

The Unique Dining Capital of Texas ★ est. 1881



# Roanoke

# Employee Benefits

## 2024-2025

500 SOUTH OAK ST.



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Have questions about your benefits or need help enrolling?

Call the *Employee Response Center*:

**1-866-419-3518**

They are available to take your call Monday-Friday 8AM-5PM



Or by email:

**[helpline@higginbotham.net](mailto:helpline@higginbotham.net)**

# Welcome

We are pleased to offer you a comprehensive benefits package intended to protect your well-being and financial health. This guide is your opportunity to learn more about the benefits available to you and your eligible dependents beginning October 1, 2024.

To get the best value from your health care plan, please take the time to evaluate your coverage options and determine which plans best meet your health care and financial needs. By being a wise consumer, you can support your health and maximize your health care dollars.

Each year during Open Enrollment, you have the opportunity to make changes to your benefit plans. The enrollment decisions you make this year will remain in effect through September 30, 2025. You may make changes to your benefit elections only when you have a Qualifying Life Event. After such an event, you can make changes to your health care coverage within 30 calendar days; otherwise, you cannot make changes to your benefits coverage until the next Open Enrollment period.

## Availability of Summary Health Information

Our employee benefits program offers two health coverage options. To help you make an informed choice and compare your options, a Summary of Benefits and Coverage (SBC) is available, which summarizes important information about your health coverage options in a standard format.

The SBC is available on the web at [www.bcbstx.com](http://www.bcbstx.com) or by calling the Employee Response Center.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 27-28 for more details.

# Eligibility

You are eligible for benefits if you are a full-time employee working at least 30 hours per week (40 hours per week is required for some benefits). Your coverage is effective the first of the month after your date of hire. You may also enroll eligible dependents for benefits coverage. The cost to you for dependent coverage will vary depending on the number of dependents you enroll in the plan and the particular plans you choose. When covering dependents, you must select the same plans for your dependents as you select for yourself.

## Eligible Dependents include:

- Your legal spouse
- Your children under the age of 26: natural or adopted child, step child, child for whom you are the legal guardian, grandchild (unmarried and supported by you for federal income tax purposes).
- Coverage for an unmarried, disabled child, supported by you, may be continued past age 26. Proof of such condition and dependence may be required.

Benefit	When Benefit Begins	When Benefit Ends
Medical, Dental, Vision, Legal & ID Theft Services	The first day of the month following your hire date.	The last day of the month you leave the City.
HealthJoy Telemedicine, Flexible Spending Accounts, Health Savings Accounts, Employee Assistance Program, Basic Life and AD&D, Voluntary Life/AD&D, Short & Long Term Disability	The first day of the month following your hire date.	Your last day at the City. Some of these benefits may be portable. Check plan summaries for details.
Accident Plan, Critical Illness w/ Cancer	The <b>later</b> of the first day of the month following your hire date or the completion of your enrollment.	The last day of the month you leave the City. Benefits are portable. Contact Aflac within 31 days if you wish to continue the benefits.

## Changing Benefits Coverage

Once you elect your benefit options, they will remain in effect for the entire plan year until the following Open Enrollment. You may only change coverage during the plan year if you have a Qualifying Life Event, and you must do so within 30 calendar days of the event.

## Qualifying Life Events include:

- Marriage, divorce, legal separation or annulment
- Birth, adoption or placement for adoption of an eligible child
- Death of a spouse or child
- Change in your spouse's employment that affects benefits eligibility
- Change in your child's eligibility for benefits (reaching the age limit)
- Change in residence that affects your eligibility for coverage
- Significant change in coverage or cost in your, your spouse's or child's benefit plans
- FMLA leave, COBRA event, Court Judgment or Decree
- Becoming eligible for Medicare or Medicaid
- Receiving a Qualified Medical Child Support Order

If you have a Qualifying Life Event and want to request a mid-year change, you must notify **Human Resources** and complete your election changes within 30 days following the event. Be prepared to provide documentation to support the Qualifying Life Event.

# How To Enroll



1. Go to [www.benefitsinhand.com](http://www.benefitsinhand.com) (*First time users follow steps 2-5. Returning users login and start at step 6.*)
2. If this is your very first time to login, click on the New User Registration link .  
\*Once you register you will just use your username and password to login\*
3. Enter your personal information and Company Identifier of **RoanTX** and click **Next**.
4. Create a Username (*work email address recommended*) and Password and then **check** "I agree to terms and conditions" **BEFORE** you click **Finish**.
5. If you used an email address as your username, you will receive a validation email to that address. Once you've validated that email address, you may now log into the system.
6. Click the **Start** button to begin the enrollment process.
7. Confirm or update your personal information and click **Save & Continue**.
8. Edit or add dependents that need to be covered on your benefits. Once all dependents are listed click **Save & Continue**.
9. Follow the steps on the screen for each benefit to make your selection. Please notice there is an option to decline coverage. If you want to decline, click the **Don't want this benefit?** button and select the reason you are declining.
10. Once you have elected or declined all benefits you will see a summary of your selections. Click the **Agree** button. **Your enrollment is not complete until you click agree.**



Follow this QR code to visit [www.benefitsinhand.com](http://www.benefitsinhand.com)

# Medical Coverage

BlueCross BlueShield

City of Roanoke offers two medical plans, provided by BlueCross BlueShield. The PPO allows access to both in-network and out-of-network providers, but you will get better discounts and pay less money by remaining in-network. All out-of-network services are subject to Reasonable and Customary (R&C) limitations and you are responsible for all charges over this allowance.

## Preferred Provider Organization (PPO)

The PPO option offers the freedom to see any provider when you need care. When you use providers from within the BlueCross BlueShield PPO network, you receive benefits at the discounted network cost. If you use non-PPO providers, you will pay more for services.

## High Deductible Health Plan (HDHP)

The HDHP is similar to the PPO in that you have the option to choose any provider when you need care. However, in exchange for a lower per-paycheck cost, you must satisfy a higher deductible that applies to almost all health care expenses.

## Preventive Services

Your health plan covers screenings and services with no out-of-pocket costs like copays or coinsurance as long as you visit a doctor in your plan's provider network. Preventive benefits are for men, women, and children.

### Nicotine Surcharge

During the enrollment process in BenefitsInHand, you will be asked if you are a current nicotine product user. If you answer "yes" to this question, you will be assessed a \$25.00 surcharge per pay period over 24 pay periods.

## Balance Billing (Surprise Billing)

When you receive emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing. If you believe you've been wrongly billed, you may contact BCBS at the number on your ID card.

Visit [www.CMS.gov/nosurprises](http://www.CMS.gov/nosurprises) for more information about your rights under federal law.

## Health Coverage Reminder

The Patient Protection and Affordable Care Act (PPACA) requires most individuals to have minimum essential health coverage. You may obtain coverage through your employer or through the Marketplace.

- Depending on your income and the coverage offered by your employer, you may be able to obtain lower cost private insurance in the Marketplace.
- If you buy insurance through the Marketplace, you may lose any employer contribution to your health benefits.
- Visit [www.HealthCare.gov](http://www.HealthCare.gov) for Marketplace information.

**REMINDER:** You may only purchase insurance through the Marketplace if you experience a qualifying event OR during Open Enrollment. The Federal Marketplace Open Enrollment dates are November 1 through December 15.

# Medical Coverage

BlueCross BlueShield

PPO Plan		
	IN-NETWORK	OUT-OF-NETWORK
<b>Calendar Year Deductible</b>		
Individual / Family	\$1,500 / \$4,500	\$3,000 / \$9,000
<b>Calendar Year Out-of-Pocket Maximum (Includes Deductible)</b>		
Individual / Family	\$4,500 / \$13,500	Unlimited / Unlimited
<b>You pay</b>		
<b>Coinsurance / Copays</b>		
Preventive Care	Covered 100%	40% after Deductible
Primary Care Physician	\$35	40% after Deductible
Specialist	\$70	40% after Deductible
Diagnostics test (x-ray, blood work)	20% after Deductible	40% after Deductible
Imaging (CT/PET scans, MRIs)	20% after Deductible	40% after Deductible
Urgent Care	\$75	40% after Deductible
Emergency Room	\$500 + Deductible + 20%	\$500 + Deductible + 20%
Inpatient Hospital Care	20% after Deductible	40% after Deductible
Outpatient Surgery	20% after Deductible	40% after Deductible
<b>Pharmacy* Retail RX (up to 31 day supply)</b>		
Preferred generic	\$0/\$10	\$10 + 50%
Non-preferred generic	\$10/\$20	\$20 + 50%
Preferred brand	\$50/\$70	\$70 + 50%
Non-preferred brand	\$100/\$120	\$120 + 50%
Preferred specialty	\$150	\$150 + 50%
Non-preferred specialty	\$250	\$250 + 50%
<b>Mail Order RX (up to 90 day supply) - 3x retail copay</b>		
*Copays listed are at Preferred Pharmacies, which include Walgreens, Walmart, Sam's Club, Albertsons, Tom Thumb, and Roanoke Pharmacy. This is not a complete list. <b>CVS and CVS Target are OUT OF NETWORK.</b> Your prescription will be filled with a generic drug if one is available. If you or your physician request the Brand name drug then you pay the applicable copay <b>plus the difference in the drug cost.</b>		

## Medical Insurance Premiums

	Monthly Premium	City's Contribution	Employee Monthly Cost	Employee Cost Per Pay Period (24pp)
Employee Only	\$570.27	\$500.27	\$70.00	\$35.00
Employee + Spouse	\$1,326.06	\$846.06	\$480.00	\$240.00
Employee + Child(ren)	\$1,201.96	\$1,005.96	\$196.00	\$98.00
Employee + Family	\$1,957.92	\$1,257.92	\$700.00	\$350.00

# Medical Coverage

BlueCross BlueShield

High-Deductible Health Plan (HDHP)		
	IN-NETWORK	OUT-OF-NETWORK
<b>Calendar Year Deductible</b>		
Individual / Family	\$3,500 / \$7,000	\$7,000 / \$14,000
<b>Calendar Year Out-of-Pocket Maximum (Includes Deductible)</b>		
Individual / Family	\$5,000 / \$10,000	Unlimited / Unlimited
<b>You pay</b>		
<b>Coinsurance / Copays</b>		
Preventive Care	Covered 100%	40% after Deductible
Primary Care Physician	20% after Deductible	40% after Deductible
Specialist	20% after Deductible	40% after Deductible
Diagnostics test (x-ray, blood work)	20% after Deductible	40% after Deductible
Imaging (CT/PET scans, MRIs)	20% after Deductible	40% after Deductible
Urgent Care	20% after Deductible	40% after Deductible
Emergency Room	20% after Deductible	20% after Deductible
Inpatient Hospital Care	20% after Deductible	40% after Deductible
Outpatient Surgery	20% after Deductible	40% after Deductible
<b>Pharmacy* Retail RX (up to 31 day supply)</b>		
Preferred generic	10%/20% after Deductible	20% + additional 50% after Deductible
Non-preferred generic	10%/20% after Deductible	20% + additional 50% after Deductible
Preferred brand	20%/30% after Deductible	30% + additional 50% after Deductible
Non-preferred brand	30%/40% after Deductible	40% + additional 50% after Deductible
Preferred specialty	40% after Deductible	40% + additional 50% after Deductible
Non-preferred specialty	50% after Deductible	50% + additional 50% after Deductible
<b>Mail Order RX (up to 90 day supply) - 3x retail copay</b>		
<p>*Copays listed are at Preferred Pharmacies, which include Walgreens, Walmart, Sam's Club, Albertsons, Tom Thumb, and Roanoke Pharmacy. This is not a complete list. <b>CVS and CVS Target are OUT OF NETWORK.</b> Your prescription will be filled with a generic drug if one is available. If you or your physician request the Brand name drug then you pay the applicable copay <b>plus the difference in the drug cost.</b></p>		

## Medical Insurance Premiums

	Monthly Premium	City's Contribution	Employee Monthly Cost	Employee Cost Per Pay Period (24pp)
Employee Only	\$461.34	\$461.34	\$0.00	\$0.00
Employee + Spouse	\$1,072.76	\$835.76	\$237.00	\$118.50
Employee + Child(ren)	\$972.37	\$872.37	\$100.00	\$50.00
Employee + Family	\$1,583.92	\$1,170.92	\$413.00	\$206.50

# Health Savings Account HSA Bank

If you enroll in the HDHP Plan, you are eligible to open a Health Savings Account (HSA). An HSA is a savings account which you can use to pay for qualified out-of-pocket medical expenses with pre-tax dollars. You own & control the money in your HSA. These dollars (including interest and investment earnings) grows tax-free, and as long as the funds are used to pay for qualified medical expenses, they are spent tax-free.

There is no “use-it-or-lose-it” rule—you do not lose your money if you don’t spend it in the calendar/plan year, & there are no vesting requirements or forfeiture provisions. The account will automatically roll over year-after-year. Since it is an individual account, if you change health plans or jobs, the balance is yours to keep.

## HSA Eligibility

You are eligible to open and contribute to an HSA if you:

- Are enrolled in an HSA-eligible HDHP
- Are not covered by other non-HDHP, such as your spouse’s health plan, Health Care Flexible Spending Account, or Health Reimbursement Arrangement
- Are not eligible to be claimed as a dependent on someone else’s tax return
- Are not eligible for Medicare or TRICARE
- Have not received Veterans Administration benefits

You can use the money in your HSA to pay for qualified medical expenses now or in the future. Your HSA can be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP.

## Maximum Contributions

Your contributions to your HSA, when combined with City of Roanoke contributions, may not exceed the annual maximum amount established by the Internal Revenue Service (IRS). The annual contribution maximum is based on the coverage option you elect.

<u>IRS Limits:</u>	<u>2024</u>	<u>2025</u>
• <b>Individual</b>	\$4,150	\$4,300
• <b>Family (filing jointly)</b>	\$8,300	\$8,500

## Employer Contributions to HSA

The City of Roanoke will contribute to your HSA as noted here:

	<b>Oct. 2024</b>	<b>Apr. 2025</b>	<b>Total:</b>
EE Only	\$750	\$750	\$1,500
EE + Spouse	\$900	\$900	\$1,800
EE + Child(ren)	\$1,050	\$1,050	\$2,100
EE + Family	\$900	\$900	\$1,800

When deciding on the amount of contributions you would like to make for the year, subtract the amount the City will contribute for you. **Example:** if someone with Employee Only coverage decides to contribute a **TOTAL** of \$2,500 for the year, they should subtract the City’s total \$1,500 contribution for the year. This would result in a balance of \$1,000 to be contributed by the employee for the year.

## Opening the HSA

Once you enroll in the HDHP/HSA medical plan, you are eligible to enroll in the HSA administered by HSA Bank.

After you are enrolled, you will receive a debit card or checks (depending on your election) from HSA Bank for to manage your HSA account reimbursements. Funds available for reimbursement are limited to the current balance in your HSA. To view your account information, go to [www.hsabank.com](http://www.hsabank.com) or call 800-357-6246, open 24/7.

You, NOT your employer, are responsible for maintaining ALL records and receipts for HSA reimbursements in the event of an IRS audit.

Always ask your provider/doctor to file your claims with BlueCross BlueShield so network discounts can be applied. Then you can pay the provider from your HSA account based on the balance due after discount.

Visit the member website:  
[www.myaccounts.hsabank.com](http://www.myaccounts.hsabank.com)



# Virtual Visits

## Virtual Visits: Get 24/7 Care, Anywhere

Call your doctor's office first. They may offer telehealth consultations by phone or online video.

With Virtual Visits, the doctor is always in. Get 24/7 non-emergency care from a board-certified doctor by phone, online video or mobile app from the privacy and comfort of your own home. Don't risk crowded waiting rooms, expensive urgent care or ER bills, or waiting weeks or more to see a doctor, when you can speak with a Virtual Visits doctor within minutes.

Virtual Visits also has available licensed behavioral health providers available by appointment.

You can seek convenient virtual care for more than 80 health conditions, including:

- ◇ Allergies
- ◇ Cold/Flu
- ◇ Fever
- ◇ Headaches
- ◇ Nausea
- ◇ Anxiety
- ◇ Depression
- ◇ Stress management
- ◇ Prescriptions
- ◇ And more

## Activate your MDLIVE account today:

- Call MDLIVE at 888-680-8646
- Go to MDLIVE.com/bcbstx
- Text BCBSTX to 635-483
- Download the MDLIVE app

# BCBSTX Mobile App

The BCBSTX App helps you personalize, organize and access your important plan information on your phone or tablet. Log in anytime to:

- **Manage** and track claims
- **View**, fax or email ID card information
- **Find** in-network doctors and compare cost and quality information
- **Review** your coverage

# Wellness Tips

Take advantage of all the benefits provided under your medical, dental and vision plans.

- Do you have a Primary Care Physician? Developing a relationship with your primary care physician is an important step in managing your health.
- Preventive services are covered at 100%. Is it time for your annual wellness exam?
- Follow up on your gender and age appropriate preventive screenings such as:
  - Cholesterol Screening
  - Blood Pressure
  - Mammograms and Pap Smears
  - Colonoscopy
  - Bone Density Screening
  - Prostate Cancer Screening
- Visit your dentist at least annually for your exam and cleaning.
- Eye exams are important to your overall health. When was your last eye exam?
- Are you up to date on your immunizations? Have you had your COVID, flu or pneumonia vaccination?

# BLUE365®

**Blue365** is just one more advantage you have by being a Blue Cross and Blue Shield of Texas (BCBSTX) member. With this program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or preauthorizations. Once you sign up for Blue365 at [blue365deals.com/bcbstx](https://blue365deals.com/bcbstx), weekly “Featured Deals” will be emailed to you. These deals offer special savings for a short period of time.

Below are some of the ongoing deals offered through Blue365.

- **EyeMed | Davis Vision**  
You can save on eye exams, eyeglasses, contact lenses and accessories. You have access to national and regional retail stores and local eye doctors. You may also get possible savings on laser vision correction.
- **TruHearing® | Beltone™ | American Hearing Benefits**  
You could get savings on hearing tests, evaluations and hearing aids. Discounts may also be available for your immediate family members.
- **Dental SolutionsSM**  
You could get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts of up to 50% at more than 70,000 dentists and more than 254,000 locations.\*
- **Jenny Craig® | Sun Basket | Nutrisystem®**  
Help reach your weight loss goals with savings from leading programs. You may save on healthy meals, membership fees (where applicable), nutritional products and services.
- **Fitbit®**  
You can customize your workout routine with Fitbit’s family of trackers and smartwatches that can be employed seamlessly with your lifestyle, your budget and your goals. You’ll get a 20% discount on Fitbit devices plus free shipping.



- **Reebok | SKECHERS®**  
Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. Get 20% off select models. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select men’s and women’s styles. You can get 30% off plus free shipping for your online orders.
- **InVite® Health**  
InVite Health offers quality vitamins and supplements, educational resources and a team of healthcare experts for guidance to select the correct product at the best value. Get 50% off the retail price of non-genetically modified microorganism (non-GMO) vitamins and supplements and a free Midnight Bright Black Coconut Charcoal Tooth Polish with a \$25 purchase.
- **Livekick**  
Livekick is the future of private fitness. Choose from training or yoga over live video with a private coach. Get fit and feel healthier with action-packed 30-minute sessions that you can do from home, your gym or your hotel while traveling. Get a free two-week trial and 20% off a monthly plan on any Live Online Personal Training.
- **eMindful**  
Get a 25% discount on any of eMindful’s live streaming or recorded premium courses. Apply mindfulness to your life including stress reduction, mindful eating, chronic pain management, yoga, Qigong movements and more. See all the Blue365 deals and learn more at [blue365deals.com/bcbstx](https://blue365deals.com/bcbstx).

# WELL ONTARGET®

Since you are a BCBSTX member, the Fitness Program is available exclusively to you and your covered dependents (age 16 and older). The program gives you access to a nationwide network of fitness locations. Choose one location close to home and one near work, or visit locations while traveling.

## Other program perks include:

- **Flexible Gym Network:** A choice of gym networks to fit your budget and preferences.

OPTIONS	BASE	CORE	POWER	ELITE
Monthly Fee	\$19	\$29	\$39	\$99
Gym Facility Network Size*	3,000	7,500	12,000	12,400
<b>\$19 INITIATION FEE</b>				

\* Represents possible network locations. Check local listings for exact network options as some locations may not participate. Network locations are subject to change without notice.

- **Studio Class Network:** Boutique-style classes and specialty gyms with pay-as-you-go option and 30% off every 10th class.
- **Family Friendly:** Expands gym network access to your covered dependents at a bundled price discount.
- **Convenient Payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.

## Features

- **Mobile App:** Allows members to access location search, studio class registration, location check-in and activity history.
- **Real-time Data:** Provided to the mobile app and Well onTarget portals.
- **Complementary and Alternative Medicine (CAM) Discounts Through the Whole Health Living Choices Program:** Save money through a nationwide network of 40,000 health and well-being providers, such as acupuncturists, massage therapists and personal trainers. To take advantage of these discounts, register at [whlchoices.com](http://whlchoices.com).
- **Blue PointsSM:** Get 2,500 points for joining the Fitness Program. Earn additional points for weekly visits. You can redeem points for apparel, books, electronics, health and personal care items, music and sporting goods.
- **Web Resources:** You can go online to find fitness locations and track your visits.

## It's Easy To Sign Up:

1. Go to [bcbstx.com](http://bcbstx.com) and log in to Blue Access for MembersSM.
2. Under **Quick Links**, choose **Fitness Program**. On this page, you can enroll, search for nearby fitness locations and learn more about the program.
3. Click **Enroll Now** then search and select the fitness location that is best for you. Remember, you can visit any participating fitness location in your plan after you sign up.
4. Verify your personal information and method of payment. Print or download your Fitness Program membership ID card. You may also request to receive the ID card in the mail.
5. Visit a fitness location today!

Prefer to sign up by phone or have questions about the Fitness Program? Just call the toll-free number **888-762-BLUE (2583)** Monday through Friday, between 7 a.m. and 7 p.m., CT (6 a.m. and 6 p.m., MT).

## Take Wellness on the Go with the Well onTarget Mobile App

We live in an increasingly mobile society. That's why we developed the Well onTarget mobile app. Available for iPhone and Android smartphones, this app can help you regularly connect with your wellness program, work on your wellness goals and stay inspired — anytime and anywhere.

## Features To Meet Your Wellness Needs

Take your Health Assessment

Set personal health and wellness goals and track your progress

View your Blue PointsSM balance

Track data synced from more than 80 fitness and nutrition devices and apps

The app is fully integrated with the Well on Target portal. Plus, it automatically syncs your Well OnTarget activity.

Questions about the app or the Well OnTarget program? Call Customer Service at **877-806-9380**.

# Blue Access for Members

Get information about the cost of procedures, find a doctor or request an ID card. You can do it all – simply and securely – on Blue Access for Members (BAM).

## With BAM, you can:

- Find in-network doctors and hospitals.
- View your digital member ID, or order new or replacement IDs.
- Review your benefits and dependent coverage.
- Covered dependents age 18 and over can have their own BAM accounts.

## Let's get started

1. Go to [bcbstx.com](http://bcbstx.com).
2. Click [Register Here](#).
3. Use the information on your member ID card to complete the registration process.

# BCBS Medical Provider Finder

## It's now easier to find a provider & manage your healthcare expenses.

Provider Finder from Blue-Cross & BlueShield of Texas is a fast, easy-to-use tool that improves your experience when you are looking for in-network healthcare providers. It can also help you manage your out-of-pocket costs.

The updated Provider Finder platform has undergone intensive testing. The result is a better experience that will help you be a smarter consumer of health care.

By going to [bcbstx.com](http://bcbstx.com), you can log in or create an account on Blue Access for Members™ (BAM) and use Provider Finder to:

- \* Find in-network providers, clinics, hospitals, & pharmacies.
- \* Search by specialty, ZIP code, language spoken, gender, and more.
- \* See clinical certifications and recognitions.
- \* Compare quality awards for doctors, hospitals, and more.
- \* Read or add reviews for providers.
- \* Estimate the out-of-pocket costs for more than 1,700 health care procedures, treatments, and tests.
- \* Find costs savings opportunities for prescription drugs using the Medication Finder tool.



# HealthJoy

The City provides access to telemedicine at \$0 cost to you, for you and your immediate family, and concierge services to help you navigate health care.

**Telemedicine** - HealthJoy provides 24/7 mobile app access to doctors and is an alternative to urgent care and emergency room visits. HealthJoy is a convenient and cost effective option when you need care. HealthJoy doctors can treat many medical conditions, including cold and flu symptoms, allergies, bronchitis, urinary tract infections, and more.

**Concierge Services** - HealthJoy can help answer your health care questions and guide you through the complexities of your medical, dental and vision plans. HealthJoy services are simple to use and available to you and your family members through the mobile app.

## How HealthJoy Takes Care of You:

- Understand Your Insurance Benefits
- Doctor Recommendations
- Price Comparisons
- Compare Prescription Prices
- Medical Bill Review

## Contact HealthJoy:

**Mobile App** - download from the app store

**Call** - 877.500.3212



# Notice Regarding Wellness Program

The employee wellness program is a voluntary program administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee 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, which could include a blood test for certain medical conditions such as diabetes, heart disease, etc. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program may qualify for an incentive. Although you are not required to complete a HRA or biometric screening, the wellness program may specify that only employees who do so will qualify for the incentive. Additional incentives may be available for employees 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 Resources.**

If you choose to participate in a HRA and/or biometric screening, information from your HRA and results from your biometric screening will 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. 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 may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program 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 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 Resources.

# Dental Coverage

BlueCross BlueShield

## DPPO Plan - BlueCare Dental Network

Two levels of benefits are available with the DPPO dental plan depending on whether or not your dentist is in or out of the PPO network. You have the flexibility to select the provider of your choice, but your level of coverage may vary based on the provider you see for services. Staying in-network and going to a contracted DPPO provider will provide you with the highest level of benefits and the deepest discounts your plan has to offer.

To find an in-network dentist, visit [www.bcbstx.com/find-care/providers-in-your-network/find-a-dentist](http://www.bcbstx.com/find-care/providers-in-your-network/find-a-dentist) and select BlueCare Dental or call 800-521-2227 to speak with Member Services.

<b>Option 1: MAC DPPO</b>		
	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Calendar Year Deductible (Individual/Family)	\$75/\$225	\$75/\$225
Calendar Year Maximum Benefit (Individual)	\$1,000 per individual	
<b>Services</b>		
Preventive Procedures Periodic Oral Evaluations, Cleanings	You pay 10%; deductible does not apply	Plan pays 90% of MAC; You pay remainder
Basic Procedures Sealants, Space maintainers	30% after Deductible	Plan pays 70% of MAC; You pay remainder
Major Procedures Oral Surgery, Endodontics, Periodontics	50% after Deductible	Plan pays 50% of MAC; You pay remainder
<b>Orthodontia—NOT COVERED</b>		

	<b>Total Premium</b>	<b>City's Monthly Contribution</b>	<b>Employee Cost Per Month</b>	<b>Employee Cost Per Pay Period (24pp)</b>
<b>Employee Only</b>	\$16.46	\$16.46	\$0.00	\$0.00
<b>Employee + Spouse</b>	\$32.92	\$23.04	\$9.88	\$4.94
<b>Employee + Child(ren)</b>	\$46.62	\$37.30	\$9.32	\$4.66
<b>Employee + Family</b>	\$69.85	\$48.90	\$20.96	\$10.48

# Dental Coverage

BlueCross BlueShield

## DPPO Plan - BlueCare Dental Network

Two levels of benefits are available with the DPPO dental plan depending on whether or not your dentist is in or out of the PPO network. You have the flexibility to select the provider of your choice, but your level of coverage may vary based on the provider you see for services. Staying in-network and going to a contracted DPPO provider will provide you with the highest level of benefits and the deepest discounts your plan has to offer.

To find an in-network dentist, visit [www.bcbstx.com/find-care/providers-in-your-network/find-a-dentist](http://www.bcbstx.com/find-care/providers-in-your-network/find-a-dentist) and select BlueCare Dental or call 800-521-2227 to speak with Member Services.

<b>Option 2: DPPO</b>		
	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Calendar Year Deductible (Individual/Family)	\$50/\$150	\$50/\$150
Calendar Year Maximum Benefit (Individual)	\$2,000 per individual	
<b>Services</b>		
<b>Preventive Procedures</b> Periodic Oral Evaluations, Cleanings	You pay 0%; deductible does not apply	Plan pays 100% of 90th R&C; You pay remainder
<b>Basic Procedures</b> Sealants, Space maintainers	20% after Deductible	Plan pays 80% of 90th R&C; You pay remainder
<b>Major Procedures</b> Oral Surgery, Endodontics, Periodontics	50% after Deductible	Plan pays 50% of 90th R&C; You pay remainder
<b>Orthodontia</b>		
Adult coverage & dependent children up to age 19	50% up to a lifetime maximum benefit of \$2,000 per individual; deductible waived.	

	<b>Total Premium</b>	<b>City's Monthly Contribution</b>	<b>Employee Cost Per Month</b>	<b>Employee Cost Per Pay Period (24pp)</b>
<b>Employee Only</b>	\$35.69	\$16.46	\$19.23	\$9.62
<b>Employee + Spouse</b>	\$71.39	\$16.46	\$54.93	\$27.47
<b>Employee + Child(ren)</b>	\$97.81	\$16.46	\$81.35	\$40.68
<b>Employee + Family</b>	\$147.43	\$16.46	\$130.97	\$65.49

# Vision Coverage

BlueCross BlueShield

EyeMed Network

The vision plan, offered to you by BlueCross BlueShield, is designed to provide your basic eyewear needs and preserve your health and eyesight. In addition to detecting eye problems, vision exams can help identify certain medical conditions such as diabetes or high cholesterol. To help you manage your health, we offer vision coverage through BlueCross BlueShield. You may seek care from any licensed optometrist, ophthalmologist or optician, but plan benefits are higher if you use a BlueCross BlueShield provider. The Network utilized for this benefit is EyeMed.

Register for an account online by visiting: [eyemedvisioncare.com/bcbstxvis](http://eyemedvisioncare.com/bcbstxvis) or download the app by searching “EyeMed Members” in the App store or Google Play.

- Print ID Cards
- Find Providers
- Check on claims

Vision Plan		
	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
	You pay	Reimbursement
<b>Cost</b>		
Exam	\$10	Up to \$30
Lenses* 20% discount on lens options such as standard tint, UV protection, anti-reflective coating and scratch protection.		
Single Lenses	\$25	Up to \$25
Bifocals	\$25	Up to \$40
Trifocals	\$25	Up to \$55
Frames	No copay; \$150 allowance, 20% off balance over \$150	Up to \$75
Contacts in lieu of Frames/Lenses - Contact lens fit and follow up (Up to \$40 for standard; 10% off retail price for premium)		
Contacts - Medically Necessary	No copay, covered in full	Up to \$210
Contacts - Elective	No copay; \$150 allowance, 15% off balance over \$150	Up to \$120
<b>Benefit Frequency</b>		
Exams	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 24 months	
Contacts in lieu of Frames/Lenses	Once every 12 months	

	Monthly Premium	City's Contribution	Employee Monthly Cost	Employee Cost Per Pay Period (24pp)
Employee Only	\$6.42	\$6.42	\$0.00	\$0.00
Employee + Spouse	\$12.20	\$6.42	\$5.78	\$2.89
Employee + Child(ren)	\$12.84	\$6.42	\$6.42	\$3.21
Employee + Family	\$18.87	\$6.42	\$12.45	\$6.23

# Dependent Care FSA

Higginbotham

The Dependent Care FSA allows you to pay for dependent care expenses with pretax dollars that reduce your taxable income and save you money. This is administered by **Higginbotham**.

When you enroll, decide how much money to set aside from your paycheck. Be sure to estimate your expenses conservatively as the IRS requires that you use the money in your account during the plan year and applicable grace period (the “use it or lose it” rule).

## Dependent Care FSA

- Set aside pretax dollars from each paycheck
- Contribute up to **\$5,000** annually when filing jointly or head of household and \$2,500 when married filing separately.
- Use for child or dependent elder care expenses
- Can not be used to pay for dependent health care expenses

Dependent Care FSA reimbursement is limited to your account balance. To be reimbursed, you must provide the tax identification or Social Security number of the party providing care (provider cannot be your dependent).

## Things to Consider Regarding the Dependent Care FSA

- Overnight camps are not eligible for reimbursement (only day camps).
- A dependent child must be under age 13 and claimed as a dependent on your federal income tax return, or a disabled dependent of any age incapable of caring for themselves and who spends at least eight hours a day in your home.
- If your child turns 13 mid year, you may only request reimbursement for the part of the year when the child is under age 13.
- You may request reimbursement for care of a spouse or dependent of any age who spends at least eight hours a day in your home and is mentally or physically incapable of self-care.

## Register on the Higginbotham Portal

Go to <https://flexservices.higginbotham.net> and click Register. Follow instructions and scroll down to enter your information.

- Enter your Employee ID, which is your Social Security Number with no dashes or spaces.
- Follow the prompts to navigate the site.
- If you have questions or concerns, contact Higginbotham:
  - Phone—866-419-3519
  - Email—[flexclaims@higginbotham.com](mailto:flexclaims@higginbotham.com)
  - Fax—866-419-3516

## Grace Period

There is a grace period to incur claims and file for reimbursement. For the 2024 - 2025 plan year, expenses must be incurred by December 15, 2025 and claims must be received by January 31, 2026.

NOTE: After January 31, 2025, any remaining funds from the 2023 - 2024 plan year will be forfeited.



# Life and AD&D Insurance BlueCross BlueShield

Life insurance is an important part of your financial security, especially if others depend on you for support. Even if you are single, your beneficiary can use your Life insurance to pay off your debts, such as credit cards, mortgages and other final expenses.

Basic Life insurance and Accidental Death and Dismemberment (AD&D) coverage are provided at **no cost to you**. You are automatically covered up to 2.5x your base annual earnings to a maximum benefit of \$500,000 through BlueCross BlueShield. Per IRS regulations, the value of the benefit over \$50,000, not the benefit itself, is subject to Social Security and Medicare taxes.

AD&D coverage helps protect you and your family from the unforeseen financial hardship of a serious accident that causes death or dismemberment. AD&D insurance provides you specified benefits for a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that death occurs from an accident, 100% of the AD&D benefit would be payable to your beneficiary(ies).

Benefits are reduced by 35% at age 65 and by 50% at age 70. You will designate a beneficiary when you complete your enrollment. You may change your beneficiary at any time. You may apply to continue this coverage on a direct pay basis if you leave the City's employ.

The full summary of benefits, including the accidental death and dismemberment schedule, is posted in BenefitsInHand.

## Designating a Beneficiary

A beneficiary is the person or entity you designate to receive the death benefits of your life insurance policy. You can name more than one beneficiary and you can change beneficiaries at any time. If you name more than one beneficiary, identify the share for each.



# Voluntary Life and AD&D BlueCross BlueShield

## Voluntary Life and AD&D Coverage

You may purchase additional Life and AD&D insurance for you and your eligible dependents. If you decline Voluntary Life insurance when first eligible or if you elect coverage and wish to increase your benefit amount at a later date, Evidence of Insurability (proof of good health) may be required before coverage is approved.

You must elect Voluntary coverage for yourself in order to elect coverage for your spouse or children. Coverage is provided through BlueCross BlueShield.

If you leave the City of Roanoke, you may take the insurance with you by paying premiums directly to the insurance company.

Your premium is based on your age and the amount of coverage selected. The per paycheck deduction will automatically calculate when you make your coverage selection in BenefitsInHand.

Accidental Death and Dismemberment coverage provides you with an added benefit should a loss of life, or other covered loss, occur due to an accident.

Coverage For	Coverage Available
<b>Employee</b>	\$10,000 to a max of \$500,000, in \$10,000 increments New Hire Guarantee Issue: \$100,000
<b>Spouse</b>	\$5,000 to \$100,000; max of 50% of employee amount, in \$5,000 increments New Hire Guarantee Issue: \$50,000
<b>Child(ren)</b>	Birth to 6 months: Reduced benefit of \$500 Six months to age 26: \$5,000 or \$10,000 New Hire Guarantee Issue: \$10,000

Plan Features	Life Coverage
<b>Benefit Reduction</b>	35% at age 65 and 50% at age 70 Benefits are reduced by the percentage indicated and are calculated from the original amount at the attainment of the age shown.
<b>Terminal Illness</b>	You may receive the lesser of 75% of your benefit, up to \$375,000, if you are diagnosed with a terminal illness with a life expectancy of 24 months or less.
<b>Waiver of Premium</b>	Elimination Period: 9 Months Waiver Duration: To Age 65
<b>Portability and Conversion</b>	You may take this coverage with you if you leave the City. You must apply within 30 days. Rates are subject to change and additional provisions apply. Portability - To age 70 and portability maximum is \$500,000.

# Disability Insurance

BlueCross BlueShield

If you suddenly become ill or are involved in an accident and are unable to work, it is easy to fall behind on your rent or mortgage, car payment and other expenses. That is why a salary replacement plan is an important benefit for you and your family.

## Short Term Disability Insurance

The City of Roanoke provides you with Short Term Disability (STD) to protect you if you are unable to work due to illness or a non-work related injury or accident. Pregnancy and childbirth is also covered. Coverage is provided through BlueCross BlueShield. Your benefit may be reduced due to other income sources. Coverage is provided through BlueCross BlueShield.

Benefit	Coverage
Benefit Percentage	60% of your base weekly wages
Maximum Weekly Benefit	\$1,500
Benefit Waiting Period	Benefits begin after 14 days of disability due to illness or a non-occupational accident or injury
Maximum Benefit Period	13 Weeks, including the benefit waiting period
Maternity Included	Yes

## Long Term Disability Insurance

The City of Roanoke provides you with Long Term Disability (LTD) which provides income protection if you become disabled for an extended period of time due to illness or injury. Your benefit may be reduced due to other income sources. Coverage is provided through BlueCross BlueShield.

Benefit	Coverage
Benefits Begin After	90 days of continuous disability
Benefit Percentage	60% of your base monthly earnings
Maximum Monthly Benefit	\$6,000
Definition of Disability	Unable to perform duties of their regular occupation/or have disability earnings less than 20% of their predictability income.
Benefit Period	Social Security Normal Retirement Age
Mental Health. Substance Abuse	24 months lifetime limitation

# BCBS Value Adds

BlueCross BlueShield

## Employee Assistance Program (EAP)

All full-time benefits eligible employees have easy and convenient ways to obtain legal, financial and emotional assistance related to a disability through Disability Resource Services. The program provides:

- Three face-to-face professional counseling sessions per year to address appropriate behavioral health issues.
- Unlimited telephone counseling with master's degree level counselors available 24 hours a day, 7 days a week to provide callers with assessments, counseling and referrals.
- Support to address alcohol and drug abuse issues, depression, grief, job pressures, stress and anxiety.
- GuidanceResources® Online1, a secure password-protected interactive website provided by ComPsych® Corporation that provides easy and convenient assistance to long-term disability insured employees—free of charge. The site features a comprehensive information center with provider directories, checklists and interactive tools on health, work, family and life issues.

## Employee Assistance Program (EAP)

In the US & Canada, call

**866-899-1363**

TDD: 800-697-0353

[www.guidanceresources.com](http://www.guidanceresources.com)  
Company ID: DISRES

## Beneficiary Resource Services

We understand the unique issues that often result from a terminal illness or the loss of a loved one. Beneficiary Resource Services helps beneficiaries and their families cope in a program that combines legal, grief and financial counseling services, as well as online funeral planning. Provided by Morneau Shepell, the program includes a network of counselors and advisors who provide unlimited phone contact and up to five face-to-face counseling sessions, as well as referral and support services. The program helps people:

- Manage any legal issues that may result after the loss of a loved one
- Provide information for those planning or pre-planning a funeral
- Cope with and recover from the emotional impact of the loss of a loved one
- Effectively deal with the financial consequences
- Complete legal forms and prepare a will online

**Call or Visit: 800-769-9187, [BeneficiaryResource.com](http://BeneficiaryResource.com)**  
**Username: beneficiary**

## Travel Resource Services

We help insured employees and their families deal with unexpected emergencies that take place while traveling. Blue Cross and Blue Shield of Texas has teamed up with Generali Global Assistance, Inc. (GGA)<sup>3</sup> to offer employees 24-hour services that can help an employee access emergency assistance when traveling 100 or more miles from home, including: medical monitoring, medical evaluation, traveling companion assistance, dependent children assistance and visits by family members or friends.



**TAP FOR HELP**

On the Mobile App



**800-872-1414**

(Toll Free within the U.S.)

+1-609-986-1234

(outside the U.S.)



[medservices@](mailto:medservices@assistamerica.com)

[assistamerica.com](http://assistamerica.com)

# Aflac Accident Plan

Concerned about additional out of pocket expenses should you or a family member have an accident? Accidents are unexpected and can strike any member of your family. The costs associated with treatment can mount quickly.

For covered accidental injuries, fixed benefits are paid directly to you regardless of any other coverage you may have and you can spend it any way you choose. Benefits are paid according to a fixed schedule that includes benefits for hospitalization, fractures and dislocations, emergency room visits, major diagnostic exams, physical therapy and more. You can enroll in the Accident Plan even if you are not enrolled in the medical plan.

## Advantages of this plan:

- Coverage for on or off the job accidents
- Benefits are payable directly to you, in addition to any other coverage
- No health questions or pre-existing conditions limitations
- If you change jobs, you can take your coverage with you
- \$50 Annual Wellness screening benefit payable to you which helps reduce the annual premium cost! You must file a claim to receive this benefit.

## Partial Benefit List—Refer to the AFLAC Summary for all details.

- **Hospitalization due to an accident:** \$750; \$225 per day, up to 365 days
- **Fractures: Open** Up to \$5,000; **Closed** up to \$2,500
- **Dislocations: Open** Up to \$4,000; **Closed** up to \$2,000
- **Emergency Room/Urgent Care** \$125; **With x-ray** \$175; **Physician** \$75; **With x-ray** \$100
- **Ambulance: Ground** \$300; **Air Ambulance** \$900
- **Burns:** \$50 up to \$10,000
- **Lacerations:** requiring stitches \$75 up to \$300
- **Surgery / Anesthesia: Outpatient** \$300 **Inpatient** \$750
- **Physical Therapy:** \$35 per day up to 10 days (visits)
- **Intensive Care Confinement:** \$450 per day, up to 365 days

Accident Plan Deductions	24 Pay Periods
Employee Only	\$6.99
Employee + Spouse	\$10.98
Employee + Child(ren)	\$14.36
Employee + Family	\$18.35

**IMPORTANT:** This is a highlight of benefits only. Refer to the AFLAC Summary for all benefits and limitations.

# Aflac Critical Illness with Cancer

A sudden illness such as a heart attack, stroke or cancer has physical and financial consequences. Critical Illness coverage provides a fixed benefit payable directly to you if you are diagnosed after your coverage effective date.

## Advantages of this plan:

- Benefits are payable directly to you, in addition to any other coverage
- You can take your coverage with you if you change jobs

You can enroll for \$10,000 or \$20,000. Enroll your spouse and/or children for \$5,000 or \$10,000, with a max of 50% of your coverage. Rates are based on your age and will change when your age band changes.

**IMPORTANT: A Pre-existing Condition Limitation applies to Cancer.** Benefits are payable as long as the insured is treatment free from cancer for at least 12 months before diagnosis and is in complete remission prior to the date of a subsequent diagnosis.

## Partial Benefit List—Refer to the AFLAC Summary for all details.

- 100% benefit for a heart attack, end stage kidney failure, major organ failure, or stroke; 25% benefit for coronary bypass surgery
- **Invasive cancer** 100%; **non-invasive** 25%; **skin cancer** \$250 benefit per year
- **Additional Diagnosis or Recurrence:** Must be separated by at least six (6) consecutive months
- **Additional Benefits: Coma, Severe Burns, Paralysis, Loss of Sight, Speech or Hearing, Benign Brain Tumor, ALS, or MS Disease** - 100% of benefit
- **Specified Diseases:** Advanced Alzheimer's or Parkinson Disease, Addison's Disease, Diphtheria, Malaria, Cerebrospinal Meningitis, Necrotizing Fasciitis, Sickle Cell Anemia, Rabies, Systemic Lupus, Tetanus, Tuberculosis- 25% of benefit
- **Childhood Conditions:** Cystic Fibrosis, Cerebral Palsy, Cleft Lip or Cleft Palate, Down Syndrome, Spina Bifida, Type I Diabetes, Autism Spectrum Disorder - 50% of employee benefit; payable if diagnosed after policy is in force.

Critical Illness with Cancer Payroll Deduction 24 Pay Periods	Age	Employee \$10,000	Employee \$20,000	Spouse \$5,000	Spouse \$10,000
	18-25	\$3.07	\$5.38	\$1.74	\$2.71
	26-30	\$3.87	\$6.97	\$2.14	\$3.51
	31-35	\$4.46	\$8.15	\$2.43	\$4.10
	36-40	\$5.65	\$10.54	\$3.03	\$5.29
	41-45	\$6.67	\$12.58	\$3.54	\$6.31
	46-50	\$7.84	\$14.92	\$4.12	\$7.48
	51-55	\$11.87	\$22.98	\$6.14	\$11.51
	56-60	\$11.71	\$22.65	\$6.06	\$11.35
	61-65	\$23.30	\$45.83	\$11.85	\$22.94
66+	\$40.45	\$80.13	\$20.43	\$40.09	

# LegalShield and IDShield Benefits

## LegalShield Membership includes:

- Direct access to a Dedicated Law Firm with legal advice/consultation on unlimited personal issues
- Letters/calls made on your behalf
- Contract and document review - up to 15 pages
- Will Preparation
- Speeding Ticket Assistance
- IRS Audit Assistance (begins with the tax return due April 15th of the year you enroll)
- Uncontested Divorce, separation, adoption, and/or name change, available 90 days after enrollment
- 25% member discount on additional services
- 24/7 Emergency access for covered situations

## IDShield Membership includes:

- Continuous Credit Monitoring and Credit Inquiry Alerts
- Transaction Monitoring - if a new account is opened, you will receive an alert
- Dark Web Monitoring
- Consultation on any cyber security question
- Licensed Private Investigators perform the bulk of Identity Restoration required to restore a member's identity to pre-theft status
- 24/7 Emergency access

You will receive an email following enrollment with additional information. IDShield enrollees must go online to register their account.

Download the LegalShield and IDShield mobile app.



Plan	Individual PP (24)	Family PP (24)
<b>IDShield</b>	\$4.48	\$9.48
<b>LegalShield</b>	\$11.98	\$11.98
<b>Legal/ID Shield Combined</b>	\$16.45	\$19.45

# Required Notices

## Women’s Health and Cancer Rights Act of 1998

In October 1998, Congress enacted the Women’s Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully.

As specified in the Women’s Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

- 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; and
- Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

## Special Enrollment Rights

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

### Loss of Other Coverage or Becoming Eligible for Medicaid or a state Children’s Health Insurance Program (CHIP)

If you are declining coverage for yourself or your dependents 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 toward your or your dependents’ other coverage). However, you must enroll within 31 days after your or your dependents’ other coverage ends (or after the employer that sponsors that coverage stops contributing toward the other coverage).

If you or your dependents lose eligibility under a Medicaid plan or CHIP, or if you or your dependents become eligible for a subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents in this plan. You must provide notification within 60 days after you or your dependent is terminated from, or determined to be eligible for such assistance.

### Marriage, Birth or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and

your dependents. However, you must enroll within 31 days after the marriage, birth, or placement for adoption.

### For More Information or Assistance

To request special enrollment or obtain more information, contact:

City of Roanoke

Jamie Seil

500 S. Oak Street

Roanoke, TX 76262

(817) 491-8107

## Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Roanoke and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to enroll in a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or the dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage through a Medicare Prescription Drug Plan or a Medicare Advantage Plan that offers prescription drug coverage. All Medicare prescription 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 Roanoke has determined that the prescription drug coverage offered by the City of Roanoke medical plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered Creditable Coverage. Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare prescription drug plan, as long as you later enroll within specific time periods.

You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare. If you decide to wait to enroll in a Medicare prescription drug plan, you may enroll later, during

Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7 but as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. See the Plan's summary plan description for a summary of the Plan's prescription drug coverage. If you don't have a copy, you can get one by contacting City of Roanoke at the phone number or address listed at the end of this section.

If you choose to enroll in a Medicare prescription drug plan and cancel your current City of Roanoke prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage, you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

If you cancel or lose your current coverage and do not have prescription drug coverage for 63 days or longer prior to enrolling in the Medicare prescription drug coverage, your monthly premium will be at least 1% per month greater for every month that you did not have coverage for as long as you have Medicare prescription drug coverage. For example, if nineteen months lapse without coverage, your premium will always be at least 19% higher than it would have been without the lapse in coverage.

**For more information about this notice or your current prescription drug coverage:**

Contact the Human Resources Department at 817-491-8150.

NOTE: You will receive this notice annually and at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage and if this coverage changes. You may also request a copy.

**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 will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug coverage:

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about

this extra help is available from the Social Security Administration (SSA) online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or you can call them at 800-772-1213. TTY users should call 800-325-0778.

**Remember:** Keep this Creditable Coverage notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, 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 whether or not you are required to pay a higher premium (a penalty).

10/1/2024  
City of Roanoke  
Jamie Seil  
500 S. Oak Street  
Roanoke, TX 76262  
(817) 491-2411

## Notice of HIPAA Privacy Practices

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

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information known as protected health information (PHI), includes virtually all individually identifiable health information held by a health plan - whether received in writing, in an electronic medium or as oral communication. This notice describes the privacy practices of the Employee Benefits Plan (referred to in this notice as the Plan), sponsored by City of Roanoke, hereinafter referred to as the plan sponsor.

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. It is important to note that these rules apply to the Plan, not the plan sponsor as an employer.

You have the right to inspect and copy protected health information which 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 the Human Resources Department 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 the Human Resources Department.

Complaints: If you believe your privacy rights have been violated, you may complain to the Plan and to the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint. To file a complaint, please contact the Privacy Officer.

City of Roanoke  
Jamie Seil  
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Roanoke, TX 76262  
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## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2024. Contact your State for more information on eligibility.**

### ALABAMA – MEDICAID

Website: <http://www.myalhipp.com/>  
Phone: 1-855-692-5447

### ALASKA – MEDICAID

The AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

### ARKANSAS – MEDICAID

Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (1-855-692-7447)

### CALIFORNIA – MEDICAID

Website: Health Insurance Premium Payment (HIPP) Program  
<http://dhcs.ca.gov/hipp>  
Phone: 916-445-8322  
Fax: 916-440-5676  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

### COLORADO – HEALTH FIRST COLORADO (COLORADO’S MEDICAID PROGRAM) AND CHILD HEALTH PLAN PLUS (CHP+)

Health First Colorado website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center: 1-800-221-3943/  
State Relay 711  
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>  
CHP+ Customer Service: 1-800-359-1991/State Relay 711  
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>  
HIBI Customer Service: 1-855-692-6442

### FLORIDA – MEDICAID

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>  
Phone: 1-877-357-3268

### GEORGIA – MEDICAID

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 678-564-1162, Press 1  
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  
Phone: 678-564-1162, Press 2

### INDIANA – MEDICAID

Healthy Indiana Plan for low-income adults 19-64  
Website: <http://www.in.gov/fssa/hip/>  
Phone: 1-877-438-4479  
All other Medicaid  
Website: <https://www.in.gov/medicaid/>  
Phone 1-800-457-4584

### IOWA – MEDICAID AND CHIP (HAWKI)

Medicaid Website: <https://dhs.iowa.gov/ime/members>  
Medicaid Phone: 1-800-338-8366  
Hawki Website: <http://dhs.iowa.gov/Hawki>  
Hawki Phone: 1-800-257-8563  
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>  
HIPP Phone: 1-888-346-9562  
Website: <https://www.kancare.ks.gov/>  
Phone: 1-800-792-4884  
HIPP Phone: 1-800-967-4660

### KENTUCKY – MEDICAID

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
Phone: 1-855-459-6328  
Email: [KIHIPP.PROGRAM@ky.gov](mailto:KIHIPP.PROGRAM@ky.gov)  
KCHIP Website: <https://kynect.ky.gov>  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

### LOUISIANA – MEDICAID

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

**MAINE – MEDICAID**

Enrollment Website: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
Phone: 1-800-442-6003  
TTY: Maine relay 711  
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>  
Phone: 1-800-977-6740  
TTY: Maine Relay 711

**MASSACHUSETTS – MEDICAID**

Website: <https://www.mass.gov/masshealth/pa>  
Phone: 1-800-862-4840  
TTY: 711  
Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

**MINNESOTA – MEDICAID**

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>  
Phone: 1-800-657-3739

**MISSOURI – MEDICAID**

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 573-751-2005

**MONTANA – MEDICAID**

Website: <https://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084  
Email: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

**NEBRASKA – MEDICAID**

Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: 1-855-632-7633  
Lincoln: 402-473-7000  
Omaha: 402-595-1178

**NEVADA – MEDICAID**

Website: <http://dhcfp.nv.gov>  
Phone: 1-800-992-0900

**NEW HAMPSHIRE – MEDICAID**

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
Phone: 603-271-5218  
Toll free number HIPP program: 1-800-852-3345 ext.5218

**NEW JERSEY – MEDICAID AND CHIP**

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Medicaid Phone: 609-631-2392  
CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710

**NEW YORK – MEDICAID**

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

**NORTH CAROLINA – MEDICAID**

Website: <https://medicaid.ncdhhs.gov>  
Phone: 919-855-4100

**NORTH DAKOTA – MEDICAID**

Website: <https://medicaid.ncdhhs.gov>  
Phone: 1-844-854-4825

**OKLAHOMA – MEDICAID AND CHIP**

Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

**OREGON – MEDICAID**

Website: <https://healthcare.oregon.gov/Pages/index.aspx>  
Phone: 1-800-699-9075

**PENNSYLVANIA – MEDICAID AND CHIP**

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>  
Phone: 1-800-692-7462  
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>  
CHIP Phone: 1-800-986-KIDS (5437)

**RHODE ISLAND – MEDICAID AND CHIP**

Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347 or 401-462-0311 (Direct Rlte Share Line)

**SOUTH CAROLINA – MEDICAID**

Website: <https://www.scdhhs.gov>  
Phone: 1-888-549-0820

**SOUTH DAKOTA - MEDICAID**

Website: <https://dss.sd.gov>  
Phone: 1-888-828-0059

**TEXAS – MEDICAID**

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>  
Phone: 1-800-440-0493

**UTAH – MEDICAID AND CHIP**

Medicaid Website: <https://medicaid.utah.gov>  
CHIP Website: <https://health.utah.gov/chip>  
Phone: 1-877-543-7669

**VERMONT– MEDICAID**

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>  
Phone: 1-800-250-8427

**VIRGINIA – MEDICAID AND CHIP**

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>  
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>  
Medicaid/CHIP Phone: 1-800-432-5924

**WASHINGTON – MEDICAID**

Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022  
Website: <https://dhhr.wv.gov/bms/>  
<http://mywvhipp.com/>

Medicaid Phone: 304-558-1700  
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699- 8447)

#### **WISCONSIN – MEDICAID AND CHIP**

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002

#### **WYOMING – MEDICAID**

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
Phone: 1-800-251-1269

To see if any other States have added a premium assistance program since **January 31, 2024**, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
**1-866-444-EBSA (3272)**

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
**1-877-267-2323, Menu Option 4, Ext. 61565**

## **Continuation of Coverage Rights Under COBRA**

Under the Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), if you are covered under the City of Roanoke group health plan you and your eligible dependents may be entitled to continue your group health benefits coverage under the City of Roanoke plan after you have left employment with the company. If you wish to elect COBRA coverage, contact your Human Resources Department for the applicable deadlines to elect coverage and pay the initial premium.

### **Plan contact information**

City of Roanoke  
Jamie Seil  
500 S. Oak Street  
Roanoke, TX 76262  
(817) 491-2411

## **Your Rights and Protections against Surprise Medical Bills**

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

### **What is “balance billing” (sometimes called “surprise billing”)?**

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that have not signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “balance billing.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

### **You are protected from balance billing for:**

- Emergency services – If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You cannot be balance billed for these emergency services. This includes services you may get after you are in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.
- Certain services at an in-network hospital or ambulatory surgical center – When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers cannot balance bill you and may not ask you to give up your protections not to be balance billed.

This brochure highlights the main features of the City of Roanoke Employee Benefits Program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Higginbotham reserves the right to change or discontinue its employee benefits plans at any time.

# Important Contacts

Coverage	Provider	Contact	Website
Medical	BlueCross BlueShield	(800) 521-2227	www.bcbstx.com
Dental	BlueCross BlueShield	(800) 521-2227	www.bcbstx.com
Vision	BlueCross BlueShield	(877) 442-4207	www.eyemedvisioncare.com/bcbstxvis
HealthJoy	HealthJoy	(877) 500-3212	Download the HealthJoy mobile app
Life/AD&D (Basic/Voluntary)	BlueCross BlueShield	(877) 442-4207	www.bcbstx.com
Short & Long Term Disability	BlueCross BlueShield	(877) 442-4207	www.bcbstx.com
FSA - Dependent Care	Higginbotham	(866) 419-3519	<b>Web:</b> <a href="https://flexservices.higginbotham.net">https://flexservices.higginbotham.net</a>
HSA (Health Savings Account)	H S A Bank	(800) 357-6246	www.myaccounts.hsabank.com
Accident & Critical Illness with Cancer	AFLAC	(800) 433-3036	www.aflacgroupinsurance.com
Legal Shield/IDShield	Legal Shield	(800) 654-7757	www.accounts.legalshield.com
Employee Response Center	Higginbotham	(866) 419-3518	helpline@higginbotham.net
<u>Benefits Advisor: Jay White</u>	Higginbotham	(817) 764-2669 (817) 900-9811	jwhite@higginbotham.net wcarrasco@higginbotham.net