



# YOUR ACCESS TO BENEFITS

2024-2025 Employee Benefit Guide

Non-Union Active



# METRO EMPLOYEES,

Dear METRO Employees,

I hope this message finds you well. As we approach another significant year at METRO, we are eager to continue serving as a dedicated resource for all employees. Your hard work and commitment are instrumental in driving our organization forward, and we take great pride in supporting you along the way.

Please note that for the upcoming fiscal year 2024-2025, while we are maintaining current medical premiums, there will be changes to our dental coverage. Dental benefits will now be managed by Sun Life. Alongside this transition, there will be a slight increase in premiums. This adjustment is necessary due to rising costs and increased usage of dental benefits by METRO enrolled participants.

Your wellbeing is our priority, and we will continue offering discounted medical plan premiums for those who join our wellness initiatives. Our medical plan covers a variety of age-appropriate screenings at no cost, including vaccines, mammograms, colonoscopies, and preventive care exams. We also offer free counseling sessions through our Employee Assistance Program, so please take advantage of these resources for your wellbeing.

Additionally, we are excited to introduce METRO-HR this year, an app designed to provide you with easy access to benefits information. We encourage you to explore your plan options through this platform.

Thank you for your continued efforts in providing excellent service to our community.

Cordially,



Tom Jasien  
Interim President & CEO

# GET TO KNOW YOUR BENEFITS



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Scan to download the **METRO-HR** mobile app and access your benefits on the go!



**LOG ON TO LEARN MORE!**

This guide is an overview of some of the benefits available to you and your eligible family members.

For more information and to see additional benefits available to you and your eligible family members, visit

<http://metroactive.benefitdomain.com>

(Username: active Password: active).

**If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. See separate legal notices for more details.**

## WHO'S ELIGIBLE?

METRO offers health care benefits to all full-time salaried employees. Benefits are also available to your dependents who meet the following eligibility requirements:

- Legal spouse
- Dependent children up to age 26, including any child for whom you are the legal guardian
- Dependent children of any age who are considered handicapped or disabled by the insurance provider, provided the child is unmarried and continues to meet the definition of a dependent
- Dependent grandchildren whom you have legally adopted, have legal guardianship of or can claim as a dependent on your tax return

**METRO may conduct random dependent eligibility audits.** During this process, employees with enrolled dependents may be asked to verify the eligibility of their covered dependents. If ineligible dependents are enrolled at the time of an audit, employees are subject to corrective action up to and including termination of employment. Adding a dependent as a result of a qualifying event requires documentation to verify eligibility prior to enrollment in the plan.

## TIMING OF METRO BENEFITS

### For New Employees

If you are a regular, full-time non-union employee working at least 30 hours per week, all benefits coverage begins on the first day of the month following your date of hire.

### For Employees Who Are Currently Eligible

The elections you make during open enrollment go into effect October 1, 2024, and last through September 30, 2025. Your health coverage ends at midnight on the last day of the month in which:

- Your employment with METRO ends,
- You transfer to an ineligible status for benefits, and/or
- A dependent becomes ineligible for coverage

## MAKING CHANGES AFTER ENROLLMENT

During the year, if you have a qualifying status change, you must complete and submit the Salaried Benefit Change Form (available on the Intranet under Online Forms) to the Benefits Department **within 30 days** of the event. Documentation is required to support the request.

Qualifying events include:

- **Adoption:** Requires court adoption documents and Social Security card
- **Birth of a Child:** Requires birth certificate or hospital birth facts
- **Common-law Marriage:** Requires informal marriage court document and Social Security card
- **Death:** Requires death certificate
- **Divorce:** Requires divorce decree
- **Guardianship:** Requires court guardianship documentation and Social Security card
- **Marriage:** Requires marriage license and Social Security card
- **Other Qualifying Events:** Requires Certificate of Credible Coverage/Medicaid/other required documentation to add or drop a spouse/child

**Remember: If any of your dependents become ineligible for coverage under the METRO benefits program (i.e., divorce, death, over-age dependent), you are responsible for discontinuing coverage for the dependent within 30 days.**

# YOUR HEALTH PLANS



## MEDICAL COVERAGE

You have a choice of four health plans. The **KelseyCare** plan lets you choose any Kelsey-Seybold doctor or allied health professional in the Houston area. The High Deductible Health Plan, Basic Plan, and Moderate Plan from **Cigna** let you choose any health care provider in the Cigna Open Access Plus network. Certain providers in this network have earned the Cigna Care Designation (CCD) for better outcomes and more cost-effective care. **When you visit a specialist with CCD, you will pay a lower copay.**

The chart below compares the **in-network** medical benefits for each of the health plan options.

	KELSEYCARE PLAN	HIGH DEDUCTIBLE HEALTH PLAN	BASIC PLAN	MODERATE PLAN
<b>Annual Deductible</b> (Individual/Family)	\$0/\$0	\$2,500/\$5,000	\$1,500/\$4,000	\$1,000/\$3,000
<b>Out-of-Pocket Maximum</b> (Individual/Family)	\$4,000/\$8,000	\$5,000/\$10,000	\$6,000/\$12,000	\$5,000/\$10,000
<b>Coinsurance</b>	20%	25%	25%	20%
<b>METRO HRA Contribution</b> (Individual/Family)	N/A	\$600/\$1,200	N/A	N/A
<b>Preventive Care*</b>	100%	100%	100%	100%
<b>Office Visit</b> (Primary Care/ Specialist)	\$25 copay/\$45 copay	25% after deductible	\$40 copay/ \$60 copay (CCD) \$75 copay (non-CCD)	\$35 copay/ \$50 copay (CCD) \$65 copay (non-CCD)
<b>Telemedicine with MDLive</b>	\$10 copay	\$10 copay, after deductible	\$10 copay	\$10 copay
<b>Urgent Care</b>	\$100 copay	25% after deductible	\$60 copay	\$50 copay
<b>Emergency Room</b> (Waived if Admitted)	\$200 copay	25% after deductible	\$200 copay + 25% after deductible	\$200 copay + 20% after deductible
<b>Hospitalization</b>	20%	25% after deductible	25% after deductible	20% after deductible

\*Your doctor must code your visit as preventive. If you ask your doctor about other ailments during your appointment, he or she may code your visit as an office visit, which would trigger a copay or payment toward your deductible on the High Deductible Health Plan.

# PRESCRIPTION DRUG COVERAGE

All four plans include prescription drug coverage through OptumRx. The chart below compares the **in-network** prescription drug benefits for each of the health plan options.

PHARMACY BENEFIT	KELSEY CARE PLAN	HIGH DEDUCTIBLE HEALTH PLAN	BASIC PLAN	MODERATE PLAN
<b>Prescription Drugs (Retail)</b>				
Generic	\$10 copay	25% after deductible	\$10 copay	\$10 copay
Preferred Brand	\$40 copay	25% after deductible	\$40 copay	\$35 copay
Non-Preferred Brand	\$60 copay	25% after deductible	\$60 copay	\$50 copay
Specialty	\$100 copay	25% after deductible	\$100 copay	\$100 copay
<b>Prescription Drugs (Mail)</b>				
Generic	\$20 copay	25% after deductible	\$20 copay	\$20 copay
Preferred Brand	\$80 copay	25% after deductible	\$80 copay	\$70 copay
Non-Preferred Brand	\$120 copay	25% after deductible	\$120 copay	\$100 copay



## Walgreens90 Saver Plus

You can refill a prescription **twice** at retail stores, after which you must either have your maintenance medications delivered to your home via OptumRx home delivery or get a 90-day fill at Walgreens pharmacy. If you fill the prescription elsewhere or for 30 days only, you will pay cash, (100% out-of-pocket, full retail cost) for that medication.



## TELEMEDICINE

Your health plan includes telemedicine services with 24/7 access to board-certified physicians by video chat or phone for just \$10 per visit. Doctors can diagnose and treat many non-emergency issues such as cold, flu, asthma, allergies, nausea, diarrhea, rash, pink eye, urinary tract infections and more. Cigna's Telehealth Connection (MDLive) is available with all four health plans.

- If you are enrolled in the KelseyCare Plan, register at [www.kelsey-seybold.com/telemedicine](http://www.kelsey-seybold.com/telemedicine) or call (713) 442-6565.
- Members can access MDLive at [www.mdliveforcigna.com](http://www.mdliveforcigna.com), call (888) 726-3171, or download the mobile app.
- If you are enrolled in the KelseyCare Plan, you also have the option to conduct an E-visit or Video Visit through MyKelseyOnline or the MyKelsey app.

**NOTE: Telemedicine pricing can be found on page three.**

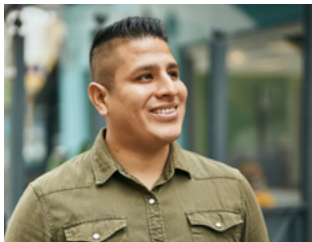


# YOUR HEALTH PLANS IN ACTION



## MAKE AN INFORMED CHOICE

Below are examples of different health care needs and how the cost will vary between the plan options. Each example assumes employee is tobacco free and has completed all wellness requirements. Keep in mind, your costs may vary depending on your services and the providers you use.



Ryan is a relatively healthy single male. He watches what he eats and gets plenty of exercise. While he doesn't visit the doctor often, he did go twice this year for a sinus infection and 24 hour virus.

RYAN'S EXAMPLE	KELSEY-CARE PLAN	HIGH DEDUCTIBLE HEALTH PLAN	BASIC PLAN	MODERATE PLAN
<b>Payroll Deduction (24 pay cycles)</b>	<b>\$1,705.92</b>	<b>\$686.88</b>	<b>\$1,832.40</b>	<b>\$2,427.36</b>
<b>Total Annual Out-of-Pocket Cost</b>	<b>\$100</b>	<b>\$440</b>	<b>\$130</b>	<b>\$115</b>
Preventive	\$0	\$0	\$0	\$0
Two Primary Care Visits	\$50	\$200	\$80	\$70
One Generic Prescription	\$10	\$10	\$10	\$10
One Preferred Brand Prescription	\$40	\$230	\$40	\$35
<b>METRO HRA Contribution*</b>	NA	(\$440)	NA	NA
<b>Total Annual Cost</b>	<b>\$1,805.92</b>	<b>\$686.88</b>	<b>\$1,962.40</b>	<b>\$2,542.36</b>



Jordan is married with two children. Her family has frequent visits to their primary care physician and fills prescriptions for an ear infection and allergies. Also, her daughter breaks her leg, requiring a visit to the ER and multiple visits to a specialist.

JORDAN'S EXAMPLE	KELSEY-CARE PLAN	HIGH DEDUCTIBLE HEALTH PLAN	BASIC PLAN	MODERATE PLAN
<b>Payroll Deduction (24 pay cycles)</b>	<b>\$5,459.04</b>	<b>\$4,199.28</b>	<b>\$5,863.68</b>	<b>\$7,767.84</b>
<b>Total Annual Out-of-Pocket Cost</b>	<b>\$910</b>	<b>\$5,030</b>	<b>\$2,620</b>	<b>\$2,015</b>
Preventive	\$0	\$0	\$0	\$0
Eight Primary Care Visits	\$200	\$800	\$320	\$280
Six Visits to Specialist	\$270	\$1,500	\$360	\$300
One Emergency Room Visit	\$200	\$2,300	\$1,700	\$1,200
One Year of a Generic Prescription (30-Day Retail)	\$120	\$120	\$120	\$120
One Year of Generic Prescription (90-Day Mail Order)	\$80	\$80	\$80	\$80
One Preferred Brand Prescription	\$40	\$230	\$40	\$35
<b>METRO HRA Contribution*</b>	NA	(\$1,200)	NA	NA
<b>Total Annual Cost</b>	<b>\$6,369.04</b>	<b>\$8,029.28</b>	<b>\$8,483.68</b>	<b>\$9,782.84</b>

\*HRA Contribution applies to out-of-pocket costs and does not apply to payroll deductions.

## STEP 1

### Complete a Health assessment

To receive the lowest Wellness rates, you and your covered spouse must take a health assessment online by August 31, 2024, at [www.mycigna.com](http://www.mycigna.com).

## STEP 2

### Get annual physical by August 31, 2025

METRO wants you to take care of yourself and your family by getting preventative care and forming a relationship with your doctor. That is why you and your covered spouse are required to get a checkup at least once every 12 months. Covered spouses are only required to get an annual physical.

If you or your spouse have not seen your doctor between October 1, 2024 and August 31, 2025, you will not receive the Wellness rates for the next 12 months.

## STEP 3

### Get 2 additional preventive health screenings by August 31, 2025

Mammogram, colonoscopy, prostate exam, well-woman exam, vision exam, dental exam, etc.

### How to submit Wellness points

- 1 Log on to the METRO Intranet > Departments > **Human Resources**.
- 2 Click **Wellness Program**.
- 3 Click **2025 Wellness Points**.
- 4 To submit documentation, select **Add New Item** and then choose your activity.
- 5 Online documentation is optional. To submit, use **Click here to attach a file**, browse for the related document, and click **Attach**.  
**NOTE:** Be sure to attach documentation for each exam separately.
- 6 Click **Save** in the top right of the box to update points.
- 7 Please retain support documents for random audit purposes.

Gym membership discounts are available for certain gyms. Contact the Wellness department at [wellness@ridemetro.org](mailto:wellness@ridemetro.org) for additional information.

## SAVE WITH WELLNESS

The METRO Wellness incentive program rewards your commitment with a **discount on your monthly medical rates** and **additional paid time off**. For more information, email [wellness@ridemetro.org](mailto:wellness@ridemetro.org).

- Complete all three steps to earn discounts on your medical rates.
- Earn 1,000 points between October 1, 2024, and September 21, 2025, to qualify for eight hours of Wellness incentive time off that you can take after October 1, 2025. You must submit supporting documentation for each activity to earn Wellness Points. If no supporting documentation is received, you will not receive points for that activity. See points opportunities below:

ACTIVITY	POINTS
Preventive Health Screenings (mammogram, colonoscopy, prostate exam, well-woman exam, vision exam, dental exam) Up to 4 exams and/or screenings at 50 points per exam	200
Omada Program (diabetes and hypertension management)	200
METRO HR App (download and register)	150
Telemedicine (register)	150
Annual Weight Loss (reduce 10% of total weight)	75
Your Health First Online Health Coaching (program completion)	100
Volunteer/Charity Work (volunteer on a committee at METRO or charity organization for one year)	50
Charity Walk/Run (5k minimum)	100
Cigna Healthy Pregnancy, Healthy Babies Program (enroll)	100
Cycling (20 miles minimum, must be an organized METRO cycling club or charity ride)	100
Disease Management (chronic condition management with Cigna coach)	75
Weight Management Program (four sessions)	75
METRO Virtual Health Fair	75
Keynote Speaker Webinars	50
Physical Activity (points per month for activities like cycling, yoga, walking, running, etc) - Up to 675 per year possible	75 per month
Healthy Habits Challenge (eight week challenge)	75
Tobacco Cessation Program (for current tobacco users only)	75
Well-being Seminars (Optum EAP, Methodist, Kelsey, and Airrosti)	50
Team Building Events	50
EAP Counseling Sessions	50
TalkSpace and/or Sanvello App for mental health (register)	50
Nutrition Counseling (points per month)	50
Diversity/Cultural Programs (points per session)	50
Prudential Pathways Financial Well-being Seminars	50
Learning and Development Workshops (points per session)	50
Vaccinations and/or Onsite Flu Shots (per vaccination)	25
Physical Therapy (points per session)	25

If you've completed an activity not listed that you would like considered for points, submit documentation to the Wellness staff at [wellness@ridemetro.org](mailto:wellness@ridemetro.org).



# MEDICAL SEMI-MONTHLY RATES

Employee rates are withheld from the first two pay periods of each month (24 deductions per year). The rates shown below are the lowest possible rates. To receive those rates, you will need to be tobacco free **and** you and your covered spouse will need to complete steps 1, 2 and 3 of the wellness requirements on page six.

	KELSEY CARE PLAN	HIGH DEDUCTIBLE HEALTH PLAN (HDHP)	BASIC PLAN	MODERATE PLAN
<b>Employee only</b>	\$71.08	\$28.62	\$76.35	\$101.14
<b>Employee + 1</b>	\$140.74	\$108.22	\$151.17	\$200.27
<b>Employee + 1 + Spousal Surcharge*</b>	\$259.82	\$206.61	\$300.39	\$385.12
<b>Employee + 2</b>	\$227.46	\$174.97	\$244.32	\$323.66
<b>Employee + 2 + Spousal Surcharge*</b>	\$346.53	\$273.36	\$393.53	\$508.51

\*The spousal surcharge applies if your spouse has medical coverage through his or her employer. If s/he has qualified coverage elsewhere, you will be charged more if you choose to add her/him to your METRO health plan.

## CALCULATING YOUR MEDICAL RATES

### If You Are a Tobacco User: Add \$25.00 to Your Semi-monthly Medical Rates

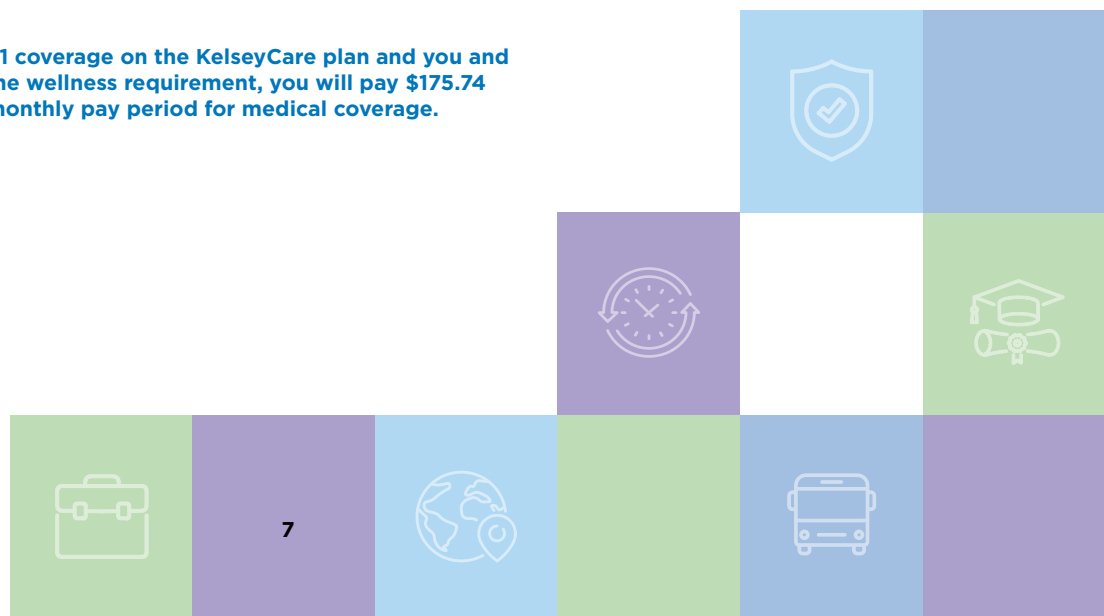
If you have used any form of tobacco within the last 12 months, you are considered a tobacco user. When enrolling for your benefits, you must truthfully select this answer. To calculate your adjusted rate, take the rate listed above for the number of people covered and the plan you choose and add \$25.00.

For example, if you choose Employee only coverage on the KelseyCare plan, are a tobacco user, and you completed your wellness requirement, you will pay \$96.08 (\$71.08 + \$25.00) each semi-monthly pay period for medical coverage.

### If You Do Not Complete Wellness Requirements: Add \$17.50 to Your Semi-monthly Medical Rates

You must complete steps 1, 2 and 3 of the wellness requirements on page six to earn the discounted wellness rate. To calculate your adjusted rate if you fail to complete the requirement, take the rate listed above for the number of people covered and the plan you choose and add \$17.50.

For example, if you choose Employee + 1 coverage on the KelseyCare plan and you and your covered spouse do not complete the wellness requirement, you will pay \$175.74 (\$140.74 + \$17.50 + \$17.50) each semi-monthly pay period for medical coverage.



# Your Dental Plans and Rates

METRO's dental plan is provided by **Sun Life**. If you elect Sun Life DHMO, you must select a participating dentist at enrollment, then refer to your Schedule of Benefits to see what's covered and your costs.

	DENTAL DHMO (In-Network Only*)	DENTAL PPO (In- and Out-of-network)
<b>Annual Deductible</b> (Individual/Family)	None	\$50/\$150
<b>Annual Maximum</b> (Per Person)	None	\$2,000
<b>Orthodontic</b>	Schedule of fees**	\$1,000 lifetime maximum
<b>Covered Services</b>	Dental DHMO	Dental PPO Plan Pays
<b>Preventive Care</b> (Deductible Waived on PPO Plan, Includes Oral Examinations and Cleanings)	Schedule of fees**	100%
<b>Fluoride Treatment (to age 19)</b>	No cost*	100%
<b>Basic Dental Services</b> (Extractions, Sealants, Periodontics, Endodontics, i.e. Dentures and Bridges)	Schedule of fees**	80%
<b>Major Dental Services</b> (Crowns, Cast Restorations, Prosthodontics, Implants)	Schedule of fees**	50%
<b>Orthodontic Services (to age 26)</b>	Schedule of fees**	50%

\* You must select an in-network dentist when you enroll in the DHMO.

\*\*Refer to your description of benefits for copays and limitations.

Employee rates are withheld from the first two pay periods of each month (24 deductions per year).

	SUN LIFE DENTAL DHMO	
	Employee	METRO
<b>Employee only</b>	\$0.87	\$5.35
<b>Employee + 1</b>	\$1.45	\$8.92
<b>Employee + 2</b>	\$2.46	\$15.09

	SUN LIFE DENTAL PPO	
	Employee	METRO
<b>Employee only</b>	\$3.49	\$18.31
<b>Employee + 1</b>	\$5.93	\$31.13
<b>Employee + 2</b>	\$9.07	\$47.62

## Select a Dentist Today!

**Step 1:** Go to [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist).

**Step 2:** Select **DHMO or Prepaid plans** as your plan type.

**Step 3:** Choose your state and the network for your plan. Your network is: **Prepaid Dental Series 225**.

**Step 4:** You can search for the closest dentist or a specific one, and then select **search dentists**.

**Step 5:** Contact SunLife at (800) 442-7742.

# YOUR VISION PLAN AND RATES



METRO's vision plan through **Davis Vision** covers routine eye exams and helps you pay for glasses or contact lenses. Review the chart below for the amount you will pay for the vision service listed.

	VISION COVERAGE	
	In Network	Out of Network
<b>Eye Exam and Materials</b> (Once Every 12 Months)	\$15 copay	\$40 allowance
<b>Lenses</b> (Once Every 12 Months)		
Single Vision	\$15 copay	\$40 allowance
Bifocal	\$15 copay	\$60 allowance
Trifocal	\$15 copay	\$80 allowance
<b>Frames</b> (Once Every 12 Months)	Visionworks: covered in full Other: \$130 allowance plus 20% off	\$50 allowance
<b>Contact Lenses</b> In Lieu of Eyeglass Lenses and Eyeglass Frames	Elective: \$150 allowance plus 15% off Medically necessary: covered in full	Elective: \$105 allowance Medically necessary: \$225 allowance
<b>Laser Vision Correction</b>	\$500 lifetime allowance	Not covered

You can find an in-network eye doctor by visiting [www.davisvision.com](http://www.davisvision.com) or calling (800) 999-5431.

Employee rates are withheld from the first two pay periods of each month (24 deductions per year).

	DAVIS VISION COVERAGE	
	Employee	METRO
<b>Employee only</b>	\$0.39	\$2.24
<b>Employee + 1</b>	\$0.59	\$3.42
<b>Employee + 2</b>	\$0.98	\$5.67

# HEALTH REIMBURSEMENT ACCOUNT

If you choose the High Deductible Health Plan, METRO will contribute to your Health Reimbursement Account (HRA). See how an HRA works below:

- **METRO will deposit \$600 or \$1,200** (depending on who you cover) into your HRA.
- The dollars in your HRA can be used to pay for eligible health care expenses – costs that count toward your deductible.
- The HRA does not apply toward dental or vision expenses.
- After the money in your HRA is used up, you pay for your health care expenses up to your annual deductible.
- When you reach your deductible, you and the plan share the costs for covered services.
- Your costs for covered services are limited by an out-of-pocket maximum.
- Bonus: Your HRA dollars roll over from year to year.

# FLEXIBLE SPENDING ACCOUNTS

## Health Care Flexible Spending Account (FSA) with Carryover

No matter which health plan you choose, you can enroll in the health care FSA through **WEX**. You will receive your FSA debit card in the mail after enrolling. See how the health care FSA works below:

- The FSA plan year begins January 1, 2025 and ends December 31, 2025.
- Set aside pre-tax dollars to pay for eligible medical, pharmacy, dental and vision care expenses.
- You can access the full amount of your account on day one of your plan year, and you can carry over a minimum of \$5 up to the maximum of \$640 from one plan year to the next.
- The maximum you can contribute to your health care FSA is \$3,200.

## Dependent Care FSA

No matter which health plan you choose, you can enroll in a dependent care FSA. See how a dependent care FSA works below:

- Set aside pre-tax dollars to pay for eligible dependent care services, such as preschool, summer day camp, before or after school programs, and child or elder care.
- The maximum you can contribute is \$5,000.



# LIFE INSURANCE AND AD&D



METRO provides basic life and basic accidental death and dismemberment (AD&D) coverage through **Sun Life** to full-time salaried employees at no cost to you. You may also add voluntary coverage for yourself and your family for an additional cost. Please be sure to designate a beneficiary.

	LIFE OPTIONS	GUARANTEED ISSUE AMOUNT
<b>Basic Life and Basic AD&amp;D (company paid)</b>		
<b>Active Employees</b>	Two times your pay*	N/A
<b>Police</b>	Two times your pay* + \$60,000 (basic life only)	N/A
<b>Voluntary Life and AD&amp;D (employee paid)</b>		
<b>Voluntary Life</b>	\$10,000 - \$500,000	\$50,000
<b>Voluntary Dependent Life (Spouse)</b>	\$10,000 - \$500,000	\$50,000
<b>Voluntary Dependent Life (Child)</b>	\$10,000 (\$500 for infants < six months)	\$10,000
<b>Voluntary AD&amp;D</b>	\$10,000 - \$500,000	\$300,000

\*Up to plan maximum. See certificate of coverage for more details.

You can add life insurance for your spouse. Elections for your spouse cannot exceed 100% of the voluntary coverage amount you elect for yourself. It is your responsibility to remove children from coverage once they turn age 26. Spouse voluntary coverage terminates at age 80.

**NOTE: You may only be covered once under the METRO benefits plan. For example, if you and spouse both work for METRO, your spouse may NOT elect voluntary life coverage and be covered under your voluntary spouse life plan.**



## PROTECT YOUR LOVED ONES

It is important to keep your beneficiary information updated to ensure that your life and AD&D benefits are paid out according to your wishes. As a government entity, your rights under the group insurance policy may be subject to your state's community property laws. To learn more and add/update your beneficiary information, download the beneficiary designation form on <http://metroactive.benefitdomain.com> (Username: active Password: active), or add/update in METROWorks.

The employee basic, voluntary life and AD&D plans also include the following benefits:

- Waiver of premium for total disability
- Accelerated death benefit
- Conversion to an individual plan
- Portability to group term life
- Will preparation services
- Emergency travel assistance through Assist America – download the mobile app to have support while you travel
- Identity theft protection

Rates are based on you and your spouse's ages. Your premium goes up beginning with the pay period when you and/or your spouse move to a new age group.

## LIFE INSURANCE CHANGES

After your new hire enrollment period, evidence of insurability (EOI) is required to add or increase coverage to voluntary life insurance plans. The EOI form is available on <http://metroactive.benefitdomain.com>

**Username:** active

**Password:** active

**NOTE:** Your life insurance benefits reduce to 65% of your original coverage amount once you reach age 70, to 45% at age 75, to 30% at age 80 and to 20% at age 85. Spouse coverage ends when your spouse turns age 80.

## COLONIAL VOLUNTARY OPTIONS

You can sign up for additional coverage through **Colonial Life Accident and Insurance Company**. Each policy pays \$50 per year if you take one preventive exam.

### ACCIDENT

**This coverage helps pay for medical expenses, such as emergency room fees, deductibles and copays resulting from a fracture, dislocation or other covered accidental injury that happens off the job. It includes accidental death and dismemberment coverage.**

### CRITICAL CARE

**This coverage provides cash for direct and indirect costs related to a covered critical illness. These include heart attack, stroke, kidney failure, coma, permanent paralysis due to an accident, organ transport, blindness, occupational infectious HIV or Hepatitis B, C or D.**

### HOSPITAL CONFINEMENT - MEDICAL BRIDGE

**This coverage provides cash for a covered hospital confinement and covered outpatient surgery to help offset any gaps between copays and deductibles.**

### CANCER CARE

**This coverage provides cash for direct and indirect costs related to a cancer diagnosis.**





# DISABILITY AND LEAVE BENEFITS

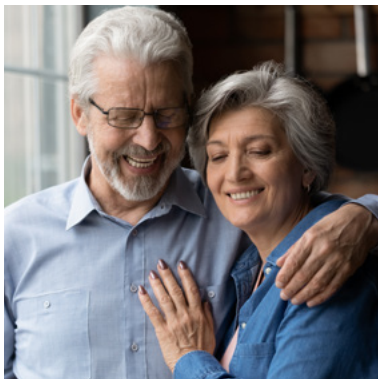


## SHORT-TERM LEAVE OF ABSENCE (STLOA)

All regular, full-time salaried employees are eligible for short-term leave of absence benefits on the first of the month after your hire date. Depending on your years of service to METRO and how long you are unable to work, you can receive a percentage of your base pay for up to 26 weeks. METRO offers (STD) insurance through **Sun Life**.

LENGTH OF SERVICE	100% BASE PAY FOR THE FIRST:	75% BASE PAY FOR THE NEXT:	REMAINING BENEFITS
Less than 1 year	1 Week	2 Weeks	23 Weeks at 50%*
1 - 2 Years	2 Weeks	4 Weeks	20 Weeks at 50%*
2 - 3 Years	3 Weeks	8 Weeks	15 Weeks at 50%*
3 - 4 Years	4 Weeks	12 Weeks	10 Weeks at 60%*
4 - 5 Years	5 Weeks	16 Weeks	5 Weeks at 60%*
5 Years or More	6 Weeks	20 Weeks	Eligible for Long-Term Disability*

\*Other conditions apply. Contact the Wellness Department at [wellness@ridemetro.org](mailto:wellness@ridemetro.org).



## LONG-TERM DISABILITY (LTD)

Long-term disability insurance is available for all full-time salaried employees who have exhausted their short-term leave of absence benefits. Employees must be unable to work for more than 180 days to qualify.

The gross disability benefit is equal to 60% of earnings up to a maximum of \$5,000 per month and not less than \$100 or 10% of an employee's monthly earnings. To report a disabling incident, contact the Benefits Department.

**NOTE: A pre-existing condition is an injury, sickness or pregnancy that begins within the three months before your effective coverage date and for which you've received medical care, treatment or services. No disability benefits are payable for a pre-existing condition that results in partial or total disability until you have been covered by the plan for 12 consecutive months. If you are enrolling in disability coverage for the first time, you are subject to the pre-existing condition limitations. Please contact Sun Life at 800-247-6875 for more information concerning FMLA.**

# ADDITIONAL BENEFITS



## LEGAL INSURANCE

With legal insurance, you pay a low monthly premium to gain the protection of a trusted, qualified attorney at your side day or night. The lawyers available through **Texas Legal** can help you save money on simple legal costs like wills and estate planning, divorce, traffic tickets, buying a house, and consumer protection. In case of larger, unanticipated legal issues (i.e. identity theft, bankruptcy, criminal defense), you get a board-certified attorney on your side. Apply for legal insurance through [www.texaslegal.org](http://www.texaslegal.org).

## AUTO AND HOME INSURANCE

Auto and home insurance from **MetLife Auto and Home** is designed so that you are not surprised by coverage gaps or unexpected costs. To get a quote, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call (800) GET-MET8.

The features include:

AUTO BENEFITS	HOME BENEFITS
Convenient payment options	Convenient payment options
24/7/365 claim service	In the event of a loss, your home would be fully replaced without you incurring extra costs
Identity theft protection services	Maximum coverage equal to the replacement cost at the time the repair is made
Enhanced rental car damage coverage	Materials of “like kind and quality” for rebuilding your house
Towing/roadside assistance	An insurance benefit amount that meets the current construction costs to rebuild it—even if costs exceed your dwelling limit
Windshield repair without a deductible	Replacement cost on home contents

## PET INSURANCE

Pets are an important and comforting part of a family. And like all parents, pet parents want to provide the highest level of care. Working with **Nationwide**, we offer plans that provide the right protection that meet your pet care needs, including savings for veterinary bills and extended plans for pets with certain conditions. Visit <http://benefits.petinsurance.com/metro> or call (877) 738-7874 for more information.

## EMPLOYEE CHILD CARE

METRO partners with **TOOTRIS**, an online platform and support team to help you quickly locate, schedule, enroll, and pay for child care. METRO parents have access to online resources and concierge support to help you enroll your children in safe, nurturing, and affordable child care programs when and where you need them. METRO will contribute up to \$200 a month to help cover child care costs.\*

If you need assistance or have any questions, scan the QR code, visit [www.tootris.com](http://www.tootris.com) or call (713) 581-3624 for more information.

**\*Charges for registration, late fees or other one-time expenses are excluded.**

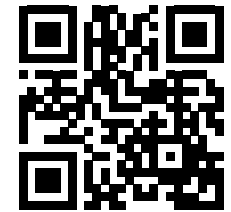


## BMG MONEY

Metropolitan Transit Authority of Harris County has partnered with BMG Money's LoansAtWork program. Get access to reliable, affordable on-line installment loans to help in times of need, regardless of your credit history. BGM Money provides you with:

- Loans ranging from \$500 - \$5,000
- Payments made through 6 - 24 months of payroll deductions
- Biweekly payments of \$12 - \$122 if repaid over 2 years

Visit [www.bmgmoney.com](http://www.bmgmoney.com) or call (800) 316-8507 for more information.



## 2025 HOLIDAY SCHEDULE

### New Year's Day

Wednesday, January 1

### Independence Day

Friday, July 4

### Christmas

Thursday, December 25

### Martin Luther King, Jr. Day

Monday, January 20

### Labor Day

Monday, September 1

### Employee Days

Three days within each calendar year that are mutually agreed upon by the employee and the supervisor

### Memorial Day

Monday, May 26

### Thanksgiving Day

Thursday, November 27

### Juneteenth

Thursday, June 19

### Day after Thanksgiving

Friday, November 28

**NOTE: Please refer to your employee handbook for holiday pay eligibility. In the interest of accomplishing Authority objectives, management reserves the right to designate and change the holiday schedule to be observed each year.**

# LEARN THE LANGUAGE



Understanding a few key terms can go a long way toward understanding your benefits and choices. Here are a few you'll hear a lot.

## **Copay**

A set dollar amount you pay for covered health care services, usually when you receive the service.

## **Deductible**

What you pay out of pocket for health care services before the plan begins to pay a portion.

## **Coinsurance**

Your share of the costs of covered health care services after you reach the deductible. You pay your percentage and the health plan pays the rest.

## **Out-of-pocket Maximum**

What you have to pay before the plan pays 100% of your covered costs.

## **Premium**

The amount you pay from your regular bi-weekly paycheck or direct debit from your checking account for insurance coverage.

## **Health Reimbursement Account (HRA)**

An IRS-approved and employer-funded account that reimburses participants enrolled in the High Deductible Health Plan (HDHP) for eligible out-of-pocket medical expenses (\$600 individual/\$1,200 family).

## **Preventative Care**

Exams and screenings to maintain health and prevent disease.

## **Primary Care Provider**

The doctor you go to first when you are not feeling well.

## **Urgent Care**

When you have a minor illness or injury and can't get in to see your doctor, urgent care facilities are faster, cheaper alternatives to the emergency room.

## **EOB**

The Explanation of Benefits (EOB) is a statement from your insurance company sent to you after a health care service is paid by the insurance company. It also reflects the amount you may owe.

# CONTACTS



BENEFIT	PROVIDER/GROUP #	PHONE	WEBSITE
<b>KelseyCare Plan</b>	<b>Kelsey-Seybold</b> GROUP # 3338991	(713) 442-0006	<a href="http://www.kelsey-seybold.com">www.kelsey-seybold.com</a>
<b>High Deductible, Basic and Moderate Plans</b>	<b>Cigna</b> GROUP # 3338991	(800) 244-6224	<a href="http://www.cigna.com">www.cigna.com</a>
<b>Telemedicine</b>	<b>KelseyCare MDLIVE</b>	(713) 442-6565 (888) 726-3171	<a href="http://www.kelsey-seybold.com/telemedicine">www.kelsey-seybold.com/telemedicine</a> <a href="http://www.mdliveforcigna.com">www.mdliveforcigna.com</a>
<b>Prescription Drugs</b>	<b>OptumRx</b> GROUP: METRO BIN # 610011	Customer Service: (855) 811-2221 Specialty Pharmacy: (855) 427-4682	<a href="http://www.optumrx.com">www.optumrx.com</a> <a href="http://www.specialty.optumrx.com">www.specialty.optumrx.com</a>
<b>Vision</b>	<b>Davis Vision</b>	(800) 999-5431	<a href="http://www.davisvision.com">www.davisvision.com</a>
<b>Dental</b>	<b>Sun Life</b> POLICY # 968785	(800) 442-7742	<a href="http://www.sunlife.com/us">www.sunlife.com/us</a>
<b>Flexible Spending Accounts (FSA)</b>	<b>WEX</b>	(866) 451-3399	<a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a>
<b>Life Insurance, AD&amp;D and Long-Term Disability</b>	<b>Sun Life Financial</b> GROUP # 900763	(800) 247-6875	<a href="http://www.sunlife.com/us">www.sunlife.com/us</a>
<b>Employee Assistance Program</b>	<b>Optum</b>	(866) 248-4094	<a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> ACCESS CODE: ridemetro
<b>COBRA</b>	<b>WEX</b>	(866) 451-3399	<a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a>
<b>401(a) and 457(b)</b>	<b>Empower Retirement</b>	(800) 701-8255	<a href="https://participant.empower-retirement.com/participant/">https://participant.empower-retirement.com/participant/</a>
<b>Legal Insurance</b>	<b>Texas Legal</b> MASTER POLICY # 2004-100	(800) 252-9346	<a href="http://www.texaslegal.org">www.texaslegal.org</a>
<b>Auto and Home Insurance</b>	<b>MetLife</b>	(800) 438-6388	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
<b>Pet Insurance</b>	<b>Nationwide</b>	(877) 738-7874	<a href="http://benefits.petinsurance.com/metro">http://benefits.petinsurance.com/metro</a>
<b>METRO Credit Union</b>	<b>Met Tran Federal Credit Union</b>	(713) 861-4780	<a href="http://www.mettranfcu.org">www.mettranfcu.org</a>
<b>Voluntary Insurance</b>	<b>Colonial Life and Accident Insurance</b>	(713) 774-6110	<a href="http://www.coloniallife.com">www.coloniallife.com</a>
<b>FMLA and STLOA</b>	<b>Sun Life Financial</b>	(877) 726-3652	<a href="http://www.sunlife-ams.com">www.sunlife-ams.com</a>
<b>METRO Benefits Website</b>	<b>N/A</b>	(713) 739-4953	<a href="http://metroactive.benefitdomain.com">http://metroactive.benefitdomain.com</a> USERNAME: active   PASSWORD: active
<b>Employee Child Care</b>	<b>TOOTRIS</b>	(713) 581-3624	<a href="http://www.tootris.com">www.tootris.com</a>
<b>Loan Assistance</b>	<b>BMG Money</b>	(800) 316-8507	<a href="http://www.bmgmoney.com">www.bmgmoney.com</a>



RIDEMETRO.ORG

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#### THE FINE PRINT

The information contained in this summary should in no way be construed as a promise or guarantee of employment. The company reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this brochure and the actual plan documents or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from your Human Resources Office. This Benefits Enrollment Guide highlights recent plan design changes and is intended to fully comply with the requirements under the Employee Retirement Income Security Act ("ERISA") as a Summary of Material Modifications and should be kept with your most recent summary plan description.