CapMetro

2025 TOTAL REWARDS GUIDE

Benefits at your Fingertips

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This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Benefits Overview

Total Compensation & Rewards

We value our employees; as such CapMetro offers competitive compensation and awards!

CapMetro offers comprehensive benefits, as a holistic approach, to not only empower you to lead a healthy lifestyle, but to also provide you and your covered family members with valuable resources needed to care for your overall wellbeing. From Health & Wellness, Emotional Health & Peace of Mind, Financial Wellbeing, to Discount Programs, we gotcha covered!

This guide is intended to provide a summary of the benefits offered by CapMetro:

1. Health & Wellness
2. Emotional Support & Peace of Mind
3. Financial Wellbeing & Retirement

Benefit Plans Offered

- Medical
- Dental
- Vision
- Life Insurance
- Life and AD&D
- Short-Term Disability
- Long-Term Disability
- Critical Illness
- Accidental Insurance
- Hospital Indemnity
- Whole Life Insurance
- Retirement Plans
- Family Medical Leave Act

Hours of Operation:

Monday - Friday 8:00am - 5:00pm
Extended hours by appointment.

2910 East 5th Street

Employee Resource Center (ERC)	Email ERC TeamMemberRelations@capmetro.org. The ERC is your first stop for Frequently Asked Questions or general benefit and/or policy questions.
Benefits	Email the Benefits@capmetro.org inbox for assistance with adding Qualified Individuals to coverage, benefit deduction discrepancies/ Wellness plan rates, medical claims, vesting, or other escalated concerns.
Wellness	Email Wellness@capmetro.org for assistance with Cash incentives or the EXOS App.
Payroll	Email Payroll@capmetro.org for Payroll/ time off accrual questions

Contact Information

To enroll, please visit: **Oracle Cloud**

Information on how to enroll, please contact **Benefits@Capmetro.org**

Plan Provider	Benefit	Phone	Website
United Healthcare	Medical Group #: 717399 Network: Choice Plus	800.233.5479	myuhc – Member Login | UnitedHealthcare
United Healthcare	Dental Group #: 717399 Network: Options PPO	877.816.3596	myuhc – Member Login | UnitedHealthcare
United Healthcare	Optum Rx #717399	800.233.5479	myuhc – Member Login | UnitedHealthcare
EyeMed	Vision #9799362	866.268.4063	eyemedvisioncare.com
Optum Bank	Health Savings Account	866.234.8913	https://www.optumbank.com/
United Healthcare	Healthcare / Dependent Care Flexible Spending Accounts	866.755.2648	myuhc - Member Login | UnitedHealthcare
UNUM	Life / Accidental Death & Dismemberment Insurance #912763	800.445.0402	https://www.unum.com/ File a Claim unum.com/claims
UNUM	Short-Term / Long-Term Disability Coverage #912763	800.858.6843	https://www.unum.com/ File a Claim unum.com/claims
Lincoln Financial Group	Retirement Savings Plans 401(k) – 457(b): CMTA-001 Pension: CMTA-100	800.234.3500	https://www.lincolnfinancial.com/public/individuals Schedule a Consult (Click-2-Meet) https://lfg.com/capmetroschedule
NEELY EAP (NEAP) Services	Employee Assistance Program (NEAP) Company Code: CAPM	866.212.6096 800.735.2989 (TDD)	https://helpwhereyouare.com/CompanyLogin/1680/neely
UNUM	(Elect Voluntary Whole Life, Voluntary Accident, Voluntary Critical Illness, and Voluntary Hospital Indemnity Coverage) Critical Illness #481035 Accident #481034 Hospital Indemnity #971372 Whole Life #R0832451 Voluntary Term Life #481035	Schedule an Enrollment Call with the NEP Enrollment Center	https://enrollment.support/CAPMetro File a Claim unum.com/claims
Legal Shield	Pre-Paid Legal Group #: 302187	888.807.0407	National Plan Legal (legalshield.com)

Benefit Resources & Support		
CapMetro Benefits Page (SharePoint)	**Contact Benefits by Email**	**Gallagher Advocate Center**
https://capmetro.sharepoint.com/sites/capmetrocentral/SitePages/Benefits.aspx	Benefits@CapMetro.org	833.869.0278 (phone; 856.533.5111 (fax) Email: bac.capmetrocso@ajg.com

UnitedHealthcare Quick Links

MyUHC.com	DialCare Tele-dentistry	UHC Benefits Overview	Virtual Care
Easy access to Medical, Dental, & RX plan information anytime anywhere.	Connect with a licensed dentist anytime	Get to know your UHC Benefits	Learn more about your Virtual Care Options

Mental Health Benefit and Resources	Self Care by Calm	Virtual Behavioral Coaching by AbleTo	Personal Health Support
Build skills to enhance your mental health with topics such as mindfulness, joy, sleep, resilience and more.	The Calm Health app provides programs and tools to help support your mental health and well-being — all at your own pace.	Dedicated 1-on-1 weekly calls over the phone or video with a behavioral coach to help you build skills to manage behavioral symptoms. ($0 member cost)	Highly personalized support and guidance to address your health concerns. ($0 member cost)

2nd.MD	Real Appeal	Kaia	Cancer Support
Second Opinion service offers expert second opinions from leading medical experts in their fi elds who are trained at top fa-cilities nationwide. ($0 member cost)	Take small steps for lasting change with Real Appeal®, an online weight management support program. ($0 member cost)	On-demand, personalized support to help relieve pain with accessible, evidence-based treatments for musculoskeletal pain (MSK). ($0 member cost)	The UHC Cancer Support Program (CSP) provides compassionate guidance and answers for you or a family member who's faced with cancer.

Employee Self Service

What is Employee Self Service (ESS)?

Employee Self-Service (ESS) is a resource tool that is available via Oracle Cloud's Human Capital Management system, which allows employees direct access to their personal information, contacts, pay, benefits and more!

What can I do in ESS?

- Manage personal information such as contact information, emergency contacts, dependents, and beneficiaries.
- Manage benefits such as enrollment elections and reporting qualified life events.
- Manage pay information such as view pay slips, view and adjust tax withholdings, view W2s, and update direct deposit information.

How do I log onto ESS?

- Access ESS functions through Oracle Cloud. Oracle Cloud is web-based and does not require a download to your computer or mobile device.
- CapMetro uses Single Sign-On for access to Oracle Cloud. Click the Company Single Sign-On button, then enter your Microsoft credentials (full email address and password). Do not use the UserID and Password fields on the Oracle page.

How do I add my contacts/dependents in ESS?

- Log in to Oracle
- Click Family and Emergency Contacts from the Quick Actions area.
- Click Add and select Create a New Contact (if the family member or dependent is an employee, choose Select a Coworker as a Contact).
- Enter contact information > Click Submit.
- When electing benefits, select plans that include dependents and choose who you wish to cover.
- See 'Dependent Eligibility & Documentation' for dependent requirements and the dependent verification process.

How do I elect benefits in ESS?

- Log in to Oracle. Click Me. Click Benefits. Click Start Enrollment (or Make Changes if still within the benefits election window).
- Confirm Dependents and click Continue. Click Edit on each of the Benefits election areas. Select desired benefits. Click Continue.
- Repeat for each Benefit Election area and then click Submit.

Check your Paycheck

We encourage all employees to check your paycheck deductions (From the HOME page > ME Tab > Pay > My PaySlips) and review your Benefit Enrollment Summary carefully to ensure both align with intended elections for the current plan year. As a reminder, it is your responsibility to ensure that all of your benefit elections are accurate, as well as verify premium deductions are reflected correctly on your PaySlip.

Still have questions or need help?

The Employee Resource Center **TeamMemberRelations@capmetro.org** is your first stop for Frequently Asked Questions or general benefit and/or policy questions.

Need Additional Assistance? Email the **Benefits@capmetro.org** inbox for assistance with adding Qualified Individuals to coverage, benefit deduction discrepancies, medical claims, vesting, or other escalated concerns.

Additional resources and **Quick Reference Guides** can be located on **CapMetro Central**.

Eligibility, Enrollment, & Useful Benefit Terms

The benefit plan will be effective January 1 - December 31, 2025

The open enrollment period for eligible employees of CapMetro will be November 15th – November 30th

- New employees health benefits are effective the first of the month following their date of hire.
- You are eligible for the medical plan if you are a regular full-time employee scheduled to work 30 hours a week. All other plans require a minimum work week of 35 hours.
- Proof of dependency (marriage/birth certificate, Qualified Individual Declaration, etc.) may be required for dependents enrolled in your benefits. A Social Security number and date of birth is required for all dependents.
- Open enrollment applies to medical, dental, vision, short-term disability, long-term disability, health savings account, flexible spending account coverage, and voluntary benefits. Voluntary life coverage up to the guarantee issue amount will not require evidence of insurability. Voluntary Income-protection benefits may be changed from month-to-month.
- The open enrollment period is the only time employees may enroll in the above listed coverage without the occurrence of a qualifying event (see definition below). Voluntary Life and Voluntary Legal coverage may be changed at any time. Evidence of insurability may be required to add coverage.

Enrollment Changes During the Year:

During the annual open enrollment period, you have the opportunity to review your benefit elections and make changes for the upcoming year. Open enrollment occurs every year in October or November.

In most cases, your pre-tax benefit elections will remain in effect for the entire plan year (January 1 - December 31). You may only make changes to your elections during the plan year if you have one of the following status changes:

- Marriage, divorce or legal separation;
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, reaching the dependent child age limit; or
- Significant changes in employment or employer-sponsored benefit coverage that affect you or your spouse's benefit eligibility.
- Health Savings Accounts (HSA) Contribution changes can be made at anytime during the plan year and can be processed in Employee Self Service (ESS) through the Report a Life Event tile.
- IRS regulations require that you must document your qualifying event in ESS within 30 days of that qualifying event. Once you have submitted your change, you have 30 days to respond to the Pending Action Items email and submit required documents to the Oracle Document Library.

The only exception to the 30 day rule is for a change in eligibility for Medicaid or the Children's Health Insurance Program. In this case, changes must be made within 60 days of the event.

Eligible Dependents:

Your spouse and children under age 26 who meet the descriptions below can be enrolled for benefits:

- Legally married spouse and declared common law spouse recognized by the Texas Court System;
- Child (biological or stepchild), adopted children, court-ordered guardianship or conservatorship children, dependent grandchildren, disabled children;
- Qualified Individual

See 'Dependent Eligibility & Documentation' on the following page for dependent eligibility and verification requirements.

Dependent Age Limitation:

Your children are eligible for coverage on your medical plan until reaching age 26. Your unmarried dependent children are eligible for coverage on your dental and voluntary life plans until reaching age 26. Your unmarried dependent children are eligible for coverage on your vision plan until reaching the age of 25.

Calendar Year Deductible and Out-of-Pocket Maximum:

Expenses incurred towards your annual deductible and out-of-pocket maximum are credited on a calendar year basis. A calendar year is January 1st - December 31st. Deductibles, coinsurance, and copayments count toward the out-of-pocket maximum.

Primary Care Physician/Specialist Referrals:

You are NOT required to select a primary care physician (PCP) or obtain referrals for specialty physicians. Be sure that all providers (doctors, labs, x-rays, etc.) participate in-network for the best coverage.

In-Network vs. Out-of-Network:

CapMetro's medical plans offer in-network and out-of-network benefits. When a doctor or hospital agrees to be in the plan's network, they are contractually bound not to charge over a specific amount for services covered by the plan. When you choose an in-network provider, they will file a claim on your behalf, and you are not held responsible for amounts that the provider may charge in excess of their contracted rates. Out-of-network expenses are paid according to 'Usual and Customary' charges, which may leave you with significant out of pocket expenses. For the best benefit available under the plan, you should utilize In-network providers when possible. Out-of-network benefits can be found on the Summaries of Benefits and Coverage.

Dependent Eligibility & Documentation

The benefit plan will be effective January 1 - December 31, 2025

Eligible Dependents:

- **Legally married spouse or declared common law spouse:** As recognized by the Texas Court System.
- **Dependent Children, biological or stepchild, adopted children, court-ordered guardianship or conservatorship children:** Your child must meet the requirements listed and be under 26 years of age. Children do not have to be unmarried or dependent upon you for support to enroll in the medical plan but do for the other benefit plans.
- **Dependent Grandchildren:** Your grandchild must meet the requirements listed, and must also qualify as a dependent (as defined by the IRS) on your or your spouse's Federal Income Tax Return. Grandchildren must be unmarried, under 26 years of age, and dependent on you in a regular parent-children relationship as defined by the IRS (child marital status is not applicable to the medical plan).
- **Disabled Children:** A disabled child is a child who, due to a mental or physical disability, is incapable of earning a living at the time he or she would otherwise cease to be a dependent, if the child is covered as a dependent at that time, and if at that time he or she depends on you for principal support and maintenance.

  A disabled child continues to be considered an eligible dependent as long as the child remains incapacitated, unmarried, dependent on you for principal support and maintenance, and you continuously maintain the child's coverage as a dependent under the plan from the date he or she otherwise would lose dependent status.

  A dependent child who loses eligibility and later becomes disabled is not eligible to be covered. A disabled child who was not covered as a dependent immediately prior to the time he or she would otherwise cease to be a dependent is not eligible to be covered.
- **Qualified Individual:** To be eligible for coverage the individual must be at least eighteen (18) years of age, must reside with the CapMetro employee, and share permanent residence for at least six (6) consecutive months, with the intent to continue doing so indefinitely. An employee's Parent(s) may be considered eligible as a Q.I., if ineligible for Medicare. Additional documents may be required as Dependent Verification for Parent coverage.

Required Documentation:

To provide coverage for a dependent under any of the benefit programs, you must submit documentation that supports your relationship to the dependent. Dependents may not continue coverage, after 60 days, without social security numbers (or equivalent TIN) and the required proof of dependency. Documentation must be submitted within 30 days following enrollment:

- **For a Spouse:** A Marriage Certificate or Declaration of Informal (common-law) Marriage, which has been recorded as provided by law. A tax document is also acceptable if it displays Spousal relationship to the Employee.
- **For a Child for medical coverage:** A Birth Certificate (short/long form), complimentary hospital certification, verification of birth facts issued by the hospital, Medical Support Order or other court order establishing legal adoption, guardianship, or conservatorship. A tax document is also acceptable if it displays dependency of a child in relationship to the Employee/ Spouse.
- **For a Child for other coverage:** A Birth Certificate (short/long form), complimentary hospital certification, verification of birth facts issued by the hospital, Medical Support Order or other court order establishing legal adoption, guardianship, or conservatorship. A tax document is also acceptable if it displays dependency of a child in relationship to the Employee/Spouse.
- **For a Stepchild:** A Birth Certificate (short/long form), complimentary hospital certification, verification of birth facts issued by the hospital, Medical Support Order or other court order establishing legal adoption, guardianship, or conservatorship. A tax document is also acceptable if it displays dependency of a child in relationship to the Employee/ Spouse.

  Additionally, a marriage certificate or declaration of informal marriage indicating the marriage of the child's parent and step-parent is also required.
- **For a dependent Grandchild:** A Birth Certificate (short/long form), complimentary hospital certification, verification of birth facts issued by the hospital, Medical Support Order or other court order establishing legal adoption, guardianship, or conservatorship for your child and grandchild. A tax document is also acceptable if it displays dependency of a child/grandchild in relationship to the Employee/ Spouse.
- **For a disabled Child:** A Birth Certificate (short/long form), complimentary hospital certification, verification of birth facts issued by the hospital, Medical Support Order or other court order establishing legal adoption, guardianship, or conservatorship. A completed Dependent Eligibility Questionnaire verifying an ongoing total disability. Written documentation from a physician verifying an ongoing total disability may be required.
- **Qualified Individual:** A fully executed Qualified Individual Declaration and supporting documentation showing proof of financial interdependence (i.e. shared bank statement/Lease: See Declaration Form for supporting documentation requirements). If the Qualified Individual is a "federally defined" spouse, a copy of the marriage certificate is required. For covered Parent(s), a Medicare disqualification letter must be provided.
- **Gain/ Loss of Other coverage:** A Benefit Confirmation Statement/Official Letter which shows the date coverage starts/ concludes. (i.e Severance/ Employment Dismissal Letter, COBRA Enrollment document, Official notice of benefit termination displayed on letterhead from prior employer/ prior insurance carrier).
- **Marriage/ Divorce / Birth / Death of Dependent:** These Qualified Life Events require the official issued Certificate/Court Order/ Document of record detailing the event.

It is the employee's responsibility to determine whether your dependent meets the dependent definition and ensure all supporting documents for dependent eligibility/verification are uploaded to the Oracle Document Library. Please note, all documents must be received timely following initial enrollment/ notification of Pending Actions Items. Employees are expected to report eligibility/ dependents accurately based on plan definitions; the IRS may tax benefits received for ineligible persons.

Medical Benefits

UNITED HEALTHCARE	HDHP/HSA Plan In-Network	Core Plan In-Network	Buy-Up Plan In-Network
Calendar Year Deductible Copays do not accumulate	$3,300 Individual $6,600 Family	$1,200 Individual $2,400 Family	$950 Individual $1,900 Family
Calendar Year Out-of-Pocket Maximum Includes deductible, coinsurance, copays	$5,000 Individual $10,000 Family	$4,000 Individual $8,000 Family	$3,000 Individual $6,000 Family
Coinsurance (in-network)	Plan pays 80%	Plan pays 80%	Plan pays 90%
Hospital Services Facility fee, physician/surgeon fees	You pay 20% after deductible	You pay 20% after deductible	You pay 10% after deductible
Outpatient Surgery	You pay 20% after deductible	You pay 20% after deductible	You pay 10% after deductible
Emergency Room Care	You pay 20% after deductible	$300 copay	$300 copay
Urgent Care Center	You pay 20% after deductible	$50 copay	$30 copay
Preventive Care	100%	100%	100%
Virtual Visits	$49 fee	$0 copay	$0 copay
Physician Visits (excludes surgeries) Primary Care Physician Premium Designated Specialist Other Contracted Specialist	You pay 20% after deductible	$30 copay $30 copay $60 copay	$25 copay $25 copay $50 copay
Diagnostic Test (X-Ray, bloodwork)	You pay 20% after deductible	100%	100%
Imaging (CT/PET scans, MRI)	You pay 20% after deductible	You pay 20% after deductible	You pay 10% after deductible
Acupuncture Primary Care Physician Specialist	You pay 20% after deductible	$30 copay $40 copay	$25 copay $35 copay
Spine and Joint Surgeries Center of Excellence Non-Center of Excellence	You pay 20% after deductible	You pay 20% You pay 20% after deductible	You pay 10% You pay 10% after deductible
New-Onset of Acute Back Pain	You pay 20% after deductible	3 physical therapy or chiropractic visits per plan year at no cost	3 physical therapy or chiropractic visits per plan year at no cost
Airrosti Therapeutic Services	You pay 20% after deductible	100%	100%
Outpatient Therapy (Physical Therapy, Occupational Therapy, Speech Therapy)	You pay 20% after deductible	You pay 20% after deductible	You pay 10% after deductible
Behavioral Health / Substance Abuse Outpatient Inpatient	You pay 20% after deductible	$30 copay You pay 20% after deductible	$25 copay You pay 10% after deductible
Bariatric Resource Services – Centers of Excellence only (qualification requirements apply)	You pay 20% after deductible	You pay 20% after deductible	You pay 10% after deductible
Advantage Prescription Drug List Preventive Tier 1 Tier 2 Tier 3 Tier 4	$0 $10 after deductible $35 after deductible $65 after deductible n/a	$0 $15 $35 35% ($75 max) 25% ($150 max)	$0 $10 $25 35% ($75 max) 25% ($150 max)

NOTE: In-Network, commonly-used benefits are shown here. Out-of-Network benefits and other details can be found in the Summary of Benefits and Coverage (SBC) and Summary Plan Description (SPD).

Medical Payroll Deductions

New employees are automatically enrolled into the lower Wellness rates for plan year 1. To continue to receive Wellness rates, for existing employees, Employees, Spouses, and Qualified Individuals must complete the annual Wellness initiatives by the communicated deadline. Wellness initiatives may vary from year to year and generally require completing Wellness Journey initiatives and an annual Well-visit and/or Physical Exam. Exams must include comprehensive lab-work as recommended by your attending medical provider. Free Biometric screenings are available when attending CapMetro's annual Health Fair and meet the requirement of completing an annual exam.

Wellness Rates

HDHP with HSA Medical Plan	Total Monthly Rate	CapMetro Monthly Contribution	Employee Rate Per Pay Period
Employee Only	$605.61	$594.37	$5.62
Employee + Spouse	$1,365.37	$1,177.99	$93.69
Employee + Child(ren)	$1,157.90	$1,018.60	$69.65
Employee + Family	$1,890.44	$1,581.32	$154.56
Core Medical Plan	**Total Monthly Rate**	**CapMetro Monthly Contribution**	**Employee Rate Per Pay Period**
Employee Only	$778.39	$742.29	$18.05
Employee + Spouse	$1,754.89	$1,492.40	$131.25
Employee + Child(ren)	$1,488.24	$1,287.57	$100.33
Employee + Family	$2,429.76	$2,010.81	$209.48
Buy Up Medical Plan	**Total Monthly Rate**	**CapMetro Monthly Contribution**	**Employee Rate Per Pay Period**
Employee Only	$891.25	$808.60	$41.32
Employee + Spouse	$2,009.41	$1,667.53	$170.94
Employee + Child(ren)	$1,704.07	$1,432.97	$135.55
Employee + Family	$2,782.10	$2,261.05	$260.52

Standard Rates: Employees who elect Wellness benefit plans during Open Enrollment, but do not complete all Wellness Journey initiative requirements will be charged the Standard Rates and are subject to return any cash incentives received.

Standard Rates

HDHP with HSA Medical Plan	Total Monthly Rate	CapMetro Monthly Contribution	Employee Rate Per Pay Period
Employee Only	$605.61	$444.37	$80.62
Employee + Spouse	$1,365.37	$877.99	$243.69
Employee + Child(ren)	$1,157.90	$868.60	$144.65
Employee + Family	$1,890.44	$1,281.32	$304.56
Core Medical Plan	**Total Monthly Rate**	**CapMetro Monthly Contribution**	**Employee Rate Per Pay Period**
Employee Only	$778.39	$592.29	$93.05
Employee + Spouse	$1,754.89	$1,192.40	$281.25
Employee + Child(ren)	$1,488.24	$1,137.57	$175.33
Employee + Family	$2,429.76	$1,710.81	$359.48
Buy Up Medical Plan	**Total Monthly Rate**	**CapMetro Monthly Contribution**	**Employee Rate Per Pay Period**
Employee Only	$891.25	$658.60	$116.32
Employee + Spouse	$2,009.41	$1,367.53	$320.94
Employee + Child(ren)	$1,704.07	$1,282.97	$210.55
Employee + Family	$2,782.10	$1,961.05	$410.52

NOTE: In-Network, commonly-used benefits are shown here. Out-of-Network benefits and other details can be found in the Summary of Benefits and Coverage (SBC) and Summary Plan Description (SPD).

*CapMetro offers discounted 'Wellness rates' to employees that complete the annual wellness initiatives. See '**Wellness Programs & Incentives'** for additional incentives.

**New employees are automatically enrolled into the lower Wellness rates for plan year 1. To continue to receive Wellness rates, for existing employees, Employees, Spouses, and Qualified Individuals must complete the annual Wellness initiatives by the communicated deadline (See Page 35). Wellness initiatives are subject to change each plan year.

Payroll Deductions – Qualified Individual

Wellness Rates

Wellness requirements must be met to receive Wellness Rates. Qualified Individuals must complete annual Wellness initiatives by the communicated deadline.

Wellness initiatives may vary from year to year and generally require completing an annual Well-visit and/or Physical Exam. Exams must include comprehensive lab-work as recommended by your attending medical provider.

HDHP with HSA Medical Plan	Total Monthly Rate	CapMetro Monthly Contribution	Employee Rate Per Pay Period
Qualified Individual	$759.76	$583.62	$88.07
Core Medical Plan	**Total Monthly Rate**	**CapMetro Monthly Contribution**	**Employee Rate Per Pay Period**
Qualified Individual	$976.51	$750.11	$113.20
Buy Up Medical Plan	**Total Monthly Rate**	**CapMetro Monthly Contribution**	**Employee Rate Per Pay Period**
Qualified Individual	$1,118.16	$858.93	$129.62

Standard Rates

HDHP with HSA Medical Plan	Total Monthly Rate	CapMetro Monthly Contribution	Employee Rate Per Pay Period
Qualified Individual	$759.76	$433.62	$163.07
Core Medical Plan	**Total Monthly Rate**	**CapMetro Monthly Contribution**	**Employee Rate Per Pay Period**
Qualified Individual	$976.51	$600.11	$188.20
Buy Up Medical Plan	**Total Monthly Rate**	**CapMetro Monthly Contribution**	**Employee Rate Per Pay Period**
Qualified Individual	$1,118.16	$708.93	$204.62

If electing medical coverage for a Qualified Individual, they are required to be enrolled into the same plan as the employee. Premiums for Qualified Individuals are after-tax.

A Qualified Individual meets the following criteria:

- At least 18 years old;
- Resides with the employee for at least six consecutive months, and plans to do so indefinitely;
- Is not an employee of CapMetro, a tenant/guest in the employee's residence
- Is financially interdependent with the employee.

The specific qualifications listed in the Qualified Individual Declaration supersede the language above.

Examples of a Qualified Individual:

- Fiancé: If you have resided for at least 6 consecutive months AND whom intends to reside with you indefinitely, and whom you provide them at least 50% of financial support.
- Non-Medicare Parent / Parent In-Law: If you have resided with a parent for at least 6 consecutive months AND whom intends to reside with you indefinitely, and you provide them at least 50% of financial support.
- Financially Interdependent Adult (18 Years +) that resides with you and has done so for 6 consecutive months AND whom intends to reside with you indefinitely, AND whom is not also a CapMetro employee / Tenet / Guest, and whom you provide them at least 50% financial support.

Dental Insurance

Administered by UnitedHealthcare

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the CapMetro dental benefit plan.

Benefit	In-Network
Calendar Year Deductible	$50 Individual $150 Family
Preventive Services Oral examinations, cleanings, periodontal cleanings, x-rays, fluoride treatment (under age 18), dental sealants (under age 15)	Paid 100% by the plan
Basic Services Oral surgery, simple extractions, fillings, endodontics (root canals), periodontics	You pay 20% after Deductible
Major Services Crowns, inlays, onlays, crowns, dentures, bridges	You pay 50% after Deductible
Annual Benefit Maximum	$1,500 per person
Orthodontia (children under age 23)	Plan pays 50% of the covered orthodontia services, up to a separate $1,500 lifetime orthodontia maximum

While there is a network of providers you can utilize, benefit percentages are the same regardless of whether you visit an in-network or out-of-network provider. Utilizing an in-network provider will result in a lower patient responsibility overall. Out-of-Network benefits are subject to Reasonable and Customary charges and you may be balance billed if your dentist charges above this amount.

Dental Plan	Total Monthly Rate	CapMetro Monthly Contribution	Employee Rate per Pay Period
Employee Only	$38.04	$38.04	$0.00
Employee + Family	$110.13	$92.11	$9.01
Qualified Individual	$72.09	$54.07	$9.01

Get More out of your Dental Benefits!

Consumer MaxMultiplier / Dental Benefit Rollover

This program awards benefit dollars for visiting your dentist at least once per year and keeping claim costs below $750. You can earn up to an additional $500 to be added to your next year's annual maximum (currently $1500) to a max benefit of $3000. To View your annual maximum balance, log into **myuhc.com** > **Coverage & Benefits** > **Dental**.

Vision Insurance

Administered by Eye Med

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Benefit	In-Network	Non-Network
Exam at PLUS Providers	$0 copay	Up to $45 reimbursement
Eye Exam	$10 copay	Up to $45 reimbursement
Contact Lens Fit and Follow Up	Standard: Up to $40 copay Premium:10% off retail	n/a
FRAMES/LENSES		
Single Vision	$15 copay	Up to $45 reimbursement
Bifocal Lenses	$15 copay	Up to $65 reimbursement
Trifocal Lenses	$15 copay	Up to $85 reimbursement
Progressive Lenses	Standard:$15 copay Premium: $15 copay, 20% off retail price less $120 allowance	Up to $65 reimbursement
Polycarbonate- Standard	$0 copay	Up to $20 reimbursement
Scratch Coating	$0 copay	Up to $8 reimbursement
Frames at PLUS Providers	$200 allowance, 20% discount off balance	Up to $75 reimbursement
Frames	$150 allowance, 20% discount off balance	Up to $75 reimbursement
Contacts – in lieu of glasses	Conventional: $0 copay; $120 allowance, 15% off balance Disposable: $0 copay; $120 allowance Medically Necessary: $0 copay; paid-in-full	Conventional: Up to $120 reimbursement Disposable: Up to $120 reimbursement Medically Necessary: Up to $300 reimbursement
Exam Frequency	Every 12 months	
Lens Frequency	Every 12 months	
Frames Frequency	Every 24 months	
Voluntary Vision Plan	**Employee Rate per Pay Period**	
Employee Only	$4.29	
Employee + Spouse	$6.39	
Employee + 1 Child	$6.39	
Employee + 2 or more children and Employee + Family	$11.39	
Qualified Individual	$2.10	

Please review your plan document for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

Members

Get a 40% discount on a second complete pair of frames.

Hearing Health: https://www.eyemed.com/en-us/member/benefits/hearing

Lasik Info: https://www.eyemedlasik.com/#/home

New online claims process

You can upload receipts!

Use benefits for Convenient online shopping:

Choose from hundreds of brand-name frames and contacts from these online providers: LensCrafters®, Target Optical®, Ray-Ban®, Glasses. com™, and ContactsDirect. Instantly apply your in-network benefits at checkout. Enjoy free shipping and returns.

Vision Insurance

EXPERIENCE MORE: ONLINE ACCESS

HOW TO: enjoy your own eye site

MEMBER WEB ON EYEMED.COM

Your vision plan is like a friendly smile – it doesn't do any good if it's hidden away. Member Web at eyemed.com is here, there and everywhere. It's your vision plan control center. A place to manage the details of every visit and every claim. Instantly. Easily. Smile-ly.

START MANAGING YOUR BENEFITS IN A FEW EASY STEPS:

1. Visit eyemed.com and click on Member Login.
2. If you're a new user, click on Create an Account.
3. Register using your member ID or the last four digits of your social security number (You'll get an email asking to confirm your account.). *
4. Finish setting up your new account with your email address and a password (To keep it secure, we list some password "musts.").
5. Come back anytime to change your password, email address and billing preferences (It's all under Manage Profiles.).

LOG IN 24/7 TO:

- View your benefit details
- Confirm eligibility
- Check claim status
- Print replacement ID cards
- Locate a provider
- Schedule an appointment online**
- View health and wellness information
- Get special offers

SEE THE GOOD STUFF

Register on eyemed.com or grab the member app (App Store or Google Play) now

* Depends on how your benefit administrator entered you into the system.

** Most, but not all, network providers offer this.

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION OPTICAL

PDF-1801-M-134

Health Savings Account (for members of HDHP only)

Participants in the CapMetro High Deductible Health Plan may be eligible to open an HSA.

A Health Savings Account (HSA) is a tax-advantaged personal savings account that works in conjunction with a HDHP. Participants can pay for qualified medical expenses with tax-free dollars from their HSA. There is no 'use-it-or-lose-it' requirement, the account is portable and the balance plus earnings (from interest and/or investments) carries over year after year, all tax-free. If HSA monies are used for non-qualified medical expenses prior to age 65, a 20% penalty plus ordinary income tax must be paid to the IRS.

Eligibility requirements:

In order to open a HSA, you MUST meet the following requirements:

- Covered by a HDHP Plan
- NOT covered by another health insurance plan that is not a qualified HDHP including:
  - A spouse's medical plan
  - Medicare
  - Tricare
  - Note: Does not apply to specific injury, accident, disability, dental care, vision care and/or long term care insurance plans.
- NOT participating in an employer-sponsored Flexible Spending Account (FSA) (unless limited use)
- Your spouse must also NOT participate in a Healthcare FSA. The Dependent Care FSA will not disqualify you from opening an HSA.
- NOT claimed as a dependent on someone else's tax return

HSAs allow:

- Tax-free contributions by employer, employee or others
- Tax-free growth of interest or investment earnings
- Tax-free distributions of principal and interest to pay for qualified medical expenses
- Accumulation of unused funds and portability between employers. No "use it or lose it" rules. Portable from employer to employer and across state lines.
- Flexible use – You choose whether or when to use the account for health expenses, now or after employment.

In addition to paying for current expenses, funds can be used to pay for:

- COBRA premiums
- Long-term Care premiums
- Out-of-pocket expenses for Medicare
- Medical insurance during unemployment
- Services not covered under a future health plan

If you are covered under the qualified HDHP and meet the eligibility requirements you may open a HSA. HSA plans are intended to be used to pay for healthcare for the individual and his or her covered dependents. Distributions from an HSA to pay for qualified medical expenses are not taxable.

Qualified health care expenses are expenses which are:

- Incurred for the individual, his/her spouse or a tax dependent;
- Eligible as defined in Internal Revenue Code Section 213(d) – generally defined as expenses for the diagnosis, cure, mitigation, treatment or prevention of disease;
- Not reimbursed by insurance or another health plan; and
- Not deducted on the individual's tax return.

Medical expenses that may be reimbursed through a HSA under IRS Code Section 213 include (but are not limited to) the following:

- Deductible payments;
- Coinsurance payments;
- Dental care not provided through another health insurance plan;
- Prescription drugs;
- Emergency ambulance service;
- Chiropractic services;
- Eyeglasses and/or contact lenses;
- Hearing devices;
- Psychiatric care;
- Psychologists' fees;
- Acupuncture
- Over-the-counter-drugs can be reimbursed from the HSA as long as they meet the criteria set out in Internal Revenue Code Section 213(d) and you have a prescription on file for the medication.

For a complete list of eligible expenses please see IRS Publication 502 at https://www.irs.gov/publications/p502

IF YOU CURRENTLY HAVE A FLEXIBLE SPENDING ACCOUNT, ALL FUNDS MUST BE USED/REIMBURSED BY 12/31/2024 OR YOU CANNOT CONTRIBUTE TO THE HEALTH SAVINGS ACCOUNT NOR RECEIVE THE COMPANY CONTRIBUTION AMOUNT UNTIL THAT BALANCE IS $0

Health Savings Account (for members of HDHP only)

Contributing to your HSA

When you participate in an HSA, you set aside money to pay for eligible out-of-pocket expenses. Money can be contributed to your HSA by you or anyone else. The IRS calendar year maximums for these savings accounts are listed below:

Maximum 2025 Contribution (1/1 - 12/31):

- $4,300 for Employee Only
- $8,550 for Employee + Spouse, Employee + Child(ren), Employee + Family
- $1,000 Catch Up Contribution for Employees age 55 and up

Employer Contributions

CapMetro contributes $91.66 per month for employee only coverage and $183.33 per month for employee plus spouse, child(ren), or family coverage. These amounts count toward the maximum allowed calendar year contributions listed above.

	CapMetro Annual Contribution	Your Max Annual Contribution	Total Annual IRS-Allowed Contribution
Employee Only	$1,100	$3,200	$4,300
Employee With Dependents	$2,200	$6,350	$8,550

If you are eligible to contribute additional HSA Contributions, as Catch-Up contributions (based on your age and IRS provisions), your elected contribution will continue until you reach the highest allowable contribution limit (set forth by the IRS) for the current plan year. You are able to change or cancel your HSA contribution amount at anytime during the pan year via Employee Self Service (ESS). From your Benefits tile, select Report a Life Event tile.

Note for Newly Eligible and Partial Year Participants:

If you become newly eligible to contribute to an HSA during the year, you may contribute the maximum contribution for the year (without incurring taxes or a penalty on the amount of the contribution) provided you continue to remain eligible for a 13 month period beginning December 1st of the year in which you become eligible and ending on December 31st of the following year.

If you do not remain eligible for a 13 month period shown above, your excess contributions will be subject to federal income tax and may be subject to the 6% excise tax. Please contact your tax advisor for assistance determining if your partial year contributions will be subject to taxes and penalties.

Using your HSA

With an HSA, your contributions, earnings and eligible withdrawals are all tax-free. As long as your withdrawals are used to pay for qualified health care expenses, you won't pay taxes. Unlike FSAs, HSAs do not have a "use it or lose it" requirement. Your account balance rolls over from year to year and will earn interest tax-free.

The HSA Store or OPTUM HSA are great resources to exhaust any remaining funds, in the event that your HSA balance exceeds the cost of your planned medical expenses for the current plan year

Tax filing

You will receive a 1099SA and a 5498SA and be required to file Form 8889 with your annual tax return. Please see your tax advisor if you have any questions.

Opening an HSA

CapMetro will offer an employer-sponsored HSA through Optum Bank. The Optum Bank account allows you to have HSA contributions deducted from your paycheck on a pre-tax basis. Accounts are subject to a $2.75 monthly banking fee which is waived with a balance of $3,000 or more. Investment options are available with a minimum balance of $2,000.

Note

You are responsible for the eligibility of all items and keeping receipts for tax purposes.

Not all expenses that are qualified health care expenses under the HSA count toward the satisfaction of the calendar year deductible.

In order to open a HSA, you or your spouse must NOT be participating in a Healthcare Flexible Spending Account (FSA) or covered under a medical plan with copays and/or first dollar coverage.

Enrolling in a Dependent Care FSA (described on page 19) does not prevent you from opening an HSA.

Health Savings Account (for members of HDHP only)

OPTUM Bank® Member FDIC

UnitedHealthcare®

Managing your HSA: Helpful online tools

Once you've opened a health savings account (HSA) with Optum Bank®, you have access to a number of tools and resources, making it easy to manage your account online. They can help you use your HSA today and help plan for the future.

optumbank.com

Log in to your account anywhere, any time to:

- Pay bills to physicians, dentists or other health care providers
- Make deposits
- Reimburse yourself
- Set up and manage account alerts
- Upload and store receipts
- Check monthly statements
- Manage investment activity

Qualified medical expense tool

Visit **optumbank.com/qualifiedexpenses** to get up to speed on qualified medical expenses. With the search tool you can filter by account type and expense type to find out what is considered a qualified medical expense by the IRS.

Health Savings Checkup

Wondering how much money you will need for health care expenses in retirement? Take the Optum Health Savings Checkup at **healthsavingscheckup.com.** Answer a few questions about your health, your HSA activity and retirement goals, and you will receive a personalized snapshot of your potential health care expenses in retirement. It will show you how much Medicare will cover, what your predicted HSA balance will cover and how much more you might need to plan on saving. You'll also get ideas to help you stay healthy, spend less and save more.

HSA calculators

Visit **optumbank.com** for calculators that can help you manage your HSA now and in the future.

- Find out your maximum contribution limit based on your plan type (individual or family), your age and amount that your employer contributes to your account.
- Calculate your yearly tax savings based on how much you plan to contribute to your HSA.
- See what the potential future value of your HSA could be and how much it can grow over time.

Contribution tracker

Log in to your account at **optumbank.com** or **myuhc.com®** to find out what your contribution limits are. See how much you have contributed to your HSA year-to-date, and how much more could be contributed according to your plan coverage (individual or family) with the contribution tracker.

Asset Allocation Calculator

If you choose to invest some of the money in your HSA, the HSA Asset Allocation Calculator can help you decide which mutual funds to select, based on asset class. Simply answer a few questions, and the calculator will show you a suggested distribution of how to spread out your investment dollars. Be sure to discuss if investing the money in your HSA is right for you with your financial advisor.

Investments are not FDIC insured, are not guaranteed by Optum Bank®, and may lose value.

OPTUM Bank® Member FDIC

Flexible Spending Account (FSA)

What is the purpose of the plan?

CapMetro has established this plan to help employees save tax dollars and increase their net pay.

What is a Flexible Spending Account (FSA)?

An FSA is designed exclusively for employees, and is established by your employer under Section 125, 129, 132f or 105 of the Internal Revenue Code. This plan allows a participating employee to take certain expenses from their paycheck on a pre-tax basis. This means that all amounts deducted from your paycheck and contributed toward your plan will not be subject to Federal Income tax, nor will it be subject to Social Security tax.

What are eligible expenses under the plan?

Healthcare Expenses (for members of Core and Buy-Up medical plans only)

An employee's out-of-pocket health care expenses can be paid with before-tax dollars when an employee elects to deposit some of those dollars into their Flexible Spending Account. The amount the employee elects to set aside in this account will be held until he or she submits receipts for eligible expenses to be reimbursed. The maximum amount an employee can elect for the 2025 plan year is $3,300. Eligible expenses can include (not limited to):

For a complete list of eligible expenses please visit **http://www.irs.gov/publications/p502/**

- Above Usual and Customary Charges
- Chiropractor
- Coinsurance
- Deductibles
- Dental Expenses
- Eyeglasses & Contact Lenses
- Hearing Aids
- Prescribed Birth Control
- Psychologist
- Special Medical Equipment
- Special Tests (allergy, etc.)

Your Healthcare FSA includes a Debit Card

CapMetro FSA members have access to an FSA debit cards through UnitedHealthcare. These debit cards give you direct access to your Healthcare FSA balance when used for eligible expenses. Debit cards cannot be used for unqualified expenses; those will not process at the point of sale. Use of a debit card prevents the need to spend money out of pocket and wait for reimbursement. However, it is always your responsibility to save receipts, as you may be required to furnish them as proof of purchase.

Fund Availability

The entire elected amount for a Healthcare FSA is available on the first day of the plan year.

Use It Or Lose It Provision

Unused balances at the end of the plan year cannot be carried over into the following plan year. Your annual election must be used by the end of the plan year or any remaining balance will be forfeited. You should plan cautiously in order to avoid forfeiting your money at the end of the plan year.

The FSA Store or OPTUM FSA are great resources to exhaust any remaining funds, in the event that your FSA balance exceeds the cost of your planned medical expenses for the current plan year.

Flexible Spending Account (FSA)

Grace Period

FSA participants may incur expenses from January 1, 2025 - March 15, 2026, which includes a 2 1/2 month grace period. Claims incurred January 1, 2025 through March 15, 2026 must be submitted for reimbursement by April 15, 2026. UnitedHealthcare will not reimburse 2025 claims received after April 15, 2026.

Mail:

Health Care Account Service Center
P.O. Box 981506
El Paso, TX 79998-1506

Fax:

915.231.1709

Web:

myuhc.com

Reimbursement Requests

To submit a claim, complete the request for reimbursement form. Attach your receipts and mail, email or fax the claim directly to United Healthcare Benefit Services or submit claims through **myuhc.com** or select auto payment.

Questions?

Contact United Healthcare Services at **866.755.2648.**

Flexible Spending Account (FSA)

Dependent Care Flexible Spending Account

The Dependent Care Flexible Spending Account (FSA) provides the ability to pay for eligible dependent care or day care services with before-tax dollars. Because you are reimbursing yourself with pre-tax dollars, your savings may amount up to 22% to 35% of your actual child care expense, depending on your individual or family tax bracket. Child and dependent care expenses must be due to work related dependent care expenses to qualify for this plan.

The maximum contribution amount is $5,000 per plan year, per family. Beginning in April 2025, CapMetro will offer a Dependent Care Assistance Program in the form of an employer contribution to an eligible participant's Dependent Care Flexible Spending Account. Both employee and employer contributions (if applicable) count towards the maximum contribution limit of $5,000 annually.

Your dependents are eligible for coverage on your Dependent Care Flexible Spending Account plan if they live with the you and are 12 years old or younger. A person age 13 or older qualifies if that person is physically or mentally incapable of self-care and regularly spends at lease eight hours a day in your household.; Eligible expenses can include:

- Babysitters, if the sitter is not a dependent of the employee or a spouse.
- Au pairs or nannies who are paid household employees providing care in the employee's home.
- Extended Day Before- and after-school care.
- Childcare centers, which are usually separate facilities and not in a residence.
- Nursery schools and pre-schools (private) that focus on care and well-being, not on education
- Day camp, if the purpose of sending the child is for the care and well-being of the child. For example, the child goes to day camp instead of the usual day care center.
- Elder care/ Adult Day Care costs relating to the care of a dependent adult who is unable to care for himself or herself if such expenses are not for medical services, if the elderly person is a qualifying individual, and in the case of services provided outside the employee's household, if the person regularly spends at least eight hours each day in the employee's home.

If you would like to apply for an employer contribution to your Dependent Care FSA through the Dependent Care Stipend Program, you must meet the eligibility requirements, apply for the stipend during your annual open enrollment or new-hire enrollment, and elect a minimum employee contribution to your Dependent Care FSA of $1 annually. You will not be able to change your Dependent Care FSA contributions during the plan year unless you experience a change in status event that permits a mid-year contribution change. Elected Flexible Spending Account annual contribution amounts are prorated over remaining pay-periods from the date of enrollment (not to exceed 24 payroll deductions annually).

Note: If you are a highly compensated employee, CapMetro may be required to discontinue or limit your contributions to the Dependent Care Reimbursement account in order to comply with certain nondiscrimination requirements applicable to the plan under tax law. You will be notified if you are affected by this rule.

For questions on the Dependent Care Stipend Program, please contact **benefits@capmetro.org.**

Pre-Paid Legal Plan

LegalShield provides the legal and identity theft protection you and your family need and deserve.

LegalShield Coverage Includes:

- Legal Consultation and Advice
- Court Representation
- Dedicated Provider Law Firm
- Legal Document Preparationand Review
- Letters and Phone Calls Made on Your Behalf
- Speeding Ticket Assistance
- Will Preparation
- 24/7 Emergency Legal Access

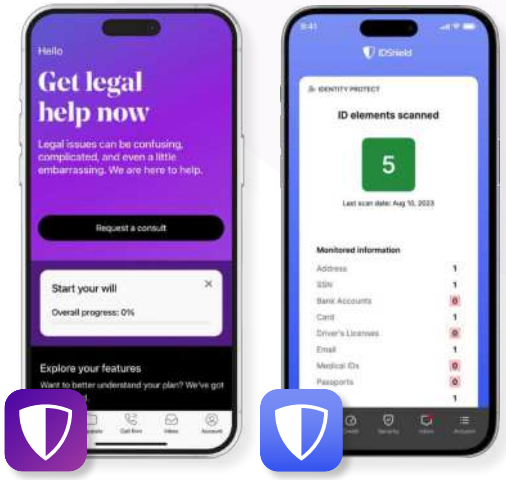
Identity Theft Services Include:

- Identity Consultation and Advice
- Dedicated Licensed Private Investigators
- Identity and Credit Monitoring
- Child Monitoring
- Full-Service Identity Restoration
- Real-Time Alerts
- 24/7 Emergency Access

Identity theft services are powered by IDShield.

For more information, visit: benefits.legalshield.com/capitalmetro

Always Connected. Always Protected.



Without a doubt, LegalShield has been a benefit to me at an extremely reasonable cost. All interactions I've had have been very helpful and beneficial.

B.C., LegalShield Member

Legal and Identity Theft Protection

$20.55/monthly

Employee Assistance Program

CapMetro

Employee Assistance Program

What does my EAP include?

ACCESS TO 24/7. Our services are available 24/7. We are staffed to support incoming calls at night, on weekends, and holidays. Services are offered in English and Spanish. We offer *In The Moment Counseling* for urgent issues. We provide an ADA-compliant telephone line.

Counseling Services. Eight (8) Free confidential, In-person, and Virtual counseling sessions of structured counseling per employee/family member per issue per year; available modes of counseling: telephonic, face-to-face, or online (video). All services are available for household family members.

Legal and Financial Support. We contract with a nationwide network of service providers to provide consultation to employees regarding their legal and financial concerns.

Member Website. Our website features comprehensive resource articles, assessments, and audio/video files. The site also covers emotional well-being, health and wellness, workplace issues, child care, elder care, adoption, and educational content. Online Resources that support different languages (Spanish) and access to assessments, seminars, and live chat (LiveCONNECT).

Newsletters. Monthly employee and supervisor newsletter with wellness articles and other resources. In addition, the newsletter will allow employees to register for upcoming events.

Secure the Wheel. Emergency cab fare reimbursement for those situations when you're unable to drive yourself.

Wellness App. iConnectYou, allows users to engage with a counselor via phone, video, instant messaging, or SMS text, serving as both an access and delivery tool.

Wellness Training/Development. Onsite and live online training for employees and supervisors. The training topics are derived from seven core themes related to workplace well-being, including Leadership and Development. Close Captions added to all video content.

Work-life resources. Our work-life consultation and resource service provides practical assistance around a wide variety of issues, including but not limited to Child Care, Elder Care, Pet Support, and Daily Living Resources.

Access Neely EAP Services

Access to confidential 24-hour telephone line
- 866-212-6096
- 800-735-2989 (TDD)

Member Website
- https://neelyeap.helpwhereyouare.com Compay Code: **CAPM**
- Register for Seminars and view On Demand content
- Download forms and read articles
- LiveCONNECT, Real Messaging Service, response within 2 hours

iConnectYou
- Smartphone app
- Engage in benefits via phone, instant messaging

Orientation Page
- http://neelyeap.com/CAPM
- Download flyers
- Recorded EAP orientation
- Explore additional EAP features

NEAP Benefit 2023
admin@neelyeap.com

Value-Added Benefits from Unum

Employee Assistance Program (EAP)

CapMetro has a full-service EAP that you are encouraged to use first (see the prior page for the full-service EAP through Neely). Unum offers a small, free EAP that is also being made available to all employees.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Family and parenting problems
- Relationship issues, divorce
- Job stress, work conflict
- Anger, grief, and loss

Ask Work/Life Specialists about:

- Child care and elder care
- Legal questions
- Identity theft
- Financial services, debt management, credit report issues
- Reducing your medical/dental bills

Help is Easy to Access:

- 24/7: **800.854.1446** or **www.unum.com/lifebalance**
- Three (3) free face-to-face visits available (per issue/problem)
- Life Planning services (after employee/spouse passes or is terminally ill): **members.healthadvocate.com**
- Unum's EAP services are available to all eligible employees, their spouses or domestic partners, dependent children, parents, and parents-in-law

Travel Assistance Program

Whenever you travel at least 100 miles from home, get support for medical, legal, and other important services.

Benefits of Emergency Travel Assistance

- Help replacing lost prescriptions and passports
- Referrals to Western-trained, English-speaking medical providers
- Hospital admission assistance
- Emergency medical evacuation
- Transportation for a friend of family member to join a hospitalized patient
- Care and transport of unattended minor children
- Legal an interpreter referrals

Help is Easy to Access:

- Within the U.S.: **800.872.1414**
- Outside the U.S.: **+1.609.986.1234**
- Email: **medservices@assistamerica.com**
- Reference number: **01-AA-UN-762490**
- Download and activate the Assist America mobile app (activation code: **01-AA-UN-762490**)

Behavioral Health Solutions

Talkspace

With Talkspace online therapy, you can regularly communicate with a therapist, safely and securely from your phone or desktop. Make progress. No office visit required.

With Talkspace, you can message a licensed therapist, 24/7.*

- Find a therapist with an online matching tool.
- Start therapy within hours of choosing your therapist.
- Message your therapist whenever — no appointments necessary.
- Get messages back throughout the day, five days a week.
- Choose real-time face-to-face video visits by appointment, when needed.

Talkspace is convenient, safe and secure. Simply register (first visit only) and choose a provider and message anywhere, anytime. **talkspace.com/connect**. After you register, download the Talkspace app on your mobile phone.

Calm Health

The Calm Health app provides programs and tools to help support your mental health and well-being — all at your own pace. As a UnitedHealthcare member, Calm Health is included in your health plan and available at no additional cost.

- **Learn techniques to improve well-being –** Find tools, music and sounds to help you meditate, improve focus, move mindfully and feel calm.
- **Work toward goals –** Join self-guided self-care programs, and track your progress along the way.
- **Support your mind and body –** Access mental health information and support to help you strengthen the mind-body connection.

Tap Into tools and support

The Calm Health app brings you a library of support — including mindfulness content and programs created by psychologists — for a variety of health experiences and life stages. This information is designed to help you:

- **Learn techniques to improve well-being –** Find tools, music and sounds to help you meditate, improve focus, move mindfully and feel calm.
- **Work toward goals –** Join self-guided self-care programs, and track your progress along the way.
- **Support your mind and body –** Access mental health information and support to help you strengthen the mind-body connection

Get started

You'll first need to sign in to your account on **myuhc.com** or the UnitedHealhtcare app. If you don't have an account, select Register to create one.

UHC Additional Benefits

Virtual therapy offers confidential counseling and includes:

Private video sessions
Get 1-on-1 support—in your home and at a time that's convenient for you.

Help with coping—for children, teens and adults
Your licensed therapist may provide a diagnosis, treatment and medication if needed.

Similar standard of care as in-person visits
You can see the same therapist with each appointment and establish an ongoing relationship.

Virtual therapy is designed to help treat conditions like:

- ADD/ADHD
- Anxiety
- Mental health disorders
- Addiction
- Depression

A quicker way for the whole family to get care

A virtual visit for mental health care may be a great way for children and teens to get an appointment.

To find a provider and schedule a visit

Sign in or register on myuhc.com®. Then, go to **Find Care & Costs > Virtual Care > Behavioral Health Care > Get Started** and call the provider to set up an appointment. Or call the telephone number on your health plan ID card.

OptumRx home delivery, you can get a 3-month supply of your long-term medications. Plus, they are mailed to you with free standard shipping.

Want more reasons?

Skip the trips

Your medications can be delivered to your door. You don't even have to leave home or wait in the pharmacy line.

Save some money

You may pay less than what you do at in-store pharmacies. And, standard shipping is free.

Stay on track

With a 3-month supply, you may be less likely to miss a dose. You can even sign up for automatic refills.

Be in control

Use the website or app to easily track orders, request refills, price medications and set up alerts.

Get the lowest price

Home delivery members save $10-12* on average when they use the drug pricing tool and fill with home delivery.

Use the app or go online to see what you can save.

Ready for home delivery? Choose one of the following ways to sign up.

- Scan the code or visit **optumrx.com**
- Use the Optum Rx app
- Ask your doctor to send an electronic prescription to Optum Home Delivery
- Call the number on your member ID card

Another way to get care

Providers can treat a wide range of health conditions—including many of the same conditions as an emergency room (ER) or urgent care—and may even prescribe medications,[2] if needed. **With a UnitedHealthcare plan, your cost for a 24/7 Virtual Visit is usually $54 or less.[3]**

Consider 24/7 Virtual Visits for these common conditions and more

- Cough
- Headache
- Sore throat
- Fatigue/weakness
- Nasal discharge
- Difficulty sleeping
- Congestion/sinus pain
- Fever
- Loss of appetite

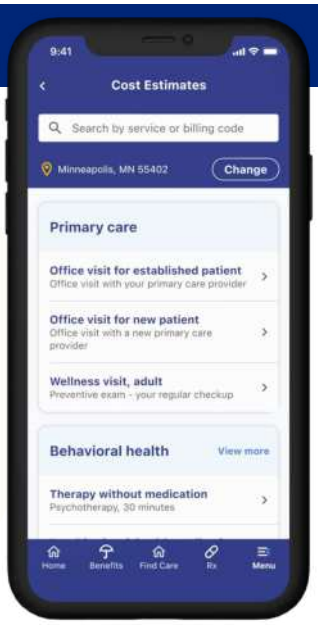
$54 or less

An estimated 25% of ER visits could be treated with a 24/7 Virtual Visit—bringing a potential $2,000[4] cost down to $54 or less

Get started

Sign in at **myuhc.com/virtualvisits** | Call the number on your health plan ID card | Download the UnitedHealthcare app

United Healthcare®



We understand that not knowing the cost of care can cause stress for members. That's why we created a more transparent, personalized and empowering pricing tool. Members can use it in the moment and as a proactive resource to help estimate and manage health care costs.

Here's how it works:

1. **Members enter their visit or procedure type or choose it from the list.** They can also search by a specific provider or find a provider offering a service within their area. If they're getting surgery, for certain services this tool will look at their total care journey, such as X-rays, physical therapy and follow-up appointments.

2. **It will estimate how much they'll pay** based on their health plan, including whether their deductible has been met for the year.

With this tool, members can get personalized cost information quickly via **myuhc.com®** or the **UnitedHealthcare® app** and feel confident before their appointment. It empowers users to choose care that may be at or below average cost.

Get healthier, at no additional cost to you

Real Appeal on Rally Coach™ is a proven weight management program designed to help you get healthier and stay healthier. It's available to you and eligible family members at no additional cost as part of your benefits.

Take small steps toward healthier habits

Set achievable nutrition, exercise and weight management goals that keep you motivated to create lasting change. Track your progress from your daily dashboard, too.

Support and community along the way

Feel supported with personalized messages, online group sessions led by coaches and a caring community of members.

Get a Success Kit delivered right to your door.

Make the most of tools and resources like weight and food scales, a portion plate and more. Your Success Kit is delivered after you attend your first live group session.

Maternity Support

Get support for your precious delivery.

If you're thinking about having a baby or have one on the way, the **Maternity Support Program** is here to provide information and support — throughout your pregnancy and after giving birth.

When you enroll in the program, you'll be able to work with a maternity nurse who is available to answer your questions and help you with things like:

- Choosing a doctor or nurse midwife, and help you with finding a pediatrician or other specialist
- Information to help you take care of yourself and the health of your baby — even if your pregnancy is considered high-risk
- Support to help you manage your health — physically and emotionally — before and after your baby is born

Whatever your journey, we're here to help.

Get started today.

1-877-201-5328

myuhc.phs.com/maternitysupport

Monday-Thursday, 8:00 a.m.–8:00 p.m. and Friday, 8:00 a.m.–5:00 p.m. Central Time

This service is available at no extra cost as part of your benefit plan. (TTY: **711**)

Support your musculoskeletal needs

Bone, joint, ligament, tendon or muscle pain may be overwhelming. Fortunately, Specialist Management Solutions (SMS) Advocates can help schedule educational consults with a local musculoskeletal specialist, serve as a single point of contact throughout your care journey, and provide direction to other programs in your health plan benefits. SMS is available through your health plan, at no additional cost.

How Does it Work?

1. Contact an SMS Advocate/Nurse to learn more about a specific diagnosis, ways to manage musculoskeletal pain, and understand treatment options to then discuss with your treatment provider.
2. Work with the SMS Advocate/Nurse to locate an in-network provider so you can determine the site of care for your musculoskeletal care needs.
3. SMS Advocates can remain in touch throughout the health journey – from the first call, all the way through recovery, if needed.

What to Expect

- Access to orthopedic nurses for 1-1 coaching on digital exercise therapy program options, pre/post-surgery counseling, or a consult for a second opinion.
- Enhanced support and resources.
- Payment savings options.
- Greater access to specialty care.

Learn More Call 800-379-6898 and ask to speak with an SMS Care Advocate

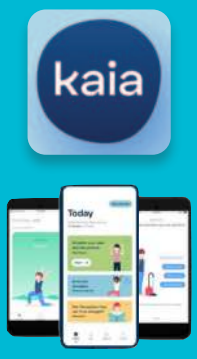
Don’t wish pain away … do this instead

Download the Kaia app for on-demand, personalized support to help relieve pain and live healthier

Whether it’s a stiff neck, aching shoulders or more severe back issues, it can be hard to enjoy life when pain shows up. That’s where Kaia steps in. It’s a new app here to show how pain relief is possible — **at no extra cost** as part of your health plan.

Connecting with Kaia connects you with so much

- **On-demand pain relief care** in the convenience of an app
- **1-on-1 health coaching** with certified professionals
- **Workouts tailored to you** with some as short as 15 minutes
- **No extra cost—**this is included as part of your health plan
- **Bite-sized lessons** to help you recognize where pain is coming from
- **Strengthening exercises** plus relaxation techniques for pain management

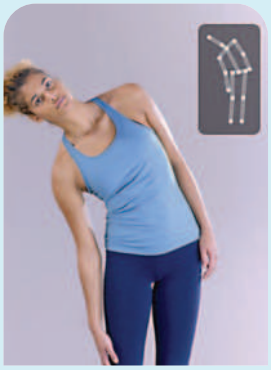


Download Kaia today

You’ll get a personalized pain relief program created on the spot after you sign up. Get started with a personalized pain relief program and learn helpful exercises with no scheduling, waiting rooms or travel required.

Download on the App Store | GET IT ON Google Play

For real-time feedback while you exercise



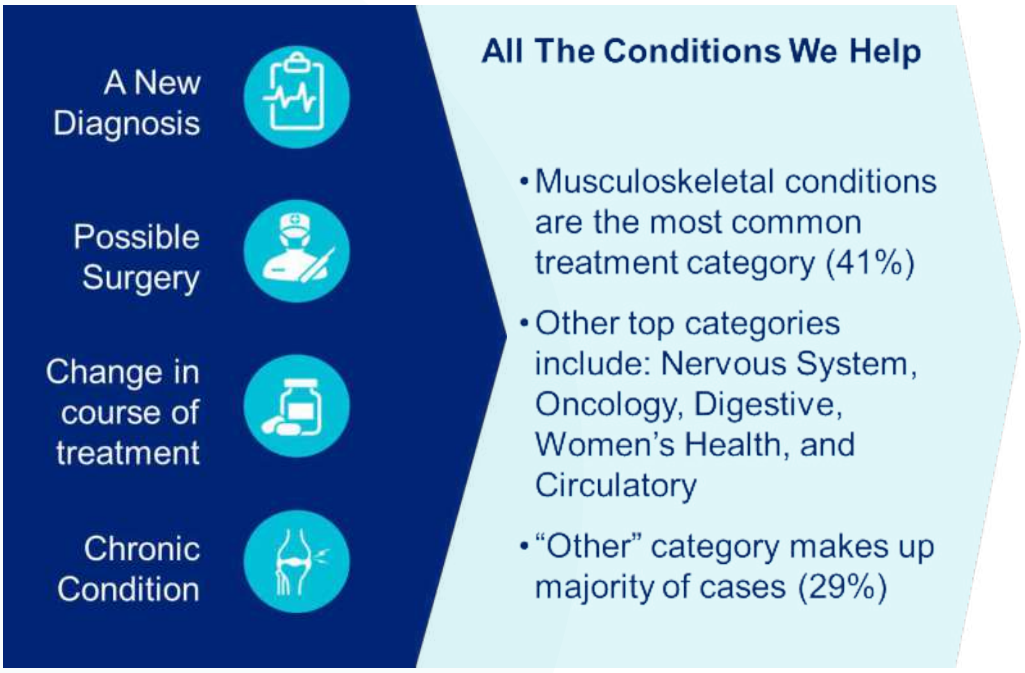
Kaia tracks your movements using AI technology to ensure you’re doing each exercise correctly, providing real-time audio and video feedback for help along the way. So you get a program tailored to your fitness, pain and mobility levels to help manage pain.

Visit startkaia.com/uhc

United Healthcare | kaia health

*Provided at no extra cost as part of your health plan.

2nd MD: For Any Condition



Video or telephonic access directly with our elite specialists

UnitedHealthcare®

The UnitedHealthcare Cancer Support Program (CSP) provides compassionate guidance and answers for you or a family member who's faced with cancer.

How does it work?

If you're preparing for cancer treatment or have already started, a nurse can help you navigate treatment options and find a network provider from a high-quality Centers of Excellence (COE) facility. Here's more of what you can expect:

- **Connect with a nurse** specially trained in oncology for support throughout your treatment journey
- **Get help exploring your options,** finding answers to questions, and managing symptoms and side effects
- **Receive support** working with your doctors, so you feel informed to make decisions for your health
- **Access digital tools** to help provide real-time guidance and identify care needs immediately

180K+

members supported since 2007[1]

96%

of members were satisfied with their Cancer Support nurse[2]

Learn more

Call an oncology nurse at **1-866-936-6002, TTY 711,** from 7 a.m. to 7 p.m. CT, Monday through Friday, or visit **myuhc.phs.com/cancerprograms.**

United Healthcare

“I’m making a change for the better.”

Bariatric Resource Services. Call to start today.

Obesity is a growing epidemic in the United States. It is the cause of many serious conditions including heart disease, diabetes and arthritis. If you’re considering bariatric surgery to lose a significant amount of weight, we are here to help.

Bariatric Resource Services (BRS) provides you with access to a team of clinical experts who specialize in weight loss and bariatric surgery. You’ll receive complete support before, during and after bariatric surgery.

Our Bariatric Resource Services nurses can help you:

- Find high quality Centers of Excellence network providers to make sure your surgery goes as smoothly as possible
- Learn about surgical options for best possible outcomes
- Find resources to help you meet your pre-surgical requirements
- Understand how nutrition and fitness can help you achieve success
- Adjust to and maintain lifestyle changes and avoid complication after surgery

The BRS program is already a part of your benefits, so there’s no extra cost. If you are considering surgery, please call to learn more, connect with a nurse, and locate a Center of Excellence provider near you.

1-888-936-7246, TTY **711**
myuhc.phs.com/brs

UnitedHealthcare®

This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only and provided as part of your health plan. The nurse cannot diagnose problems or recommend treatment and is not a substitute for your doctor’s care. Your health information is kept confidential in accordance with the law. This nurse support service is not an insurance program and may be discontinued at any time.

Flexible programs to improve your health on your terms

Discover a one-of-a-kind approach to managing chronic conditions.

Diabetes Management

A personalized way to help manage diabetes. Get tools and support to track blood sugar levels and develop healthier lifestyle habits.

Program includes:

- A connected blood glucose meter
- Unlimited strips and lancets
- Tips, action plans and one-on-one coaching
- Real-time support for out-of-range readings

Hypertension Management

Take control of your heart health with guidance and a personalized plan. With a smart blood pressure monitor, you can track, get support, set up reminders and message a coach, all in one place.

Program includes:

- A connected blood pressure monitor
- Step-by-step action plans based on your goals
- Tips on nutrition and activity
- One-on-one support from expert coaches

Diabetes Prevention program

Take your first step toward a healthier tomorrow, and reduce your risk of type 2 diabetes. With the Diabetes Prevention program, you'll get access to a team of expert coaches, a library of online lessons and a smart scale— at no cost to you.

Program includes:

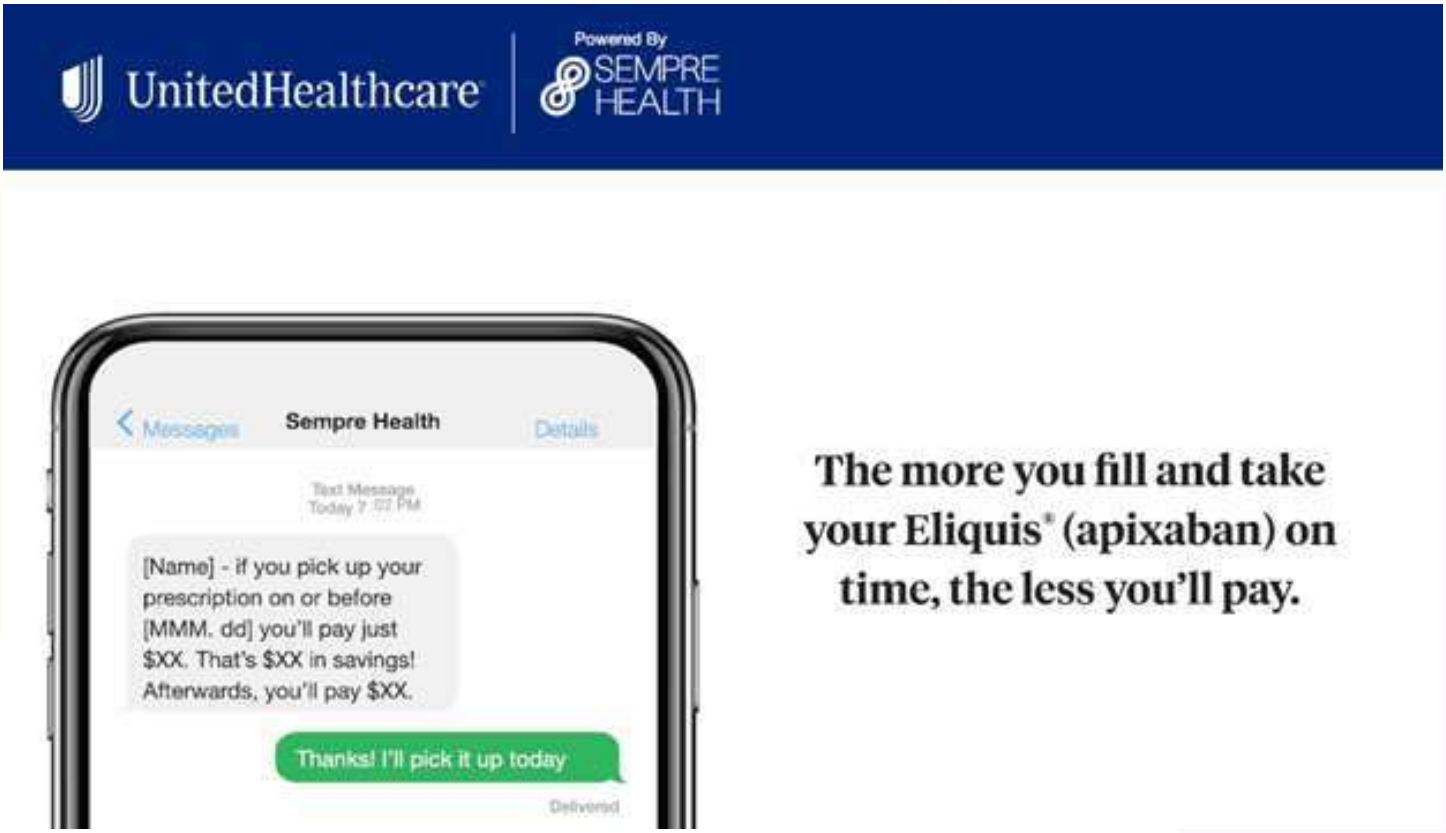
- Expert coaches to help with diet, nutrition, activity and more
- A smart scale that syncs to the app and web portal
- An all-in-one app to track weight, activity and food

Depending on your eligibility, you may see communications for one or more of these programs. Upon enrollment, you'll receive support for the programs that fit your unique needs.

Learn more and join

Visit **TeladocHealth.com/Go/UHCACES or call 800-835-2362**
and use registration code: UHCACES.

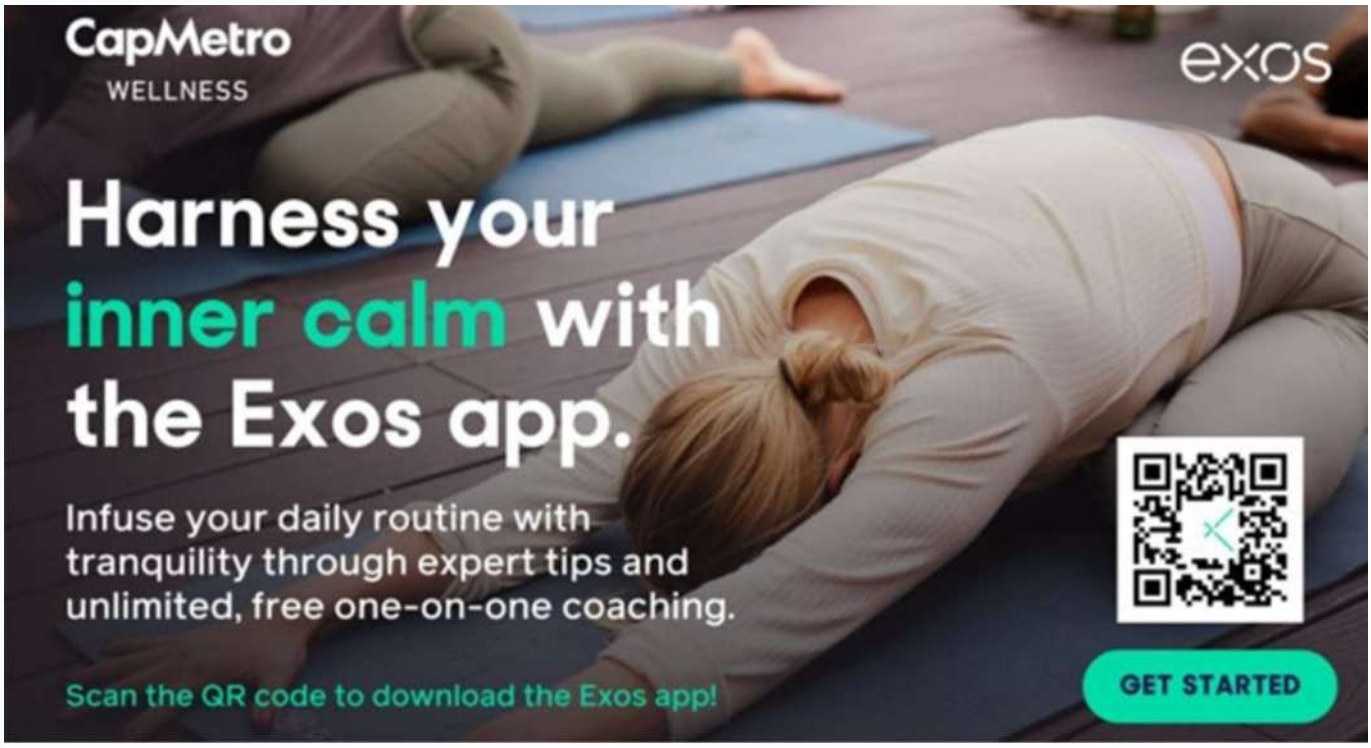
Sempre Health



United Healthcare partners with **Sempre Health**. Sempre saves you money on eligible prescriptions. Sempre Health provides prescription reminders and manufacture discounts. When you pick up your drug on time, you save even more.

Sempre Health is available through all United Healthcare plans that are offered by CapMetro, at no additional charge. Simply present your card at the Pharmacy when picking up your prescription; if you are picking up an eligible prescription, a discount will automatically be applied at checkout.

Wellness Programs & Incentives



CAPMETRO WELLNESS

TAKING CARE OF YOURSELF!

The CapMetro Wellness program aims to improve our overall employee health, offering free gym access, private wellness consultations, cash incentive rewards, and a digital wellness app, to support a healthier workforce aligned with our community-focused mission.

You can work with certified fitness coaches that are able to leads hands-on individual and small group training, fitness testing, and nutrition guidance. In addition, fitness staff can develop personalized exercise plans for you to follow at our facilities, at home, or offsite fitness centers through the new EXOS app.

Our Wellness Cash Incentive program offers substantial rewards to employees who maintain a healthy and active lifestyle. Earn $25 to $250 per incentive for participating in activities such as regular gym attendance, quitting tobacco, reaching weight loss goals, and completing biometric screenings. We value your wellbeing and aim to support your personal health journey.

WELLNESS PROGRAM QUESTIONS?

: 512.389.7506

: wellness@capmetro.org

MAXIMIZE YOUR WELLNESS BENEFITS AND TRANSFORM YOUR HEALTH JOURNEY

- Full access to our fitness center staffed with certified health & fitness specialists available for personal training sessions at no cost to you.
- Get rewards for completing blood pressure, weight, Body Mass Index (BMI), and Body Fat Percent (BFP) screenings and reaching wellness milestones.
- Dive into a treasure trove of resources spanning 7 wellbeing dimensions, propelling your wellness journey with expert guidance and vibrant support.
- Access to the EXOS app offering 1:1 coaching, live and on-demand videos, and fun challenges to help you feel great, all from your phone.

DOWNLOAD OUR CASH INCENTIVE REQUEST FORM

View all of the incentives available to you through our wellness program

Wellness Programs & Incentives

CapMetro Bikeshare

Because we know that buses and trains can't always take you every mile of your trip, we are always looking for ways to increase your ease of getting around town. Bikes aren't just an eco-friendly transportation alternative; they provide access to Austin that other public transit options just can't. That's why we've introduced MetroBike, a system that helps you get around Austin on two wheels. Our bikeshare program makes planning your complete trip easier than ever. Have a bike of your own? Check out our secure bike shelters to park your bike when you're on the go.

Try a bike TODAY!

Visit **https://www.capmetro.org/bikeshare** for more information or sign up for your free employee annual membership!

Download the CapMetro Bikeshare app for android or iPhone

Medical Premium Discount Incentives

CapMetro offers cash incentives and lower medical premiums to employees that complete specified annual wellness initiatives.

Newly eligible employees are automatically enrolled into the lower Wellness rates for their initial participating plan year, however, must complete wellness initiatives to maintain lower rates for subsequent plan years.

2025 Wellness requirements Include:

1. Employees, Spouses, and Qualified Individuals must complete an Annual Well-visit and/or Physical Exam between April 1, 2024 – March 31, 2025. Exams must include comprehensive lab-work as recommended by the attending medical provider.*

2. CapMetro employees must complete their assigned Wellness Journey in Oracle no later than Mach 31st of each year. Wellness Journeys require the employee to complete Wellness related educational modules and acknowledge the completion of annual exams for each participant.

*Footnote: Free Biometric screenings are available when attending CapMetro's annual Health Fair and meet the requirement in completing an annual exam

Other Incentives

Be Well Incentive Benefit

Every year, each family member who has Voluntary Critical Illness, Hospital, or Accident coverage can also receive $50 for completing a covered Be Well screening, such as: Annual exams, preventative health screenings, immunizations, and biometrics.

File your Be Well claim online at **unum.com**, by mail or over the phone.

Call **800.635.5597** to learn more.

One Pass Overview

For additional information or to register for the OnePass Program, visit https://www.onepassselect.com/

One Pass Select lets employees choose the best health options for them

One Pass Select is a subscription-based fitness and well-being program that supports a healthier lifestyle. Employees can have access to thousands of gyms and online classes with:

- ✔ No long-term contracts or annual gym registration fees
- ✔ Flexible fitness options and the ability to use locations nationwide (not limited to 1 gym)
- ✔ The ability to add family members (ages 18+) at a 10% monthly discount
- ✔ The option to change tiers monthly
- ✔ A grocery delivery subscription and additional member perks

Find your Fit with One Pass Select

At the gym

Choose from our large nationwide network of gym brands and local fitness studios. Use any gym in the network and create a routine just for you.

At home

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

In the kitchen

Get groceries and household essentials delivered to your home. We make it easy to plan for everything you need to enjoy delicious, nutritious meals.

$29/Mo
Classic
12,000+ gym locations

$64/Mo
Standard
14,000+ gym and premium locations

$99/Mo
Premium
16,000+ gym and premium locations

$144/Mo
Elite
19,000+ gym and premium locations

An enrollment fee may apply.

Or get started with a digital-only plan for $10/Mo.

All tiers Classic or above include the digital tier, grocery delivery and additional benefits at no extra cost.

Enroll today:

1. **Scan QR code below or visit: https://member.uhc.com/coverage/additional/**
2. **Sign in or register**
3. **Select the One Pass Select tile**

United Healthcare

Participating fitness brands

Digital (23k+)	Classic (11K+)	Standard (13K+)	Premium (15K+)	Elite (17K+)
Les Mills On Demand	LA Fitness	CycleBar	Life Time	Orangetheory Fitness
Daily Burn	Planet Fitness	Life Time Healthy Way of Life	Club Pilates	Life Time Healthy Way of Life
fitbit premium	Crunch Fitness	pure barre	Crunch Fitness	F45
yogaworks	Anytime Fitness	Row House	Rumble	9Round
VOLT	Snap Fitness 24-7	barre3		Stretch Lab
Fitness On Demand	EoS Fitness	YogaSix		
Fan Huddle				

Other participating locations available in our network. All trademarks are the property of their respective owners.

Group & Voluntary Term Life/AD&D

Insured by Unum

Group Term Life and AD&D Insurance

All full-time employees are eligible for Employee Basic Life and Accidental Death and Dismemberment insurance, at no cost to you! The Basic employee Life and AD&D insurance is a company funded benefit of 1x base salary rounded to next higher $1,000 (minimum $40,000) with a maximum life benefit of $200,000.

Name a Beneficiary

Be sure to name a beneficiary for your life and AD&D insurance when you enroll. You can change your beneficiary at any time. You can add/update your beneficiaries for your Basic Life. Accidental Death & Dismemberment, and Voluntary EE Term Life plans in Oracle Employee Self Services (ESS).

Evidence of Insurability

Complete Evidence of Insurability (EOI) Form

https://securehealth.unum.com/generichome

Use Access code: **4MNASPX**

Voluntary Life Benefits		
Employee Life Amount	Lesser of 1-4x annual salary or $500,000, in $10,000 increments (rounded to next higher $1,000)	
Minimum Employee Life Amount	$10,000	
Employee Guarantee Issue Amount	Lesser of 3 times salary or $425,000	
Spouse Life Amount	Lesser of 50% of employee amount or $50,000, in $5,000 increments	
Spouse Guarantee Issue Amount	$25,000	
Child Life Amount (birth to age 26)	$5,000 or $10,000	
Age Reduction Schedule	To 50% at age 70 (spouse amount reduces when the employee amount reduces)	
Age-Rated Monthly Rate Per $1,000	**Employee**	**Spouse** (rate based on employee age)
Under 30	$0.08	$0.07
30 - 34	$0.08	$0.08
35 - 39	$0.12	$0.10
40 - 44	$0.18	$0.16
45 - 49	$0.28	$0.24
50 - 54	$0.41	$0.36
55 - 59	$0.58	$0.53
60 - 64	$0.75	$0.73
65 - 69	$1.27	$1.04
70+	$2.57	$2.50
Child(ren) Life Rate (per $1,000) Birth to age 26	$0.25	

Note: Guarantee Issue applies at initial eligibility and at this year's open enrollment ONLY if you have not already been previously declined for coverage

For example: A 36-year-old employee wants $100,000 of coverage:

$100,000	÷	$1,000	=	100	x	$0.12	=	$12.00	/ 2	=	$6.00
Coverage Amount						**Rate Above**		**Monthly Cost**			**Deduction/ Pay Period**

Due to rounding, your actual payroll deduction amount may vary slightly

National Enrollment Partners (NEP)

Enrollment for Voluntary UNUM Benefits

To review and waive/elect new benefits, follow these easy steps:

Schedule Your Enrollment Session

Scan or visit the link to schedule your enrollment session with your certified benefit counselor

Review Your Additional Benefit Options

Review your plan documents to learn about this year's benefit options.
Note any questions you have about your benefits for your counselor.

Accident | Critical Illness | Whole Life | Hospital Indemnity

Complete Your Enrollment

During your scheduled time, your benefit counselor will review your options, answer any questions, and assist you to complete your enrollment.

CapMetro

www.enrollment.support/CAPMetro

Enrollment Schedule (Scan or visit)

Voluntary Insurance

Critical Illness

How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.

Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like copays and deductibles
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit pays 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

Accident Insurance

How does it work?

- Accident insurance can pay a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job. And it includes a range of incidents from common injuries to more serious events.

What's included?

Be Well Benefit

Every year, each family member who has Accident coverage can also receive $50 for getting a covered Be Well screening text, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

How much does it cost?

Your monthly premium	Option 1
You	$14.22
You and your spouse	$25.06
You and your children	$32.25
Family	$43.09

What's covered?

Critical Illnesses	
• Heart Attack • Stroke • Major organ failure • End-stage kidney failure	• Coronary artery disease • Major (50%): • Coronary artery bypass graft or valve replacement • Minor (10%): • Balloon angioplasty or stent placement

Cancer Conditions	
• Invasive cancer- all breast cancer is considered invasive	• Non-invasive cancer (25%) • Skin cancer - $500

Progressive diseases	Supplemental conditions
• Amyotrophic Lateral Sclerosis (ALS) • Dementia, including Alzheimer's disease • Multiple Sclerosis (MS) • Parkinson's disease • Functional loss	• Loss of sight, hearing, or speech • Benign brain tumor • Coma • Permanent Paralysis • Occupational HIV, Hepatitis B, C or D • Infectious Diseases (25%)

Whole Life Insurance

How does It work?

You can keep Whole Life Insurance as long as you want. Once you've bought coverage, your cost won't increase as you age. The benefit amount stays the same, too - it doesn't decrease as you get older. That means you get protection during your working years and into retirement. Whole Life Insurance also builds cash value at a guaranteed rate of 3.75%* You can borrow from that cash value, or you can buy a smaller, paid-up policy - with no more premiums due.

Why should I buy coverage now?

- It's more affordable when you're younger. Once you've bought coverage, your cost stays the same as long as you keep it.
- The cost is conveniently deducted from your paycheck.
- Whole life gives you valuable protection in addition to any term life insurance you might have.

Voluntary Insurance

Group Hospital Insurance

How does it work?

Group Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

Why is this coverage so valuable?

- The money is payable directly to you — not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles.
- You get accessible rates when you buy this coverage at work.
- The cost is conveniently deducted from your paycheck.
- The benefits in this plan are compatible with a Health Savings Account (HSA).
- You may take the coverage with you if you leave the company or retire. You'll be billed directly.

Be Well Benefit

Every year, each family member who has Hospital coverage can also receive $50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, wellchild visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Group Hospital Insurance can pay benefits that help you with the costs of a covered hospital visit.

Who can get coverage?

You:	If you're actively at work.
Your spouse:	Can get coverage as long as you have purchased coverage for yourself.
Your children:	Dependent children newborn until their 26th birthday, regardless of marital or student status

Employee must purchase coverage for themselves in order to purchase spouse or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage.

How much does it cost?

Your monthly premium	
You	$20.57
You and your spouse	$41.18
You and your children	$29.28
Family	$49.89

Coverage may vary by state. See exclusions and limitations.
This plan has a pre-existing condition limitation. See the disclosures for more information.
If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at https://www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf

Voluntary Insurance

Hospital		
Hospital Admission	Payable for a maximum of 1 day per year	$1,500
ICU Admission	Payable for a maximum of 1 day per year	$1,500
Hospital Daily Stay	Payable per day up to 31 days	$100
ICU Daily Stay	Payable per day up to 30 days	$100
Short Stay	Payable for a maximum of 1 day per year	$200

Exclusions and Limitations

Hospital insurance filed policy name is Group Hospital Indemnity Insurance Policy. The definition of hospital does not include certain facilities. See your contract for details.

Active employment

You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 20 hours per week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 30 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

Pre-existing Condition

We will not pay benefits for a claim when the Covered Loss occurs in the first 12 months following an Insured's Coverage Effective Date and the Covered Loss is caused by, contributed to by, or resulting from any of the following:
- a Pre-existing Condition; or
- complications arising from treatment or surgery for, or medications taken for, a Pre-existing Condition.

An Insured has a Pre-existing Condition if, within the 12 months just prior to their Coverage Effective Date, they have a a disease or physical condition whether diagnosed or not, for which:
- medical treatment, consultation, care or services, or diagnostic measures were received or recommended to be received during that period; or
- drugs or medications were taken, or prescribed to be taken during that period; or
- symptoms existed.

Pre-existing Condition requirements are not applicable to:
- Children who are newly acquired after your Coverage Effective Date; and
- any coverage applied for when an Insured is first eligible to enroll for coverage.

The Pre-existing Condition provision applies to any Insured's initial coverage and any increases in coverage. Coverage Effective Date refers to the date any initial coverage or increases in coverage become effective.

Exclusions and limitations

We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:
- committing or attempting to commit a felony;
- being engaged in an illegal occupation or activity;
- injuring oneself intentionally or attempting or committing suicide, whether sane or not;
- active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
- participating in war or any act of war, whether declared or undeclared;
- Combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
- being intoxicated;
- a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
- elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of organ donation, trauma, infection, or other diseases;
- treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident;
- any Admission or Daily Stay of a newborn Child immediately following Childbirth unless the newborn is Injured or Sick;
- voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, alcohol, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician; and
- Mental or Nervous Disorders. This exclusion does not include dementia if it is a result of:
- stroke, Alzheimer's disease, trauma, viral infection; or
- other conditions which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment.

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

End of employee coverage

If you choose to cancel your coverage under this certificate, your coverage will end on the first of the month following the date you provide notification to your Employer.

Otherwise, your coverage under this certificate ends on the earliest of:
- the date the Policy is cancelled by us or your Employer;
- the date you are no longer in an Eligible Group;
- the date your Eligible Group is no longer covered;
- the date of your death;
- the last day of the period any required premium contributions are made; or
- the last day you are in Active Employment.

However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage During Absences provision or if you elect to continue coverage for you under Portability of Hospital Indemnity Insurance.

We will provide coverage for a Payable Claim that occurs while you are covered under this certificate.

THIS INSURANCE PROVIDES LIMITED BENEFITS

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for hospital insurance.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form GHIP16-1 and Certificate Form GHIC16-1 or contact your Unum representative.

Unum complies with applicable civil union and domestic partner laws.

Underwritten by: Unum Insurance Company, Portland, Maine

Disability Insurance

Short-Term Disability - Employer Paid Benefit	
Weekly Benefit	60% of your base salary
Maximum Benefit	$1,000 per week
Elimination Period Accident Illness	 14 days 14 days
Benefit Duration	Up to 11 weeks
Pre-existing Limitation	None
Filing a Claim	Report to Unum within 31 days after injury / illness

There are two Long-Term Disability plans offered by CapMetro. You are provided the company-paid plan at no cost, and you may elect the employee-paid LTD buy up plan with a higher benefit.

Long-Term Disability	Employer Paid LTD Plan	LTD Buy Up Plan
Monthly Benefit	50% of your base salary	60% of your base salary
Maximum Benefit	Up to $5,000 per month	Up to $10,000 per month
Elimination Period	90 days	90 days
Benefit Duration	Social Security Normal Retirement Age	Social Security Normal Retirement Age
Own Occupation Limitation	24 months	24 months
Pre-existing Condition Limitation*	3 month look back / 12 month exclusion	3 month look back / 12 month exclusion

* A pre-existing condition is a condition for which medical advice, diagnosis, care, or treatment was recommended by or received from a Physician. Disabilities which occur during the first 12 months of coverage due to a condition during the first 3 months prior to coverage are excluded.

To Calculate Your Payroll Deduction for the LTD Buy Up Plan:

_____	/12	=	_____	/	100	=	_____	x	$	=	_____	/ 2	=	_____
Coverage Amount			**Monthly Salary**				**# of Units**		**Rate Unit**		**Monthly Cost**			**Deduction/ Pay Period**

Age	Rate Per $100 of Covered Payroll
15 - 24	$0.04
25 - 29	$0.07
30 - 34	$0.12
35 - 39	$0.19
40 - 44	$0.30
45 - 49	$0.42
50 - 54	$0.54
55 - 59	$0.66
60 - 64	$0.64
65 - 69	$0.44
70+	$0.35

Life & Disability Claims

unum

How to file a claim for Unum benefits

Your life may just have become more complex, but we make it simple for you to file your claim and get the benefits you need.

Don't worry, we've got you.

For fastest results, file online.

On the web

First time filing a claim? Go to the secure website and register for an account.

Returning users: please log in with your user ID and password.

- Leave, Disability, Accident, Critical Illness: unum.com/claims
- Term Life/Accidental Death & Dismemberment (AD&D): Only your employer can file and check status online
- Whole Life: online filing not available

Using the app

Download the Unum Customer App from the applicable App Store. Then, register and use the app to file your claim or to manage your existing claim.

- Leave, Disability, Accident, Critical Illness: Unum Customer App
- Other insurance products: app filing not available

Download on the App Store GET IT ON Google play

Benefits of digital filing

- Access and download supplemental claim and year-end tax forms.
- Sign and submit authorization forms.
- Upload documents from your computer or our app, using your phone's camera.
- Register for direct deposit of your claim payment, when applicable.
- Review claim status, documentation and most recent payment information.
- Verify and change personal information and get updates 24/7 on our mobile app or web portal.

After you've finished filing:

You can check your claim status and manage your claim on the web or mobile app.

Have additional questions? Call us at **1-866-679-3054**

Child Care & Parental Leave

Bright Horizons.
Early Education & Preschool

Capital Metro Child Care & Early Learning Center is open year round and offers a variety of full-time and part-time programs, as well as drop-in care, to meet your family's needs.

Center Features:

- NAEYC-accredited child care and early education for children ages 6 weeks to 5 years old
- Curriculum that incorporates STEM education and fine arts in children's daily experiences
- Open year-round, Monday through Friday from 6:00 a.m. to 6:30 p.m.
- Meals and snacks included in tuition
- Dedicated and tenured early education professionals
- Actively support local Bright Spaces® and other community involvement opportunities

Visit Today!

Capital Metro Child Care & Early Learning Center

624 North Pleasant Valley Road
Austin, TX 78702
512-389-7576
capmetro@brighthorizons.com
brighthorizons.com/capitalmetro

Employees of Capital Metro and its contractors are eligible for discounted tuition for their children and grandchildren at the center. Choosing a child care and early education center is a big decision. We want you to walk out the door each day knowing your child is safe, loved, and motivated to unleash his or her curiosity.

A Bright Horizons early education and preschool experience includes:

- Research-based curriculum that meets children where they are developmentally and builds confidence and excitement about learning
- Safety, security, and cleanliness policies that meet or exceed all local, state, and national guidelines
- Experienced child development professionals with the passion to nurture each child and encourage important developmental milestones throughout the early years
- Resources and events to support families
- An open-door policy that lets you stop by anytime

Visit **https://child-care-preschool.brighthorizons.com/tx/austin/capitalmetro** to learn more about the curriculum, schedule a tour, or get information regarding the competitive enrollment rates offered to our employees.

Child Care & Parental Leave

Child Care

The Child Care and Learning Center is available to employees' children ages six weeks to five years old.

The center is operated by Bright Horizons and is an extension of the standard of excellence established by the National Accreditation Commission for Early Care
(NAEYC) and Education Programs.

The CapMetro Child Care & Early Learning Center offers The World at Their Fingertips curriculum which fosters each child's development through versatile hands-on learning.

Receive updates and real-time photos of your child throughout the day, through the My Bright Day Mobile App. Rates for employees and contractors are discounted based on income.

In the event of the Childcare Center having an enrollment wait-list, CapMetro employees are always placed on the top of the list. Visit **https://child-care-preschool.brighthorizons.com/tx/austin/capitalmetro** to learn more about the curriculum, schedule a tour, or get information regarding the competitive enrollment rates offered to our employees.

Parental Leave Policy

- Parental leave is provided to assist and support new parents with balancing work and family matters. CapMetro will provide up to three (3) weeks of paid parental leave.
- CapMetro provides eligible employees with a period of paid time off for activities related to the care and well-being of their newborn, adopted or placed child.
- Regular full time and part time employees will have access to parental leave when the employee is the primary/ significant caregiver for a new child.
- Other leave types are available, such as vacation, sick, and bereavement.

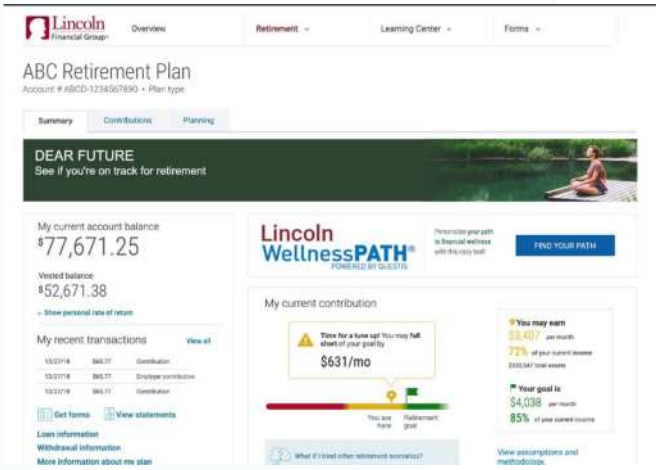
For more information, please refer to, "Leave Policies HRC - 440" on SharePoint (CapMetro Leave Process and our CapMetro Leave Policy).

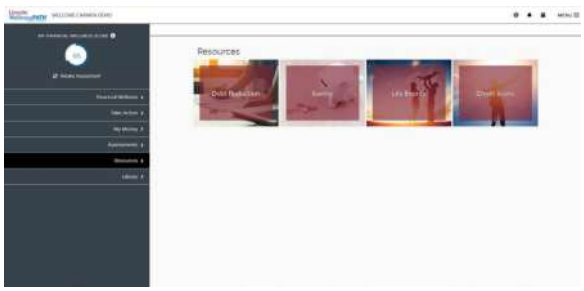
Lincoln Wellness Path

Wellness isn't just about physical health. There are emotional and financial components, too. Whether you want to save more or need to pay off debt, getting your finances in order can have an impact on your overall well-being. It can help you move forward with confidence and be ready for whatever life brings. That's where Lincoln can help.

Introducing Lincoln *WellnessPATH* ®

Lincoln *WellnessPATH*® provides tools and personalized steps to manage your financial life. From creating a budget to building an emergency fund to paying down debt, our easy-to-use online tool helps you turn information into action so you can focus on both short- and long-term goals, such as saving for retirement.





How does it work?
It's easy to get started.

1. Log in to **LincolnFinancial.com/WellnessPATH**.
2. If applicable, click on the View Details button on the overview page.
3. Select the Find Your Path button on the account summary page.

The first time you use the tool, you'll take a short quiz to help you set goals so you can immediately take action. Answer a few simple questions (such as, "Do you rent or have a mortgage?") and receive a financial wellness score that analyzes your saving, spending, debt, and protection.

Information at a glance
On the dashboard, quickly see whether you're on target to meet your goals. If you have areas that need improvement, Lincoln *WellnessPATH*® helps you set and track your progress toward your short-term to-do's and your long-term goals.

Once you reach a milestone, you're prompted to set new goals to keep improving your financial wellness.

Link your accounts
My Money keeps track of all your finances in one convenient location. By securely linking your financial accounts, you can easily monitor your progress across cash flow, spending, and saving.

Helpful resources
Resources include additional tools, calculators and education to help you learn how to improve your financial well-being.

Improve your inancial wellness today.

Log in to **LincolnFinancial.com/WellnessPATH** to start using the tool!

401(k) Retirement Savings Plan

Eligibility

- Eligible following 30 days of employment
- 21 years of age

Contribution Amount

- May contribute Pre-Tax and/or Roth deferrals into the plan
- You may contribute a percentage of your pay up to the annual limits determined by the IRS
- The total contribution limit (both Pre-Tax and Roth combined) is $23,000 for 2025.
- Participants over the age of 50 can contribute an additional $7,500 per year

Vesting Schedule

- You are always 100% vested in the contributions you choose to defer. You cannot forfeit these contributions.

Changes

- Investments and beneficiary changes can be made at any time.
- Contributions can be changed each pay period.

Rollovers

- You may be allowed to roll over into this plan all or a portion of the retirement funds you have outside of this plan. Refer to your Summary Plan Description for more details.

Loans

- Only one loan can be outstanding at a time
- Account balance must be a minimum of $2,000
- You may borrow up to half of your account balance
  - Minimum loan amount: $1,000
  - Maximum loan amount: $50,000
- Interest rate is Prime + 1%
- Repayment
  - Up to 5 years for a general loan
  - Up to 10 years for a home mortgage loan
- Non-refundable $50 administrative fee

While our 401(k) plan offers a loan option, this should be reserved for emergency purposes only since the loan principal does not gain interest while withdrawn from the account.

Lincoln Financial Group®

CapMetro Transportation Authority
Retirement and Savings Plan

Plan #: **CMTA-001 800.234.3500**

www.lincolnfinancial.com

Automatic Enrollment & Escalation

- Newly eligible employees who have not opted out of the Plan will be automatically enrolled at a Pre-Tax contribution rate of 3%.
- Lincoln Financial Group will apply an automated contribution escalation of 1%, annually, for employees that are automatically enrolled into the 401k Pre-Tax plan and who have not revised their contribution / opted out of plan participation. Auto-Escalation is effective for the second and subsequent plan years, unless the participant manually changes their contribution allocations / opts out of plan participation.
- Employees wishing to opt out of the Plan must contact Lincoln Financial via their website or phone.
- For more information, contact the Benefits Department.

457(b) Retirement Savings Plan

Eligibility

- Eligible following 30 days of employment

Contribution Amount

- You may contribute Pre-Tax and/or Roth deferrals into the plan
- You may contribute a percentage of your pay up to the annual limits as determined by the IRS
- Total contribution limit (both Pre-Tax and Roth combined) is $23,000 for 2025.
- In general, catch-up contributions are available if you are age 50 or older, in the amount of
- $7,500 (indexed annually). If you are age 62 to 64 years of age, your catch-up contribution limit may vary. See your Summary Plan Description for more details.

Vesting Schedule

- You are always 100% vested in the contributions you choose to defer. You cannot forfeit these contributions.

Changes

- Investments and beneficiary changes can be made at any time.

Rollovers

- You may be allowed to roll over into this plan all or a portion of the retirement funds you have outside of this plan. Refer to your Summary Plan Description for more details.
- Contributions can be changed each pay period.

This is a brief summary of these Plans.

Carefully review the enrollment materials and Summary Plan Descriptions for more details.

Defined Benefit Pension Plan

Eligibility

- CapMetro helps benefit eligible employees save for retirement through sponsoring the Employer funded Defined Benefit Pension Plan. Employee contributions are not required.
- Benefit-eligible employees become eligible for the CapMetro Pension Plan as of the first day of the month following 30 days of employment/ becoming benefit-eligible.

Benefit Formula

The calculation of the Pension benefit is the SUM of a two-part calculation (part A and B), detailed in the excerpt of the plan document below.

- For part A, your calculation consists of the 1.5% times the highest 5 years of compensation earned over a 10 year period. If you made 100,000 annually for 5 years in a 10 year period and that was your highest compensation during that period, your averaged earnings would be $100,000.
- For part B of the Pension calculation, an additional .5% would be added only if (at the time of retirement) your income exceeds the standard income per the 2025 Covered Compensation Table (set forth annually by IRS provisions). Final benefit calculations are not calculated until you have officially retired.

Retirement Age

- Normal retirement age: 65
- Early retirement option: 55 with 5 years of vested service*
- Enhanced early retirement option: 55 with rule of 80*

RULE OF 80 CALCULATION	
Service years	19.25
+ Age	60.75
Age + Service	80.00

MONTHLY BENEFIT ESTIMATE	
Accrued Benefit Formula = ((Average Annual Earnings x Pension Multiplier) x Credited Service)) / 12 monthly Payments	
Accrued Benefit Calculation = ((100.000 x 1.5%) x 20 yrs) / 12 Monthly Payments	
Example: Average Annual Compensation	**$100,000**
Service at age 62	20.00 yrs.
Pension multiplier	1.5%
Annual Pension Amount	$30,000
Monthly Pension Amount	**$2,500**

The Pension plan requires specific eligibility criteria to be met prior to initiating Pension payments following retirement/ separation. Eligibility requirements for pension is age 55 with 5 years of service and is contingent on vesting status and age. Additional conditions may cause a reduction of your payable benefit.

- If a retiree initiates their Pension benefit prior to meeting the rule of 80, a 3% benefit reduction is applied, per year, up to age 62.
- For example, if you are 55 years old, and initiate your Pension benefit prior to age 62, your Pension benefit will be reduced by 3% (per each benefit year between the age of 62 and your current age of -55). There would be a reduction in final pension benefit of 7 years at 3% each year.
- A retiree that meets the rule of 80 is eligible for full pension benefits; additionally, there is no pension reduction at age 62.

To model your Pension benefit calculation:

Log into the **Lincoln Financial Group** web portal and select the 'View Details' under the Defined Benefit Plan. You will be redirected to the Pension portal; you may be required to enter your email for your initial login.

Your Pension estimate will generate a PDF Summary Document once Calculate' is selected at the bottom of the webpage.

RESOURCES:

- Refer to **https://u.bpas.com/lincoln-financial-group-portal-user-guide/** for additional resources (i.e Portal navigation, Pension Vesting Status, Initiating your Pension benefit, and more)
- Schedule a Consultation (Click-2-Meet) with a Lincoln representative, who can assist you with evaluating your retirement savings goals/adjusting your 401k/457b contributions.
- Click to schedule your Lincoln consult today: **https://lfg.com/capmetroschedule**
- Speak to a representative about your Pension: **800.234.3500**

Defined Benefit Pension Plan

Forms of Payment

If the value of your Pension is $5,000 or less, you will only have the option of receiving a lump sum benefit at the time of retirement/ separation of employment.

- If the value of your Pension is greater than $5,000, payment options include: 50%, 66.7%, and 100% Joint and survivor annuity
- Single life annuity
- 50%, 66.7%, and 100% Joint and survivor annuity
- 5 year certain and life annuity
- 10 year certain and life annuity
- Death benefit (in the event of prior to retirement) 50% Joint and survivor annuity

Vesting

Each year of eligible employment credits 20% vesting towards the vesting requirements of the Pension plan.

CapMetro allows participant's prior employment, with other governmental entities*/ other organizations engaged in the provision of public transportation to be counted toward vesting in the Plan. To request vesting credit, complete the Verification of Service Vesting Form.

The CapMetro Defined Benefit Pension Plan does not allow purchase of pension credits.

Years of Service	Vested Interest
less than 1	0%
1, but less than 2	20%
2, but less than 3	40%
3, but less than 4	60%
4, but less than 5	80%
5 or more	100%

Disability Benefit

- If an employee becomes certified as disabled (via the Social Security Administration) and is unable to return to work indefinitely, the Pension benefit may become eligible for payment if 10 years of service is met:
- Disabled participants may request full benefit at/or after age 55 without early retirement reduction
- Plan will allow disabled participants to continue to accrue credited service during the period of disability up to Normal Retirement Age.
- Compensation used in the benefit calculation will be the last "rate of pay" at the time of disability

* See Summary Plan Description for details

Admin Pension Plan Service Verification Form

Retirement Plan for Administrative Employees

Verification of Service with a Governmental Entity or Entity Engaged in Public Transportation

Name: : _____ Social Security Number: XXX-XX-_____
(As it appears in personnel records)

Other Names: _____

I hereby certify that according to our records, the service listed below was with this organization. This information will be used for the purpose of determining vesting service in the Capital Metropolitan Transportation Authority Retirement Plan for Administrative Employees. Service to be considered must be performed in the employment of a state, local or federal governmental entity or an organization engaged in the provision of public transportation services.

Date Employment Started	Date Employment Ended	Total Service Time	Name of Organization	Contact Phone Number

I hereby affirm that I am an authorized official and that all statements provided are true and correct to the best of my knowledge.

_____ _____
Signature of HR/Verifying Official Date of Signature

NOTARY

STATE OF_____ COUNTY OF _____

This instrument was acknowledged, sworn to, and subscribed before me on the _____day

Of _____, _____ By _____
(Month) *(Year)* *(Name of Verifying Official)*

_____
Signature of Notary Public

SEAL

_____
Typed or Printed Name

_____
Notary Commission Expires

INFORMATION/INSTRUCTIONS

The Capital Metropolitan Transportation Authority Retirement Plan for Administrative Employees ("the Plan") allows employment with other *governmental entities** or other organizations engaged in the provision of public transportation to be counted toward vesting in the Plan.

Years of Service	Vested Interest
less than 1	0%
1, but less than 2	20%
2, but less than 3	40%
3, but less than 4	60%
4, but less than 5	80%
5 or more	100%

To determine eligibility, the Verification of Service must be completed by an authorized official of that organization. Each year of eligible service counts towards 20% of your Pension vesting requirement. Five years of service meets the 100% requirement to be fully Vested. No more than five years (60 months) will be considered for vesting.

Upon receipt of the required verification, we will determine your eligibility to receive additional vesting credit from prior employment. Please note that this service does not count toward computation of any benefit, only to qualify for vesting service credit.

Completed Vesting Forms must be signed & notarized by your prior eligible employer; the completed form can be submitted to the Benefits@CapMetro.org inbox for processing or uploaded directly into Oracle Documents.

DEFINITION*

A *governmental entity* is that which is closely affiliated, generally by government ownership or control, with Federal, State and local governments.

Use the six characteristics that may qualify an entity as an instrumentality of government.

1. Is the entity used for a governmental purpose?
2. Is the performance of its function on behalf of the state or a political subdivision/instrumentality of government?
3. Are there private interests involved or does the federal, state or political subdivision involved have the powers and interests of an owner?
4. Is the control and supervision of the organization vested in the public authority?
5. Is express or implied statutory or other authority necessary for the creation and use of such an instrumentality, and whether such authority exists?
6. What is the degree of financial autonomy and the source of its operating expenses?

Medicare Reimbursement Stipend

CapMetro will provide a Medicare Supplemental Insurance stipend to all eligible administrative employees of CapMetro to make retiree healthcare more affordable. The stipend is in the form of a quarterly reimbursement.

Employee Eligibility

- Up to $1,450/year — Age 62-64 with at least 10 years of service at retirement
- Up to $2,900/year — Age 62-64 who meets Rule of 80* at retirement
- Up to $2,900/year — Age 65 and up with 10 or more years of service at retirement

Election Limitations

Retiree must elect within six months of becoming Medicare eligible. Employees who were Medicare eligible prior to January 1, 2009 must elect by the end of six months from their retirement date.

*Rule of 80 = Age + Years of Service

Example: Employee age 62 with 18 years of service meets the Rule of 80 definition.

Application Process

To request the Medicare Reimbursement Stipend, you will need to submit a Medicare Supplement Application and a copy of your Social Security (SS) benefit letter that indicates the payment(s) paid for Medicare through your SS benefit. If you purchase other Medicare supplement plans, then you also need to submit a copy of those statement to support the reimbursement claim amount. Documents must be submitted at the time of your initial application, and should be reviewed once a year, reporting any changes to CapMetro benefits' team. Send documents via email to **Benefits@capmetro.org.**

Upon approval of the Medicare Stipend, you will be added to the Medicare Supplement Enrollment Roster:

- Each Quarter, you will receive a direct deposit of the quarterly amount (monthly payments X3) until you reach your maximum amount ($1,400 OR $2,900).
- If your retire in the middle of a calendar year, your first year payments is prorated for the number of months you are retired.
- Schedule of payments: January–March paid in April; April-June paid in July; July-September paid in October and October-December paid in January.

Medicare Supplemental Insurance Stipend

MEDICARE SUPPLEMENTAL INSURANCE STIPEND

Capital Metropolitan Transportation Authority will provide a Medicare Supplemental Insurance stipend (in the form of a yearly stipend) to eligible administrative employees of CapMetro to make retiree healthcare more affordable.

Stipulations:

- Employee must meet eligibility guidelines at retirement date.
- Eligible employees must elect Medicare within six months of becoming Medicare eligible, or
- Employee must submit acceptable proof of payment to CMTA Benefits in order to be reimbursed (please submit no later than January 31 of the following year).

Eligibility:

- Up to $1,450/year Age 62-64 with at least 10 years of service at retirement date
- Up to $2,900/year Age 62-64 that meet Rule of 80** at retirement date
- Up to $2,900/year Age 65 with 10 or more years of service at retirement date

Name (First M. Last)		Employee ID #:
Department		
Department number		
Employer:	☐ Capital Metropolitan Transportation Authority	
Retirement Date		
Age at Retirement		Eligible Stipend amount:
Service at Retirement		☐ $1,450
Estimated Medicare eligible date:		☐ $2,900
Home Address: (Checks will be mailed quarterly, to the provided address)	Address Line 01 Apartment/ Unit # City, State Zip Code	
Personal Email Address:_____@_____		Home/ Cell Phone: ( )

I certify I am eligible for Capital Metro's Medicare Supplement Insurance stipend and agree to submit acceptable proof of payment to CMTA in order to receive reimbursement. I understand this benefit is not transferable. Submit completed forms to **Benefits@CapMetro.org**

Signature_____

Date_____

Pet Insurance

Carefree Pet Plus provides an affordable and extensive savings plan for the lifestyle your pet deserves.

Pet benefits can help you save on Prescriptions, Flea & Tick Products, Dietary foods, heartworm preventions and unexpected medical costs for your four-legged family members. Carefree Pet Plus offers:

- Freedom to visit any vet in the country
- No breed or age restrictions
- Very short waiting periods for accident and illness coverage
- Flexible deductible, out-of-pocket max and reimbursement levels
- Routine care coverage is available at an additional cost*
- Annual max payouts instead of per-incident
- Get members-only coupons and discount links for pet food, petwear, subscriptions and more!
- Digital ID Tags (trackable via PetCloud)
- Simple claims submission, tracking, pet perks and more!

Visit **https://pet.carefreesavings.com/gallaghermarketplace/pet-insurance** to learn more about what's covered. **Enroll Today!**

What's Covered

- ✓ Accidents
- ✓ Illnesses (including hereditary, congenital & chronic conditions)
- ✓ Hospitalizations
- ✓ Surgeries
- ✓ Diagnostic Tests
- ✓ Exam Fees
- ✓ Cruciate Ligaments
- ✓ Anterior Cruciate Ligament (ACL)
- ✓ Medial Cruciate Ligament (MCL)
- ✓ X-rays
- ✓ Ultrasounds
- ✓ Medications
- ✓ Holistic Care & Alternative Therapies
- ✓ Emergency Care
- ✓ Routine Wellness & Preventive Care
- ✓ Pet food, special diet (available with preventive care coverage)
- ✓ Parasite prevention and parasite treatment (available with preventive care coverage)
- ✓ Intervertebral Disc Disease (IVOD)
- ✓ Posterior Cruciate Ligament (PCL)
- ✓ Cranial Cruciate Ligament (CCL)
- ✓ And Much More!

What's Not Covered

- ✗ Elective Procedures
- ✗ Expression or removal of anal glands or anal sacculitis
- ✗ Breeding or conditions related to breeding
- ✗ Vitamins, mineral supplements
- ✗ Grooming costs and bathing (Incl. medicated baths)
- ✗ Illness or Injury which arises out of racing, coursing, commercial guarding, or organized fighting of your pet
- ✗ Organ Transplants

Employee Discounts

CapMetro Employee Discounts

Did you know that CapMetro has an Employee Discount Program?

Combat inflation with savvy spending! Our Employee discount program offers cost savings for various consumer products, services, and events, including ticket admissions to theme parks, concerts/events, flights, travel arrangements, as well as nationwide retail products.

DELL Computer Purchase Program

DELL's Purchase program is a discount program that allows all employees, family, and friends to receive member only pricing on all personal purchases from Dell. Dell has created a dedicated website to CapMetro. The DELL Computer Purchase Program website is available 24/7 via **www.dell.com/mpp/capitalmetro** (login credentials are not required to access savings).

Member Bene its Include:

- Cost-free employee discount program extended to friends and family
- Exclusive monthly offers and best price guarantee on consumer PCs from Dell
- Free enrollment in Dell Rewards: 3% back + free expedited shipping
- Executive Sales Team available to assist with all consumer-grade + personal purchases.
- Electronics and Accessories 10% coupon available on home page of member website Members can shop discounts at **www.dell.com/mpp/capitalmetro** where savings are built in (login credentials are not required to access savings).

Perks at Work

The **Perks at Work** Employee discount program is now available to all CapMetro employees and contractors. Discounts are available for various consumer products, services, and events, including ticket admissions to theme parks, concerts / events, flights, travel arrangements, as well as nationwide retail products.To access, visit **www.perksatwork.com/store/index/usource/REGIX/type/homepage2024#/** Select 'Sign Up' and enter your CapMetro email address.

Enter Company: Capital Metro

Working Advantage

The CapMetro Working Advantage Employee discount program is now available to all CapMetro employees and contractors.

It's cost-free and easy to enroll. Just visit **www.workingadvantage.com** and use the company code CAPMETROPERKS to begin receiving discounts on:

- Appliances
- Theme Parks
- Hotels
- Movie Tickets
- Rental Cars
- Gift Cards
- Apparel
- Cars
- Flowers
- Fitness Memberships
- Groceries
- Special Events
- Work From Home Essentials
- Streaming Services: Disney+, Showtime and more
- Attractions, Shows, Sporting Events, and Concerts
- Hotels and rental cars
- Sam's Club Memberships – over 40% off
- Education & Enrichment: Language Learning, Audiobooks and more
- Health and Wellness
- Home Office: Electronics, Laptops and more
- Insurance, Home Security and Protection Services
- Food and Wine
- Online Shopping: Walmart, Walgreens, Macy's
- Financial Services
- Pet Supplies
- Entertainment
- And so much more!

CityPASS

Check out additional Travel and Attractions discounts at CityPASS; spend less and experience more at top attractions!

Employee Discounts

CapMetro

CredKin

CredKin - an innovative AI based tech company has introduced a DIY Credit Management Software that can help you fix your credit & protect your identity

Key Features include:

- View your Credit Reports from all 3 Bureaus
- An AI based Dispute Management software to help you remove negative items from your Credit Reports
- $1 Million Fraud Insurance to protect you against Identity Fraud
- Privacy Master to protect you against phishing and personal data leakages.

Sign Up Here

Learn more Here

CapMetro has partnered with CredKin to provide employees with the exciting opportunity to manage, monitor, & improve their credit, while also safeguarding their identity. Family members of CapMetro Employees are eligible for the same discounted price.

CredKin is offering a special subscription to CapMetro Employees & their Household to manage their credit and protect their personal info.

Regular Subscription: **$59.99/month**

For CapMetro: **$19.99 per user/month**

(**66% discount** for CapMetro only)

Everyone can use this to improve their Credit & become eligible for more lending products **such as auto loans, buying a home, and getting a personal loan.**

When you join you'll also receive:

- onboarding session to get you set up

www.credkin.com capmetro@credkin.com +1 (855) 955-4180

Holiday Calendar

CapMetro

2025 Paid Holidays

Core Holidays

Holiday	Date Observed
New Year's Day	**January 1st (Wednesday)**
Martin Luther King Day	**January 20th (Monday)**
Memorial Day	**May 26th (Monday)**
Juneteenth	**June 19th (Thursday)**
Independence Day	**July 4th (Friday)**
Labor Day	**September 1st (Monday)**
Veterans Day	**November 11th (Tuesday)**
Thanksgiving Holiday	**November 27th (Thursday)** & **November 28th (Friday)**
Christmas Day	**December 25th (Thursday)**
Core Holidays that fall over a weekend are observed on the preceding or following business day. Floaters must be used during the employee's regular schedule.	

Floaters

(1) Birthday Floater	**Taken at employee's discretion with Supervisor's approval**
(2) Holiday Floaters	**Taken at employee's discretion with Supervisor's approval**

A Floating Holiday is a paid day off from work taken on a day chosen by the team member. Capital Metro provides two floating holidays per year (16 hours for full-time team members and eight hours for part-time team members).Floating holidays must be used during the same calendar year in which they are accrued. Floating holidays are "use it or lose it" and may not be carried over or sold back.

- Team members must schedule the use of floating holidays in advance with their supervisor.
- Floating holidays can be taken in a minimum of four hour increments up to a maximum of 10 hours.

Floating holidays will be prorated for the first calendar year of employment as follows:

- Team members hired before October 1 of the year will receive two floating holidays.
- Team members hired on or after October 1 will receive one floating holiday.

The Birthday Holiday is paid time off work in celebration of a team member's birthday that can be taken on a day chosen by the team member. Capital Metro provides one birthday holiday per year (eight hours for full-time team members and four hours for part-time team members).

- Birthday holiday must be used in the same year in which it is accrued; before the last pay period of the year.
- Birthday holiday time can be taken in a minimum of four hour increments up to a maximum of 10 hours.

EACA / QDIA Notice

November 2024

CapMetro Transportation Authority Retirement and Savings Plan (Plan) Eligible Automatic Contribution Arrangement (EACA) Annual Notice For Plan Year beginning January 1, 2025

CapMetro Transportation Authority Retirement and Savings Plan makes it easy to save for retirement through the automatic enrollment program. This notice gives you important information about the following topics:

Whether the Plan's automatic enrollment feature pertains to you;

What amounts will be automatically taken from your pay and contributed to your Plan account; What amounts the Plan Sponsor will contribute to your Plan account;

How your Plan account will be invested;

When your Plan account will be vested and when you can withdraw the funds in your Plan account; and How you can change your contributions.

If you have not made an affirmative contribution election and you were automatically enrolled into the Plan, then a minimum of 3% of your eligible pay is taken from your pay each pay period and contributed to the Plan.

You can choose to contribute more, less, or even nothing, according to the instructions in the "Resources" section below. There are limits on the maximum amount you can contribute to the Plan. To learn more about these limits or the Plan's definition of eligible pay, you can review the section of your Summary Plan Description "SPD" that describes contributions.

If you did not want to participate, during the 90 days after your automatic contributions are first taken from your pay, you can with-draw the prior automatic contributions by contacting your Plan Administrator identified below. The amount you withdraw will be adjusted for any gain or loss. If you take out your automatic contributions your withdrawal will be subject to federal income tax. If you take out automatic contributions, the Plan Sponsor will treat you as having chosen to make no further contributions. However, you can always choose to continue or restart your contributions according to the instructions in the "Resources" section below. This provision does not apply if you have been contributing to the Plan for more than 90 days.

This plan has a Qualified Default Investment Alternative (QDIA). If you were defaulted into the Plan's QDIA Fund and have not made an investment choice, you will find additional information in the enclosed QDIA notice.

You are always fully vested in your own contributions to the Plan. This means that your contributions (together with any investment gain or loss) will always belong to you, and you will not lose them when you leave your job. For more information about years of service and your rights to withdraw money from the Plan, you can review the sections of the Plan's SPD that explains vesting and withdrawals.

Even if you are vested in your Plan account, there are limits on when you may withdraw your funds. These limits may be important to you in deciding how much, if any, to contribute to the Plan. Generally you may only withdraw vested money after you leave your job or become disabled. Also, there is generally an extra 10% tax on distributions before age 59 ½. Your beneficiary will receive any vested amount remaining in your account when you die.

You may also be able to borrow certain amounts from your vested Plan account. You can learn more about the Plan's hardship withdrawal and loan rules in the section of the Plan's SPD that explains withdrawals, distributions and loans.

Resources

At any time—day or night—you can change your contribution level, change your investments, get daily investment performance information, and perform many other transactions through www.lfg.com, or through Lincoln Financial's toll-free phone number **800.234.3500.**

You can also find out more about the Plan in the Plan's SPD.

If you have any questions about how the Plan works or your rights and obligations under the Plan, or if you would like a copy of the Plan's SPD or other Plan documents, please contact the Plan Administrator at:

CapMetro's Benefits Team

2910 East Fifth Street

Austin, TX 78744

Benefits@capmetro.org

Legal Notices

This book highlights some of the main features of your benefit programs, but does not include all plan rules, features, limitations or exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this book and the legal plan documents, the plan documents are the final authority. CapMetro reserves the right to change or discontinue its benefit plans at any time.

Summary of Material Modification

This summary of material modification (SMM) describes changes to the CapMetro plans and supplements the Summary Plan Description (SPD) for the plan. **The effective date of each of these changes is January 1, 2025. You should read this SMM very carefully and retain this document with your copy of the SPD for future reference.**

Women's Health & 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 the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: HDHP/HSA Plan (Individual: 20% coinsurance and $3,300 deductible; Family: 20% coinsurance and $6,600 deductible)

Plan 2: Core Plan (Individual: 20% coinsurance and $1,000 deductible; Family: 20% coinsurance and $2,000 deductible)

Plan 3: Buy-Up Plan (Individual: 10% coinsurance and $750 deductible; Family: 10% coinsurance and $1,500 deductible)

If you would like more information on WHCRA benefits, please email your Plan Administrator at **benefits@capmetro.org.**

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Legal Notices

Pregnant Corkers Fairness Act (PWFA)

Overview

1. **What is the Pregnant Workers Fairness Act?**

   Generally, the Pregnant Workers Fairness Act (PWFA) requires a covered employer to provide a "reasonable accommodation" to a qualified employee's or applicant's known limitations related to, affected by, or arising out of pregnancy, childbirth, or related medical conditions, unless the accommodation will cause the employer an "undue hardship."

   The PWFA applies only to accommodations. Other **laws** that the EEOC enforces make it illegal to fire or otherwise discriminate against employees or applicants on the basis of pregnancy, childbirth, or related medical conditions.

   The PWFA does not replace federal, state, or local laws that are more protective of workers (used here to mean job applicants and employees) affected by pregnancy, childbirth, or related medical conditions. More than 30 **states** and cities have laws that require employers to provide accommodations for pregnant workers.

2. **When did the PWFA go into effect, and has the EEOC issued a regulation about the law?**

   The PWFA went into effect on June 27, 2023. On April 15, 2024, the EEOC issued its **final regulation** to carry out the law. The regulation went into effect on June 18, 2024. You can find a summary of the regulation at **https://www.eeoc.gov/summary-key-provisions-eeocs-final-rule-implement-pregnant-workers-fairness-act-pwfa**.

3. **Is the EEOC accepting charges under the PWFA?**

   Yes, on June 27, 2023, the EEOC began accepting charges alleging violations of the PWFA.

   In some situations, workers affected by pregnancy, childbirth, or related medical conditions may also be entitled to receive an accommodation under two other laws the EEOC enforces, Title VII of the Civil Rights Act of 1964 or the Americans with Disabilities Act (ADA). Therefore, the EEOC will continue to accept and process charges involving a lack of accommodation regarding pregnancy, childbirth, or related medical conditions under Title VII and/or the ADA as well as under the PWFA.

4. **Which employers does the PWFA apply to?**

   The PWFA applies to private employers and public sector employers (state and local governments) that have 15 or more employees. It also applies to Congress and Federal agencies, and to employment agencies and labor organizations.

5. **Who does the PWFA protect?**

   The PWFA provides for reasonable accommodations for qualified applicants or employees who have known limitations. Under the PWFA, "limitations" are physical or mental conditions related to, affected by, or arising out of pregnancy, childbirth, or related medical conditions.

6. **What does the PWFA prohibit?**

   Covered employers must not:

   - Fail to make a reasonable accommodation for the known limitations of an employee or applicant, unless the accommodation would cause an undue hardship;
   - Require an employee to accept an accommodation other than a reasonable accommodation arrived at through the interactive process;
   - Deny a job or other employment opportunities to a qualified employee or applicant based on the person's need for a reasonable accommodation;
   - Require an employee to take leave if another reasonable accommodation can be provided that would let the employee keep working;
   - Punish or retaliate against an employee or applicant for requesting or using a reasonable accommodation for a known limitation under the PWFA, reporting or opposing unlawful discrimination under the PWFA, or participating in a PWFA proceeding (such as an investigation);
   - Coerce individuals who are exercising their rights or helping others exercise their rights under the PWFA.

Legal Notices

7. What other federal laws may apply to workers affected by pregnancy, childbirth, or related medical conditions?

Other laws that apply to employees or applicants affected by pregnancy, childbirth, or related medical conditions, include:

- Title VII (enforced by the EEOC), which:
  - Protects workers from discrimination based on **pregnancy**, childbirth, or related medical conditions; and
  - Requires covered employers to treat workers affected by pregnancy, childbirth, or related medical conditions the same as others similar in their ability or inability to work;
- The ADA (enforced by the EEOC), which:
  - Protects workers from discrimination based on **disability**; and
  - Requires covered employers to provide reasonable accommodations to a qualified individual with a disability if the reasonable accommodation would not cause an undue hardship for the employer.
  - Some pregnancy-related conditions may be disabilities under the law, but pregnancy itself is not a disability under the ADA.
- The **FMLA (Family and Medical Leave Act)** (enforced by the U.S. Department of Labor), which provides covered employees with unpaid, job-protected leave for certain family and medical reasons; and
- The **PUMP Act (Providing Urgent Maternal Protections for Nursing Mothers Act)** (enforced by the U.S. Department of Labor), which broadens workplace protections for employees to express breast milk at work.

Important Terms and Provisions

8. What is a "reasonable accommodation" and what are some examples?

"Reasonable accommodations" are changes in the work environment or the way things are usually done at work.

Some examples of possible reasonable accommodations under the PWFA include:

- Additional, longer, or more flexible breaks to drink water, eat, rest, or use the restroom;
- Changing food or drink policies to allow for a water bottle or food;
- Changing equipment, devices, or workstations, such as providing a stool to sit on, or a way to do work while standing;
- Changing a uniform or dress code or providing safety equipment that fits;
- Changing a work schedule, such as having shorter hours, part-time work, or a later start time;
- Telework;
- Temporary reassignment;
- Temporary suspension of one or more essential functions of a job;
- Leave for health care appointments;
- Light duty or help with lifting or other manual labor; or
- Leave to recover from childbirth or other medical conditions related to pregnancy or childbirth.

This list just provides some examples; many other reasonable accommodations may exist. Also, a worker may need different accommodations at different times during the pregnancy or after childbirth.

9. Does a covered employer have to provide leave as a reasonable accommodation?

Leave can be a reasonable accommodation that an employee requests under the PWFA. An employer does not have to provide leave (or any other reasonable accommodation) if it causes a undue hardship.

10. What is "undue hardship"?

An employer does not have to provide a reasonable accommodation under the PWFA if it causes the employer an undue hardship. "Undue hardship" means significant difficulty or expense.

11. Who is a "qualified employee" or a "qualified applicant"?

An employee or applicant can be "qualified" under the PWFA in two ways.

First, an employee or applicant who can perform the "essential functions" of the job with or without a reasonable accommodation is qualified. "Essential functions" are the fundamental duties of the job.

Many employees or applicants seeking accommodations will meet this part of the definition because they can perform the job or apply for the position with a reasonable accommodation—for example, the cashier who needs a stool, the production worker who needs bathroom breaks, or the retail worker who needs to carry around a bottle of water.

If an employee cannot perform the essential functions of the job with or without a reasonable accommodation, an employee can be qualified even if they cannot do the essential functions of their job as long as:

- The inability is "temporary;"
- The employee could perform the functions "in the near future;" and
- The inability to perform the essential functions can be reasonably accommodated.

This means that an employee who is temporarily unable to perform one or more essential functions of their job, and who therefore needs light duty or a change in their work assignments, may be able to get such a change as a reasonable accommodation.

12. The PWFA requires reasonable accommodation for a qualified employee or applicant with a "known limitation." What is a "known limitation"?

Under the PWFA, "known" means the employee or the employee's representative (or the applicant or the applicant's representative) has communicated to the employer about the limitation.

Under the PWFA, "limitation" means "a physical or mental condition related to, affected by, or arising out of pregnancy, childbirth, or related medical conditions."

A limitation can be an impediment or problem that is minor or modest and can be episodic (such as migraines or morning sickness). It can be that the employee or applicant needs to take actions for their health or the health of their pregnancy—such as not being around certain chemicals; not working in the heat; or limiting or avoiding certain physical tasks, for example lifting, bending, walking, standing, or running. It can be that the employee needs to attend health care appointments for the pregnancy, childbirth, or related medical condition itself.

13. What is included in "pregnancy, childbirth, or related medical conditions"?

Pregnancy, childbirth, or related medical conditions" includes uncomplicated pregnancies, vaginal deliveries or cesarian sections, miscarriage, postpartum depression, edema, placenta previa, and lactation. There are more examples in the regulation at https://www.federalregister.gov/d/2024-07527.

14. How can workers request reasonable accommodations, and how should employers respond?

- The employee or applicant should tell the employer that they have a limitation—a physical or mental condition related to, arising out of, or affected by pregnancy, childbirth, or a related medical condition—and that they need an adjustment or change in their working conditions due to the limitation. For example, the worker can say:
  - "I'm having trouble getting to work at my scheduled starting time because of morning sickness."
  - "I need more bathroom breaks because of my pregnancy."
  - "I need time off from work to attend a medical appointment because of my pregnancy."
- Once the employer knows, it should engage in the "interactive process" with the employee or applicant. The "interactive process" means simply that the employer and employee communicate, whether by talking or some other way, about the known limitation and the adjustment or change needed at work.
- The employer should respond promptly to accommodation requests. If it does not cause an undue hardship to the employer's business, the employer generally has to provide a reasonable accommodation—either what the employee or applicant requests or another effective accommodation.

The Commission expects that many PWFA accommodations can be granted after simple exchanges of information between employees or applicants and employers, such as brief conversations or emails.

15. What should employers remember about the PWFA and reasonable accommodation?

- Train supervisors about the PWFA. First level supervisors may be particularly likely to receive accommodation requests and should be trained about how to respond, including how to avoid retaliating against those who request or use a reasonable accommodation.

- Workers do not need to use specific words to request an accommodation to begin the interactive process. Once an employee requests an accommodation, use the interactive process.
- Limitations may be minor and may be associated with an uncomplicated pregnancy and may require accommodations that are easy to make.
- A worker may need different accommodations as the pregnancy progresses, they recover from childbirth, or the related medical condition improves or gets worse.
- For assistance identifying possible reasonable accommodations, consult the Job Accommodation Network (JAN) (**https://askjan.org/**). JAN is a free, expert, confidential service that helps workers and employers with reasonable accommodations.

16. Can employers require that the employee or applicant provide information from the employee's health care provider about the limitation?

In many instances under the PWFA, a discussion with the applicant or employee may be sufficient and supporting documentation will not be needed. Employers also should keep in mind that it may be difficult for a worker to obtain information from a health care professional early in pregnancy.

Although an employer is not required to seek medical information from an employee's health care provider, the employer may seek information from the employee's health care provider under limited circumstances. An employer may not require that the employee seeking the accommodation be examined by a health care provider selected by the employer.

First, seeking documentation must be reasonable under the circumstances for the employer. It is not reasonable if:

- The limitation and need for an adjustment or change at work due to the limitation is obvious. For example, an obviously pregnant employee who seeks a bigger uniform because of their pregnancy cannot be required to provide additional information.
- The employer already knows about the limitation and the adjustment or change at work due to the limitation. For example, if the employee has already provided enough information that they have morning sickness due to pregnancy and need a later start time, the employer cannot demand a new doctor's note every time the employee uses the accommodation of coming in later.
- The employee is currently pregnant and needs breaks for the bathroom or to eat or drink, needs to carry water with them to drink, or needs to stand if their job requires sitting or to sit if their job requires standing.
- The employee is lactating and needs modifications to pump at work or nurse during work hours.
- The employer would not ask an employee for documentation in that situation normally. If an employer's policy is that employees only need a note from a health care provider for absences if they are missing 3 or more days in a row, the employer can't require someone who needs a reasonable accommodation of 1 day off because of pregnancy, childbirth, or a related medical condition to provide information from the health care provider.

If the employer is allowed to get documentation from a health care provider, the employer is limited to documentation that:

- Confirms the physical or mental condition. This means providing a simple statement of the physical or mental condition (e.g., back injury, swollen ankles, need to avoid certain chemicals, lifting restriction, need for rest, vomiting, need to attend health care appointments). This can be a modest or minor impediment or problem and does not need to be a medical diagnosis;
- Confirms that the physical or mental condition is related to, affected by, or arising out of pregnancy, childbirth, or related medical conditions. Pregnancy, childbirth, or related medical conditions do not have to be the sole, the original, or a substantial cause of the physical or mental condition. Together, the information set forth in this paragraph and the prior paragraph constitute the employee's "limitation" for purposes of coverage under the PWFA (see definition in Question 12); and
- Describes the adjustment or change at work that is needed due to the limitation (for example, no lifting more than 20 pounds for 3 months, the approximate number and frequency of health care appointments, the estimated time off for recovery, additional safety gear, work functions that should be suspended and for how long, or a later start time).

Under the Americans with Disabilities Act (ADA), employers must keep medical information confidential. That applies to documentation gathered under the PWFA as well.

Legal Notices

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.**

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 **877.KIDS.NOW** or **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** or call **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
http://myalhipp.com 855.692.5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program http://myakhipp.com/ | 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid
http://myarhipp.com 855.MyARHIPP (855.692.7447)
CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 | Fax: 916.440.5676| Email: hipp@dhcs.ca.gov
COLORADO – Medicaid and CHIP
Health First Colorado (Colorado's Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 | State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 | State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.mycohibi.com/ HIBI Customer Service: 855.692.6442
FLORIDA – Medicaid
www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html 877.357.3268

GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/ health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid. georgia.gov/programs/third-party-liability/ childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2
INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ | 877.438.4479 All other Medicaid https://www.in.gov/medicaid/ | 800.457.4584
IOWA – Medicaid and CHIP (Hawki)
Medicaid: https://dhs.iowa.gov/ime/members | 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki | 800.257.8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp | 888.346.9562
KANSAS – Medicaid
https://www.kancare.ks.gov/ 800.792.4884 | HIPP Phone: 800.967.4660
KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 | KIHIPP.PROGRAM@ky.gov KCHIP: https://kynect.ky.gov | 877.524.4718 Medicaid: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid
www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)

Legal Notices

MAINE – Medicaid
Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US 800.442.6003 | TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms 800.977.6740 | TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
https://www.mass.gov/masshealth/pa 800.862.4840 | TTY: 711| Email: masspremassistance@accenture.com
MINNESOTA – Medicaid
https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739
MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084 | Email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 | Lincoln: 402.473.7000 | Omaha: 402.595.1178
NEVADA – Medicaid
http://dhcfp.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program 603.271.5218 | Toll free number for the HIPP program: 800.852.3345, ext. 5218
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://dma.ncdhhs.gov 919.855.4100
NORTH DAKOTA – Medicaid
https://www.hhs.nd.gov/healthcare 844.854.4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742

OREGON – Medicaid and CHIP
http://healthcare.oregon.gov/Pages/index.aspx 800.699.9075
PENNSYLVANIA – Medicaid and CHIP
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 800.692.7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 800.986.KIDS (5437)
RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program 800.440.0493
UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669
VERMONT – Medicaid
Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access 800.250.8427
VIRGINIA – Medicaid and CHIP
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 and Chip: 800.432.5924
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid and CHIP
https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 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, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2026)

Legal Notices

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email **ebsa.opr@dol.gov** and reference the OMB Control Number 1210-0137.

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

CapMetro is committed to the privacy of your health information. The administrators of the **CapMetro** (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting **Donna Simmons - Executive VP, Administration/DEI Office**r at **512.389.7520** or **donna.simmons@capmetor.org.**

HIPAA Special Enrollment Rights

CapMetro Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the **CapMetro** (to actually participate, you must complete an enrollment form and may be required to pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan – your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to 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 request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

Legal Notices

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact **Donna Simmons - Executive VP, Administration/DEI Officer** at **512.389.7520** or **donna.simmons@capmetro.org.**

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

Legal Notices

Notice of Creditable Coverage

Important Notice from CapMetro About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with CapMetro 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. **CapMetro has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

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 CapMetro coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drug. Please see the Medical Benefit Plan in this book for specific details about the prescription drug coverage.

If you enroll in a Medicare prescription drug plan, you and your eligible dependents will be eligible to receive all of your current health and prescription drug benefits and your coverage will coordinate with Medicare.

If you do decide to join a Medicare drug plan and drop your current CapMetro coverage, be aware that you and your dependents will be able to get this coverage back.

Legal Notices

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 **CapMetro** and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information About This Notice or Your Current Prescription Drug Coverage:

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through **CapMetro** 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 800.MEDICARE (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. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call them at 800.772.1213 (TTY 800.325.0778).

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

Date:	January 1, 2025
Name of Entity/Sender:	Capital Metropolitan Transportation Authority
Contact:	Shannon Reznick – Director – Total Rewards
Office Address:	2910 East 5th St. Austin, Texas 78702 United States
Phone Number:	737.710.0887
Email:	benefits@capmetro.org

Employee Rights FMLA

EMPLOYEE RIGHTS
UNDER THE FAMILY AND MEDICAL LEAVE ACT
THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

BENEFITS & PROTECTIONS

- While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.
- Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.
- An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave which are:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;*and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer. The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

For additional information or to file a complaint:
1-866-4-USWAGE (1-866-487-9243) TIY: 1-877-889-5627
U.S. Department of Labor, Wage and Hour Division
www.dol.gov/whd

This benefit guide prepared by

Gallagher

Insurance | Risk Management | Consulting

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