34
55-59	$36.12	$72.24	$36.12	$72.24	$70.46	$140.92	$70.46	$140.92
60-64	$47.88	$95.76	$47.88	$95.76	$93.58	$187.16	$93.58	$187.16
65-69	$67.20	$134.38	$67.20	$134.38	$131.66	$263.34	$131.66	$263.34
70-74	$90.46	$180.92	$90.46	$180.92	$177.56	$355.14	$177.56	$355.14
75-79	$110.10	$220.20	$110.10	$220.20	$216.52	$433.04	$216.52	$433.04
80+	$148.76	$297.52	$148.76	$297.52	$293.68	$587.34	$293.68	$587.34

Premiums are based on the Employee's age on the effective date of coverage.
Even if the Spouse is in a different age band, the rates are driven off of the employee's age.
Children are covered at no additional cost, when you elect Employee coverage.

Hospital Indemnity Coverage

Hospital Indemnity Coverage through Allstate pays cash benefits directly to you if you have a covered stay in a hospital. You can use the benefits from this policy to help pay for your medical expenses such as deductibles and copays, travel cost, food and lodging, or everyday expenses such as groceries and utilities.

- Benefits are payable for pregnancy on the first day you have the policy
- Coverage is guaranteed issue; no medical questions

SUMMARY OF BENEFITS*	
FIRST DAY HOSPITAL CONFINEMENT BENEFIT	$500; once per year
DAILY HOSPITAL CONFINEMENT BENEFIT	$100 per day; up to 10 days per continuous confinement
HOSPITAL INTENSIVE CARE BENEFIT (DAILY)	$100 per day; up to 10 days per continuous confinement

*This is a summary. Refer to plan documents for details.

MONTHLY CONTRIBUTIONS	
EMPLOYEE ONLY	$6.72
EMPLOYEE + SPOUSE	$19.44
EMPLOYEE + CHILD(REN)	$9.00
EMPLOYEE + FAMILY	$23.18

Dental Benefits

Brushing your teeth and flossing are great, but don't forget to visit the dentist too! City of Killeen offers affordable plan options for routine care and beyond. Coverage is available from MetLife.

Network Dentists

If you use a dentist who 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 Maximum Allowable Charge (MAC). To find a network dentist, visit MetLife at www.metlife.com.

Dental Premiums

Premium contributions for dental are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your monthly premium.

	LOW PLAN	HIGH PLAN
MONTHLY COSTS		
EMPLOYEE ONLY	$0.00	$5.50
EMPLOYEE + SPOUSE	$29.66	$30.90
EMPLOYEE + CHILD(REN)	$35.00	$48.74
EMPLOYEE + FAMILY	$71.56	$91.86

Dental Plan Summary

This chart summarizes the 2025-2026 dental coverage provided by MetLife.

	LOW PLAN	HIGH PLAN
CALENDAR YEAR DEDUCTIBLE		
INDIVIDUAL	$50	$50
FAMILY	$150	$150
CALENDAR YEAR MAXIMUM		
PER PERSON	$1,500	$3,250
COVERED SERVICES		
TYPE A - PREVENTIVE SERVICES Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Full Mouth X-rays	100% covered	100% covered
TYPE B - BASIC SERVICES Fillings, Oral Surgery, Simple Extractions, Space Maintainers, Periodontal Maintenance, Denture Adjustments and Repairs	80%[1]	80%[1]
TYPE C - MAJOR SERVICES Crowns, Dentures, Bridges	50%[1]	50%[1]
ORTHODONTIA	50% (dependent children only)	50% (dependent children and adults)
ORTHODONTIA LIFETIME MAXIMUM	$1,000	$1,000

[1]After Deductible

Vision Benefits

Don't wear glasses? Even you shouldn't skip an annual eye exam! City of Killeen provides you and your family access to quality vision care with a comprehensive vision benefit through Avesis.

Vision Premiums

Premium contributions for vision are deducted from your paycheck on a post-tax basis. Your tier of coverage determines your monthly premium.

	BASE PLAN	BUY-UP PLAN
MONTHLY COSTS		
EMPLOYEE ONLY	$6.20	$11.62
EMPLOYEE + SPOUSE	$10.86	$20.54
EMPLOYEE + CHILD(REN)	$13.14	$23.72
EMPLOYEE + FAMILY	$16.12	$30.68

Vision Plan Summary

This chart summarizes the 2025-2026 vision coverage provided by Avesis.

	BASE PLAN	BUY-UP PLAN	
	IN-NETWORK	IN-NETWORK	FREQUENCY
EXAMS			
COPAY (EXAM/MATERIALS)	$10/$0	$10/$0	Every calendar year
LENSES*			
STANDARD SINGLE VISION BIFOCAL, TRIFOCAL AND LENTICULAR	Covered in full	Covered in full	Every calendar year
SCRATCH & UV COATINGS	$17/$15	Covered in full	
LEVEL 1 – BASIC PROGRESSIVE LENSES	$75	Covered in full	
LEVEL – 2 ADVANCED PROGRESSIVE LENSES	$110	$110	
POLYCARBONATE (SINGLE VISION/MULTI-FOCAL	$40/$44 (Covered in full up to age 19)	Covered in full	
SOLID OR GRADIENT TINT	$17	Covered in full	
STANDARD ANTI-REFLECTIVE COATING	$45	Covered in full	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
FITTING AND EVALUATION (STANDARD/ CUSTOM)	$50/$75	$50/$75	Every calendar year
ELECTIVE ALLOWANCE	$150	$150	
MEDICALLY NECESSARY	Covered in full	Covered in full	
FRAMES*			
RETAIL ALLOWANCE	$150 + up to 20% discount above allowance	$150 + up to 20% discount above allowance	Every calendar year

*Wholesale pricing applies to participating Walmart/Sam's/Costco locations.
Refer to Benefit Summary for Out-of-Network benefits.

Thoughts & Tips: **More than 150 million Americans use corrective eye wear to compensate for refractive errors.**

Survivor Benefits

It's difficult to think about what would happen if something ever happened to you, but it's important to have a plan in place to make sure your family is provided for. Survivor benefits provide financial protection and security in the event of an absence or unexpected event. Securing Life insurance now ensures your family will be protected for the future.

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

City of Killeen provides employees with Basic Life and AD&D insurance as part of your basic coverage through MetLife, to help protect loved ones, such as a spouse or other designated survivor(s), in the event of your death.

Your Basic Life and AD&D insurance benefits are $15,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you elect to waive other coverage.

TMRS Supplemental Death Benefit (SDB)

The City of Killeen has chosen to offer a Supplemental Death Benefit (SDB) for members and retirees. Survivors of active employees receive an additional benefit approximately equal to the employee's annual salary. If an employee with SDB passes away after retirement, the SDB program pays a lump sum of $7,500 to the designated SDB beneficiary.

What's a Beneficiary?

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life offered by City of Killeen. You receive the benefit payment for a dependent's death under the MetLife Voluntary Life insurance.

Name a primary and contingent beneficiary to make sure your intentions are clear. Make sure to indicate their full name, address, Social Security number, relationship, date of birth and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches majority age at 18. If you need assistance, contact Human Resources Department or your own legal counsel.

Voluntary Life Insurance

Life benefits are an important part of your family's financial security. The basic benefits provided to you by City of Killeen may not be enough to cover expenses in a time of need. Therefore, extra coverage is available to protect you and your family. Eligible employees may purchase additional Voluntary Life insurance for themselves and their family. In order to purchase Voluntary Life insurance for your spouse and/or child(ren), you must also purchase it for yourself.

Voluntary Life Premiums

Premium contributions for voluntary life insurance are deducted from your paycheck on a post-tax basis. Your age range determines you and your spouse's monthly premium.

VOLUNTARY LIFE MONTHLY RATE		
AGE RANGE (AS OF YOUR LAST BIRTHDAY)	MONTHLY COST PER $1,000 OF EMPLOYEE COVERAGE	MONTHLY COST PER $1,000 OF SPOUSE COVERAGE
Less than 30	$0.060	$0.060
30-34	$0.080	$0.080
35-39	$0.100	$0.100
40-44	$0.140	$0.140
45-49	$0.200	$0.200
50-54	$0.280	$0.280
55-59	$0.500	$0.500
60-64	$0.740	$0.740
65-69	$1.280	$1.280
70-74	$2.380	$2.380
75+	$4.400	$4.400

VOLUNTARY CHILD LIFE MONTHLY RATE
ONE RATE COVERS ALL CHILDREN
$0.180 per $1,000

Voluntary Life Insurance Summary

VOLUNTARY EMPLOYEE LIFE	
MAXIMUM COVERAGE AMOUNT	$10,000 increments, up to lesser of 7 times salary or $500,000
MINIMUM COVERAGE AMOUNT	$10,000
NEWLY HIRED EMPLOYEE GUARANTEED COVERAGE AMOUNT	$250,000
CONTINUING EMPLOYEE GUARANTEED COVERAGE ANNUAL INCREASE AMOUNT	Choice of $10,000 or $20,000 not to exceed the Guarantee Issue of $250,000
VOLUNTARY SPOUSE LIFE	
MAXIMUM COVERAGE AMOUNT	$5,000 increments, up to $250,000 and not to exceed 100% of the employee's voluntary life benefit amount
MINIMUM COVERAGE AMOUNT	$5,000
NEWLY HIRED EMPLOYEE GUARANTEED COVERAGE AMOUNT	$75,000
CONTINUING EMPLOYEE GUARANTEED COVERAGE ANNUAL INCREASE AMOUNT	Choice of $5,000 or $10,000 not to exceed the Guarantee Issue of $75,000
VOLUNTARY CHILD LIFE	
BIRTH TO AGE 26 GUARANTEED COVERAGE AMOUNT	Choice of $5,000 or $10,000

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:				
$	x		=	$
Coverage Amount (divided by $1,000)		Rate		Monthly Premium

Voluntary AD&D Insurance

Voluntary Accidental Death & Dismemberment (AD&D) Insurance provides a cash benefit to your loved ones if you die in an accident, or to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight. You can secure AD&D insurance for yourself, your spouse and dependent children by selecting family coverage.

Voluntary AD&D Insurance Summary

This chart summarizes the 2025-2026 Voluntary AD&D insurance provided by MetLife.

EMPLOYEE AD&D	
MAXIMUM COVERAGE AMOUNT	$10,000 increments, up to lesser of 7 times salary or $500,000
MINIMUM COVERAGE AMOUNT	$10,000
EMPLOYEE & FAMILY AD&D	
SPOUSE COVERAGE PERCENTAGE	100% of the employee coverage amount
CHILD(REN) COVERAGE PERCENTAGE	10% of the employee coverage amount

Voluntary AD&D Insurance Premiums

Premium contributions for Voluntary AD&D are deducted from your paycheck on a post-tax basis. Your coverage amount and tier determines your monthly premium.

	VOLUNTARY AD&D
	MONTHLY COST PER $1,000 OF COVERAGE
EMPLOYEE ONLY	$0.036
EMPLOYEE + FAMILY	$0.046

TO CALCULATE HOW MUCH YOUR VOLUNTARY AD&D COVERAGE WILL COST YOU:				
$	x	$0.036	=	$
Coverage Amount (divided by 1,000)		Rate		Monthly Premium

TO CALCULATE HOW MUCH YOUR VOLUNTARY AD&D COVERAGE WILL COST YOU & YOUR FAMILY:				
$	x	$0.046	=	$
Coverage Amount (divided by 1,000)		Rate		Monthly Premium

Income Protection

City of Killeen offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury. A portion of your income is protected until you can return to work or until you reach retirement age.

Voluntary Short Term Disability (STD) Insurance

Short Term Disability benefits are available for purchase on a voluntary basis. STD insurance replaces 60% of your weekly salary if you are out of work due to injury, illness, surgery or recovery from childbirth. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources Department for details. You have two Voluntary STD options to choose from through MetLife.

Option 1

WEEKLY MAXIMUM BENEFIT	60% of your predisability weekly earnings, limited to a weekly benefit of $2,500
ELIMINATION PERIOD	7 days
MAXIMUM BENEFIT PERIOD	25 weeks

Option 2

WEEKLY MAXIMUM BENEFIT	60% of your predisability weekly earnings, limited to a weekly benefit of $2,500
ELIMINATION PERIOD	14 days
MAXIMUM BENEFIT PERIOD	24 weeks

Voluntary Short Term Disability Premiums

VOLUNTARY STD - OPTION 1	
ELIMINATION PERIOD - 7 DAYS	
AGE RANGE (AS OF OCTOBER 1, 2025)	RATE PER $10 COVERED WEEKLY BENEFIT
< 24	$0.448
25-29	$0.448
30-34	$0.448
35-39	$0.440
40-44	$0.484
45-49	$0.588
50-54	$0.672
55-59	$0.904
60-64	$1.114
65-69	$1.268
70-99	$1.338

VOLUNTARY STD - OPTION 2	
ELIMINATION PERIOD - 14 DAYS	
AGE RANGE (AS OF OCTOBER 1, 2025)	RATE PER $10 COVERED WEEKLY BENEFIT
< 24	$0.378
25-29	$0.378
30-34	$0.372
35-39	$0.364
40-44	$0.406
45-49	$0.490
50-54	$0.574
55-59	$1.050
60-64	$1.148
65-69	$1.268
70-99	$1.338

SHORT TERM DISABILITY CONTRIBUTION:			
A. ANNUAL EARNINGS	$30,000	A. ANNUAL EARNINGS	$
B. WEEKLY EARNINGS = (A divided by 52)	$576.92	B. WEEKLY EARNINGS = (A divided by 52)	$
C. WEEKLY BENEFIT = (B x 60%)	$346.15	C. WEEKLY BENEFIT = (B x 60%)	$
D. VALUE PER $10 = (C divided by 10)	$34.62	D. VALUE PER $10 = (C divided by 10)	$
E. ESTIMATED MONTHLY CONTRIBUTION (OPTION 1) (D multiplied by 0.440 age band 35-39)	$15.23	E. ESTIMATED MONTHLY CONTRIBUTION (D multiplied by the applicable age-banded rate)	$

Voluntary Long Term Disability (LTD) Insurance

Long Term Disability (LTD) benefits are available for purchase on a voluntary basis. LTD insurance replaces 60% of your predisability monthly earnings after you are out of work for 180 days or more due to injury, illness or surgery. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources Department for details.

Summary of Benefits

MONTHLY BENEFIT AMOUNT	60% of your predisability monthly earnings, up to $10,000 monthly benefit
ELIMINATION PERIOD	180 days or until the end of the STD Maximum Benefit Period
COVERAGE PERIOD FOR YOUR OCCUPATION	24 months
MAXIMUM COVERAGE PERIOD	The Benefit Duration reduces by Social Security Normal Retirement Age (SSNRA)

Voluntary LTD Premiums

VOLUNTARY LTD	
AGE RANGE (AS OF OCTOBER 1, 2025)	RATE PER $100 COVERED MONTHLY PAYROLL
< 24	$0.074
25-29	$0.116
30-34	$0.226
35-39	$0.342
40-44	$0.474
45-49	$0.640
50-54	$0.858
55-59	$0.988
60-64	$0.738
65-69	$0.262
70-74	$0.262
75-99	$0.262

LONG TERM DISABILITY CONTRIBUTION:			
A. ANNUAL EARNINGS	$30,000	A. ANNUAL EARNINGS	$
B. MONTHLY EARNINGS = (A divided by 12)	$2,500	B. MONTHLY EARNINGS = (A divided by 12)	$
C. VALUE PER $100 = (B divided by 100)	$25	C. VALUE PER $100 = (B divided by 100)	$
D. ESTIMATED MONTHLY CONTRIBUTION (C multiplied by 0.342 age band 35-39)	$8.55	D. ESTIMATED MONTHLY CONTRIBUTION (C multiplied by the applicable age-banded rate)	$

457 Deferred Retirement Account

MissionSquare Retirement

A 457 deferred compensation plan allows you to save and invest money for retirement with tax benefits. Contributions are made to an account in your name for the exclusive benefit of you and your beneficiaries. The value of the account is based on the contributions made and the investment performance over time.

A 457 plan is designed to supplement your retirement income. While a pension and/or Social Security may go a long way, they are unlikely to be enough. Saving to your 457 plan can help you maintain your desired standard of living.

Contributions

Pre-tax contributions you make reduce your taxable income for the year. These contributions and all associated earnings are then not subject to tax until you withdraw them. You also may be able to make after-tax Roth contributions which allow for potentially tax-free earnings. Contribution limits apply — for 2025, you can contribute up to $31,000 if you are age 50 or over. Otherwise the regular annual limit for 2025 is $23,500.

Once 2026 contribution limits are announced, they will be available at www.irs.gov.

To contribute to your 457 plan or change the amount of your current contributions, contact your employer or your MissionSquare Retirement representative for instructions, including whether you can submit these completed MissionSquare Retirement forms to your employer:

- 457 Plan Enrollment Form - to participate for the first time.
- Contribution Change Form - to resume contributions if you previously enrolled, or to increase or decrease current contributions.

Investments

You control how your account is invested, choosing from options selected by your employer.

A typical plan includes a wide range of options, from more conservative stable value funds and CDs to more aggressive bond and stock funds. You may choose to build a diversified portfolio of various funds, select a simple yet diversified target-date or target-risk fund, or rely on specific investment advice through guided pathways.

- To review investment options for your plan, log in to your account.
- To learn more about investing for retirement, visit www.icmarc.org/invest.

Withdrawals

You can make withdrawals from your account when you leave employment. You have the ability to take payments as needed or request scheduled automatic payments. You maintain control over your investments and continue to benefit from tax deferral even after you leave your employer.

During employment, subject to your employer and IRS rules, you may also be able to make withdrawals after age 70½ or due to an unforeseeable emergency. A loan option may also be available.

Withdrawals are generally taxable but, unlike other retirement accounts, the 10% penalty tax does not apply to distributions prior to age 59½ (the penalty tax may apply to distributions of assets that were transferred to the 457 plan from other types of retirement accounts). For detailed tax information, view Special Tax Notice Regarding Plan Payments.

Have a plan for taking withdrawals from your account - both to manage the tax bill and to provide for your future needs. For guidance, view Making a Smart Withdrawal Decision, and our RealizeRetirement website, or contact your MissionSquare Retirement representative.

To request a withdrawal from your MissionSquare Retirement account:

- Log in to your account to see if your employer allows online withdrawals. Select Withdraw Funds from the left-hand menu.
- Or, complete and submit the forms in the 457 Plan Benefit Withdrawal Packet. To obtain a copy, contact Investor Services.

Survivor Benefits

You designate a beneficiary, or beneficiaries, to receive any remaining assets upon your death. Designating beneficiaries can help ensure your assets are paid per your wishes, avoid the potential costs and delays of probate, and allow non-spouse beneficiaries to receive additional tax benefits.

Nationwide

Deferred compensation plans, also known as 457 retirement plans are designed for state and municipal workers and employees of some tax-exempt organizations. If you participate in a 457 plan, you can contribute a portion of your salary to a retirement account. That money and any earnings you accumulate are not taxed until you withdraw them.

With a 457 retirement savings plan:

- There isn't a minimum retirement age
- There isn't a 10% federal penalty for early withdrawal of funds, although withdrawals are subject to ordinary income taxes
- There is a withdrawal option for unforeseen emergencies that meet certain legal criteria, if all other financial resources are exhausted

Distributions are available in a lump sum, annual installments or as an annuity. There is no tax withholding if you leave for a new job and roll over your money into an IRA or your new employer's 401(k), 403(b) or 457 plan — or if you take regular installments for 10 years or more. (All other distributions are subject to 20% withholding for federal taxes.)

Keep in mind that federal income tax laws are complex and subject to change. Neither Nationwide nor our representatives give legal or tax advice. Please consult your attorney or tax advisor for answers to specific questions.

Additional Benefits

City of Killeen cares about you and wants you to succeed in all aspects of life, so we offer a variety of additional benefits to help make your day-to-day easier.

Employee Assistance Program

We know life is complicated, and sometimes we all just need a little help. Our Employee Assistance Program (EAP) helps manage your and your family's total health, including mental, emotional and physical. And it comes at no cost to you — whether you're enrolled in a Company-sponsored medical plan or not.

Through this program, you have access to mental health assistance and legal and financial help from a number of professionals. You have 24-hour access to helpful resources by phone, and the EAP benefit includes 5 in-person , phone, or video consultations for you and your eligible household members per issue, per calendar year. All services provided are confidential and will not be shared with City of Killeen. You may access information, benefits, educational materials and more either by phone at 888-319-7819 or online at www.metlifeeap.lifeworks.com.
Username: metlifeeap Password: eap

The Program provides referrals to help with:

- Emotional health and well-being
- Alcohol or drug dependency
- Marriage or family relationship problems
- Job pressures
- Stress, anxiety, depression
- Grief and loss
- Financial or legal advice

Travel Assistance

Travel Assistance provides emergency medical and personal assistance services while traveling — anytime, anywhere.

To complement your MetLife insurance coverage, you have access to Travel Assistance services, a unique program where you and covered family members can contact AXA representatives to administer emergency medical, travel and personal assistance services globally.

Use your Travel Assistance if you need:

- Medical assistance while traveling
- Medical evacuation
- Evacuation due to natural disaster or political unrest
- Assistance while traveling with your pet
- Help with lost documents, credit cards or luggage while traveling
- Replacement prescription medication while traveling
- Assistance with identity theft concerns

Contact MetLife Travel Assistance at:
U.S.: 800-454-3679
Outside U.S.: 312-935-3783
Or log on to: www.metlife.com/travelassist

Will Preparation

Having a will prevents unnecessary stress and ensures your final wishes are clear. We offer valuable legal resources to assist with creating or updating a will at no additional cost with your Supplemental Life coverage.

Choose to meet with any of our more than 18,500 network attorneys in-person or by phone for a one-on-one consultation. There are no claim forms to file for covered services when using a network attorney — fees are taken care of through your plan. If desired, you can use an out-of-network attorney, and the fees reimbursed for these services are based on a set fee schedule.

Expert guidance is just a click away

Simply visit legalplans.com/estateplanning to get started!

Beneficiary Assistance

The loss of a loved one can be hard to deal with. That's why Beneficiary Grief Counseling services help provide comfort, encouragement, and hope to your beneficiaries. This service is included at no additional cost with your life insurance coverage. Confidential Assistance is available 24/7 and your beneficiary is eligible for up to 5 counseling sessions in-person or by phone. Online self-help resources are also available to help beneficiaries through the grieving process.

Contact LifeWorks Counselor at 866-307-1405
Or visit metlifebene.lifeworks.com
Username: metlifebene
Password: support

Funeral Planning Services

Through Dignity Memorial, you and your family can access compassionate counselors and discounts on funeral services through North America's largest funeral homes and cemetery providers.

- Discounts up to 10% off funeral, cremation and cemetery services.
- Expert assistance available year-round to help guide confident decisions.
- Planning Services available online, over the phone, or by paper to make final wishes easier to manage.
- Bereavement Travel Services to assist with time-sensitive travel arrangements.

Contact Dignity Memorial today at 1-866-853-0954 or visit www.finalwishesplanning.com.

Glossary

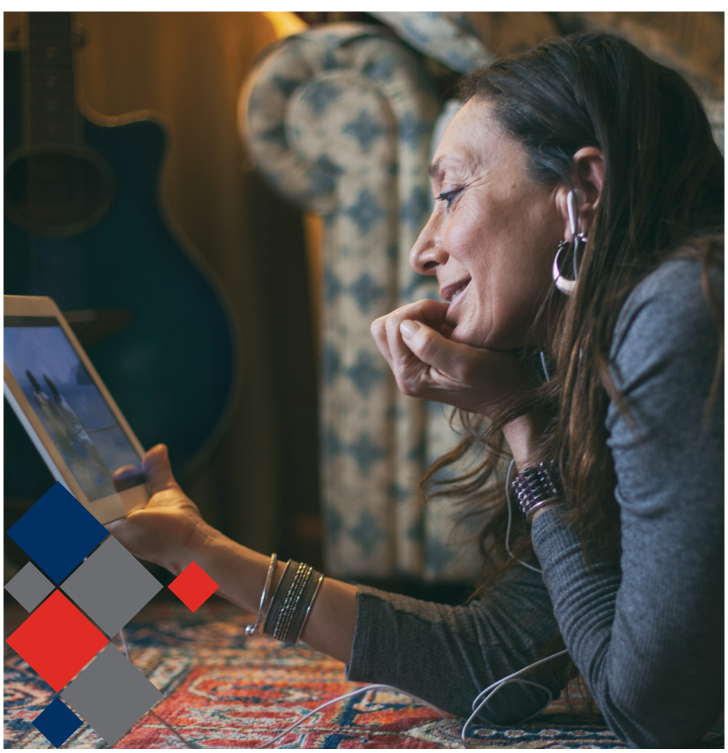
Balance Billing – When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $60, you may be billed by the provider for the remaining $40.

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, as determined by your insurance plan, you pay for healthcare services received.

Deductible – The amount you owe for healthcare services before your health 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," meaning that funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or a rollover into the next plan year.

- **Healthcare 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.

Health Savings Account (HSA) – A personal healthcare bank account funded by your or your employer's tax-free dollars to pay for qualified medical expenses. You must be enrolled in a HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable, so if you change jobs your account goes with you.

High Deductible Health Plan (HDHP) – A plan option that provides choice, flexibility and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, there are no copays and all qualified employee-paid medical expenses count toward your deductible and your out-of-pocket maximum.

Maximum Allowable Charge (MAC) – Refers to the maximum amount that will be paid for a covered services from a provider.

Network – A group of physicians, hospitals and other 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, make changes or decline coverage.

Out-of-Pocket Maximum – The most you pay during a policy period (usually a 12-month period) before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, 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.

- **Tier 1 –** 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.
- **Tier 2 –** Brand-name drugs on your provider's approved list (available online).
- **Tier 3 –** Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- **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 steer 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.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, your insurance carrier provides you 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 Killeen About Your Prescription Drug Coverage and Medicare Under the BCBS HDHP and UHC PPO 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 Killeen 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 Killeen has determined that the prescription drug coverage offered by the BCBS HDHP and UHC PPO 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 Killeen 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 Killeen 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 Killeen 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:	October 1, 2025
Name of Entity/Sender:	City of Killeen
Contact—Position/ Office:	Human Resources
Address:	718 N 2nd St, Bldg H, Suite B Killeen, TX 76541
Phone Number:	254-501-7839

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 Resources at 254-501-7839.

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 Resources at 254-501-7839.

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 Resources at 254-501-7839.

Important Contacts

MEDICAL
Blue Cross Blue Shield of Texas
888-697-0683
www.bcbstx.com

HEALTH SAVINGS ACCOUNT
WEX
866-451-3399
www.wexinc.com
Policy #: 23007

FLEXIBLE SPENDING ACCOUNTS
WEX
866-451-3399
www.wexinc.com
Policy #: 23007

DENTAL
MetLife
800-GET-MET8
www.metlife.com
Group #: 233865

VISION
Avesis
800-828-9341
www.avesis.com
Group #: 10771-1596

ACCIDENT, CRITICAL ILLNESS AND HOSPITAL INDEMNITY
Allstate
800-521-3535
www.allstatebenefits.com

LIFE AND AD&D
MetLife
800-GET-MET8
www.metlife.com
Policy #: 233812

DISABILITY
MetLife
800-GET-MET8
www.metlife.com
Group #: 233812

EMPLOYEE ASSISTANCE PROGRAM
MetLife
800-GET-MET8
www.metlifeeap.lifeworks.com
Username: metlifeeap
Password: eap

Blue Cross Blue Shield of Texas
Website

CITY OF KILLEEN HUMAN RESOURCES DEPARTMENT
718 N. 2nd St. Bldg H, Suite B
Killeen, TX 76541
254-501-7839
COK-Benefits@killeentexas.gov


KILLEEN
CITY HALL
101 NORTH COLLEGE STREET
KILLEEN
TEXAS