

October 1, 2025 – September 30, 2026

EMPLOYEE

Benefits

GUIDE

2025 - 2026



[Click Here to Explore Your Benefits](#)



Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive. Visit the Benefits Portal for a full library of benefit materials: <https://arlingtontx.sharepoint.com/sites/HR/SitePages/Benefits.aspx>

Eligibility

You are eligible for benefits if you are a full-time employee. In some cases, part-time employees averaging 30 hours per week may also qualify for medical coverage. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse. Spouses offered medical coverage through their own employer are not eligible for the City's medical plans.
- ▶ Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 14 days of your date of hire. If you enroll on time, your benefits are effective on the first day of employment. If you fail to enroll on time, you will be automatically enrolled in City Paid Life, LTD and EAP, and you are required to make your beneficiary selections.
- ▶ **Open Enrollment:** Open Enrollment is held in August. Changes made during Open Enrollment are effective October 1, 2025. Our Plan Year will run October 1, 2025 to September 30, 2026.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Below are examples of the most common qualifying life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit of 26
- ▶ Death of a spouse or child
- ▶ You lose or gain coverage under your spouse's employer
- ▶ You gain access to state coverage under Medicaid or The Children's Health Insurance Program (CHIP)

Making Changes

Changes can only be made within 60 days of the qualifying life event (including newborns). You must provide documentation of the event such as a marriage license, verification of birth facts, or a divorce decree. You must also provide documentation proving eligibility. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

Required Information—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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Enrollment

Go to **Workday**.

- Enroll in your benefits
- Elect your beneficiaries
- Confirm your benefit deductions
- print your confirmation

...and much more!

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Medical Insurance is administered by BlueCross BlueShield (BCBS). The City offers two plans - a High Deductible Health Plan (HDHP) and a Copay Plan. Both Plans are Exclusive Provider Organizations (EPO), which means out-of-network benefits are not covered under either plan. Both plans provide you with a large network of medical providers throughout the nation. Spouses offered medical coverage through their own employer are not eligible for the City's Medical Plans. Pharmacy benefits are also administered by BCBS through Prime Therapeutics. BCBS provides a large network of pharmacies throughout the nation. 90-Day medications MUST be purchased through their mail-order program Express Scripts or at a retail pharmacy. Please see below for the Medical Plan Summary:

Key Medical Benefits	HDHP (EPO)	Copay Plan (EPO)
Office Visits		
Preventive	\$0	\$0
Primary	10% after deductible	\$30
Specialty	10% after deductible	\$50
Virtual Health	\$0 after deductible	\$30
Other visits		
Lab Services	\$0 after deductible	\$0
Urgent Care	10% after deductible	\$75
Emergency Room	10% after deductible	20% after deductible
Outpatient	10% after deductible	20% after deductible
Inpatient	10% after deductible	20% after deductible
Medical Coinsurance		
% You Pay After Deductible	10%	20%
Medical Deductible		
Single	\$3,300	\$1,750
Family	\$5,000	\$3,500
Medical + Prescription Maximum Out-of-Pocket (MOOP)		
Single	\$6,000	\$6,000
Family	\$12,000	\$12,000
Prescriptions		
Standard Preventive	\$0	\$0
Expanded Preventive	10%; deductible waived	20%, up to \$25
Tier 1 - Generic	10% after deductible	20%, up to \$25
Tier 2 - Brand	10% after deductible	20%, up to \$75
Tier 3 - Non-Preferred Brand	10% after deductible	20%, up to \$200
Tier 4 - Specialty	10% after deductible	20%, up to \$300

Virtual Health MDLIVE

Virtual Health is provided by MD Live under BlueCross BlueShield (BCBS). Virtual visits are available for non-emergency medical care, as well as mental health services, and are available 24/7. Under the High Deductible Health Plan (HDHP), medical visits cost a minimum of \$48 per virtual visit (contracted rate may vary). Mental health visits range in cost but are lower than in-person visits. Once your deductible is met, visits are \$0. Under the Copay Plan, all visits are \$30 per virtual visit.



Wellness



Our Wellness Program operates under our Medical Plan and is called Wellness for Life. If you participate in the wellness program you receive a \$20 discount on your medical premium on each paycheck. The Wellness Program consists of participation in health care visits and various activities. Please refer to the Wellness Flyer on our Benefits Portal for detailed information and instructions.

Tobacco Cessation: Employees and Spouses enrolled in a Medical Plan must self-report as a tobacco user if they have used tobacco within the past 12 months. Tobacco users pay an extra \$50 per paycheck towards their medical premium. If your spouse is enrolled in the Medical Plan and either of you are a tobacco user, you will pay an extra \$100 per paycheck towards the medical premium. Enrolled employees and spouses have access to Tobacco Cessation programs under BCBS. Sign up for a program by visiting mybam.bcbstx.com or calling 877-806-9380. If you participate in a Tobacco Cessation Program or consistently use tobacco cessation products with an intent to quit, you may submit documentation to stop the surcharge.

Dental Ameritas

Dental Insurance is provided by Ameritas. The City offers two plans - a Base Plan and a Buy Up Plan. Both Plans are Preferred Provider Organizations (PPO) which means you may use out-of-network providers. However, you will not receive Ameritas' discounted rates when doing so. Both plans provide you with a large network of dental providers throughout the nation. Please see below for the Dental Plan Summary:

Key Dental Benefits	Base Plan (PPO)	Buy-Up Plan (PPO)
Dental Maximums (per member)		
Class A + B + C	\$1,000 per plan year	\$2,500 per plan year
Class D	n/a	\$2,500 per lifetime
Dental Coinsurance		
Class A - Preventive Services	20%	\$0
Class B - Basic Services	40% after deductible	20% after deductible
Class C - Major Services	50% after deductible	50% after deductible
Class D - Orthodontia (Child + Adult)	none	50%
Dental Deductibles (per member)		
Class A - Preventive Services	none	none
Class B - Basic Services	\$50 per lifetime	\$50 per lifetime
Class C - Major Services	\$50 per lifetime	\$50 per lifetime
Class D - Orthodontia	none	none
Waiting Periods		
Class A + B + C + D	none	none

Vision



Vision Insurance is provided by EyeMed. Our Vision Plan is a Preferred Provider Organization (PPO) which means you may use out-of-network providers. However, you will not receive EyeMed's discounted rates when doing so. The plan provides you with a large network of vision providers throughout the nation. Please see below for the Vision Plan Summary:

Key Vision Benefits (once every plan year)	Vision Plan (PPO)
Vision Exam	\$10
Vision Materials	\$25
Standard Frames	\$150 Allowance; 20% off balance over \$150
Contact Lens Fitting	Standard: Up to \$40; Specialty: 10% off retail price
Contact Lenses (in lieu of glasses)	\$150 Allowance; 15% off balance over \$150



Flexible Spending Accounts

Healthcare FSA

The Healthcare Flexible Spending Account (FSA) is provided by WEX. Your total annual contribution is loaded onto your WEX Mastercard on your eligibility date and may be used through September 30th of each year on qualifying medical expenses. A 2 ½ month grace period is provided through December 15th of each year to assist you with spending any unused funds.

Minimum Per Paycheck Contribution: \$25.00
Maximum Plan Year Contribution: \$3,300

Expenses include but are not limited to: Expenses under your Medical, Dental, and Vision Plans, in addition to certain over-the-counter medications and products.

Dependent Care FSA

The Dependent Care Flexible Spending Account (DCFSA) is provided by WEX. Your contribution is loaded onto your WEX MasterCard as it is deducted from each paycheck and may be used through September 30th of each year on qualifying dependent care expenses. A 2 ½ month grace period is provided through December 15th of each year to assist you with spending any unused funds.

Minimum Per Paycheck Contribution: \$25.00
Maximum Plan Year Contribution: \$5,000

Expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-schools, or daycare centers.
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent.

Please refer to the FSA Page of the Benefits Portal for a detailed list of eligible expenses.

Health Savings Accounts



The Health Savings Account (HSA) is provided by HSA Bank. You may elect the HSA Account if you are enrolled in the Medical High Deductible Health Plan (HDHP). Your contribution maximum amount is based on your Medical Plan Tier Level. Your contribution is loaded onto your HSA Bank Mastercard as it is deducted from each paycheck and may be rolled from year-to-year.

HSA Contribution Limit	2025	2026
Employee Only Tier Level	\$4,300	\$4,400
All Other Tier Levels	\$8,550	\$8,750
Catch-up (age 55+)	\$1,000	\$1,000

Expenses include but are not limited to: Expenses under your Medical, Dental, and Vision Plans, in addition to certain over-the-counter medications and products.



Life and AD&D



Life Insurance with Accidental Death & Dismemberment (AD&D)

Life Insurance and AD&D coverage are provided by Mutual of Omaha (MOO). The City covers you at two (2) times your annual base salary, up to \$300,000, under the Life Insurance policy and matches this amount under the AD&D policy. These benefits are employer paid. A coverage reduction schedule begins at age 70.

Voluntary Employee Life with AD&D

Voluntary Employee Life/AD&D Insurance is provided by Mutual of Omaha (MOO). This coverage is employee paid. Your cost is based on your age as of October 1 of each year and is calculated based on 5-year age brackets. The Guaranteed Issue amount is \$250,000. Employees may elect coverage in \$10,000 increments with a minimum of \$20,000 and a maximum of eight (8) times your annual base salary or \$500,000 (whichever is lesser). A coverage reductions schedule begins at age 70.

Current employees: If you waived coverage in 2025, are electing a coverage increase of more than \$10,000, and/or are electing coverage over the Guaranteed Issue, Evidence of Insurability (EOI) will be required. Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

New Hires: If you elect more than \$250,000 during your initial eligibility period, Evidence of Insurability (EOI) is required and subject to approval by the insurance company.

Voluntary Spouse Life with AD&D

Voluntary Spouse Life/AD&D Insurance is provided by Mutual of Omaha (MOO). If you purchase coverage on yourself, you may also purchase coverage for an eligible spouse. This coverage is employee paid. Your cost is based on your age as of October 1 of each year and is calculated based on 5-year age brackets. You may elect coverage in \$5,000 increments with a minimum of \$5,000 and a maximum of \$150,000, not to exceed 100% of your coverage. A coverage reduction schedule begins at age 70.

Current employees: If you waived coverage for your Spouse in 2025 and/or are increasing the current coverage in any amount, Evidence of Insurability (EOI) will be required. Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

New Hires: If you elect more than \$50,000 coverage for your Spouse during your initial eligibility period, Evidence of Insurability (EOI) is required and subject to approval by the insurance company.

Voluntary Child Life with AD&D

Voluntary Child Life/AD&D Insurance is provided by Mutual of Omaha (MOO). If you purchase coverage on yourself, you may also purchase coverage for eligible child(ren). This coverage is employee paid. Your cost is \$2.06 monthly for \$10,000 in coverage, and this cost remains the same regardless of the number of children covered.

Disability



Short-Term Disability

Short-Term Disability (STD) Insurance is provided by Mutual of Omaha (MOO). This coverage is voluntary and employee paid. Coverage is offered at 60% of your weekly base salary with a maximum weekly benefit of \$2,500. Short-Term Disability is available after a 14-day waiting period and upon the exhaustion of your sick leave. There is no pre-existing condition limitation if elected during New Hire Enrollment. Disability coverage elected during Annual Enrollment will exclude coverage for any conditions you received treatment for in the previous 3-month period prior to the start of your coverage.

Long-Term Disability

Long-Term Disability (LTD) Insurance is provided by Mutual of Omaha (MOO). The City covers you at 60% of your monthly base salary with a maximum monthly benefit of \$6,000. This coverage is employer paid. Long-Term Disability is available after a 120-day waiting period and upon the exhaustion of your sick leave. Long-Term Disability has a maximum duration of 24 months for a disability that keeps you from performing the essential functions of your own occupation. If you become disabled before age 62, benefits may continue beyond the 24 month period if it is determined you are unable to perform the essential functions of any occupation.



Accident

Accident Insurance is provided by Mutual of Omaha (MOO). Accident Insurance provides cash benefits paid directly to you that help with out-of-pocket expenses - medical and nonmedical - associated with your treatment in the event of a covered accident.

Critical Illness

Critical Illness Insurance is provided by Mutual of Omaha (MOO). Critical Illness Insurance provides cash benefits paid directly to you when you are diagnosed with a covered critical illness. The Plan provides a lump sum benefit to help with out-of-pocket medical expenses and the living expenses that can accompany a covered critical illness. Your cost is based on your age as of October 1 of each year and is calculated based on 5-year age brackets. Coverage is available at \$10,000 or \$20,000. If you purchase coverage on yourself, you may also purchase coverage on your spouse at \$5,000 or \$10,000 (up to 50% of your own coverage). Children are automatically included under your coverage.

Hospital Indemnity

Hospital Indemnity Insurance is provided by Mutual of Omaha (MOO). Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered hospitalization. Coverage can be purchased for an employee or family coverage.

Identify Theft Protection

Identity theft protection and credit monitoring services are offered by IDShield. IDShield provides identity, credit, financial account, and social media account monitoring, as well as cybersecurity/malware protection and online privacy reputation management services. Coverage can be purchased for an employee or family coverage. See Benefits Portal for more.

Legal Services

LegalShield is a legal assistance program. LegalShield offers support whenever you have questions or need consultation for covered legal issues. Your coverage includes access to legal help concerning estate planning, family law, consumer protection, and more.

Employee Assistance Program (EAP)



The Employee Assistance Program (EAP) is provided by AllOne Health. This program is employer paid. The EAP is a full-service program, providing confidential mental health therapy services, legal services, financial services, work/life referrals, and wellness resources to you and individuals living in your home. EAP services include eight (8) free therapy sessions per household family member per issue per Plan Year.

Note: The access code to enter the website is “coarlington”. Before visiting with a therapist please visit the website or call AllOne Health to obtain your visit code.

Healthcare Concierge services are provided by TouchCare. This service is employer paid. TouchCare provides personalized healthcare navigation and advocacy services for our benefit plans and programs. TouchCare will explain our plans and assist you with plan enrollment decisions each year. They will help you locate high quality, low cost providers and services. They will assist with medication price comparisons and ordering options. They will assist with record transfers and managing your appointments. Upon your request, they will review and negotiate bills on your behalf. Their specialized staff can help you prepare for upcoming procedures as well. Support is available via the web, mobile app, email, and phone.



Benefits Navigation



Cost Transparency



Provider Searches



Appointment Scheduling



RxCare Consultations



Billing Review

Retirement



Pension

The City's Pension is provided by the Texas Municipal Retirement System (TMRS). You are automatically enrolled in TMRS upon hire. The City does not participate in social security. Your Pension through TMRS replaces your social security benefit. You contribute 7% of your salary towards your pension. The City matches your funds at 2 to 1 upon your retirement. You are vested when you have five (5) years of service. Once vested, you may retire after 20 years of service or at age 60. TMRS invests your funds for you. Your funds and interest are reported on an annual statement each year.

The City also provides you with a Supplemental Death Benefit (SDB) under TMRS. While employed, the City covers you at 1 times your annual base salary at no cost to you. Once retired, the City provides a flat \$7,500 Death Benefit. Should you work for another TMRS City following retirement from the City of Arlington, the other City will become responsible for your \$7,500 Death Benefit.

401k Pre-Tax

The 401k Pre-Tax retirement plan is provided by MissionSquare. This plan is in addition to our Pension and provides you with another way to set aside income towards your retirement. This plan is voluntary. Contributions are deducted from your paycheck on a pre-tax basis. There is no minimum contribution, and you may change your contribution at any time. The City matches 50% of your contribution for up to 6% of your base salary, for a total maximum match of 3%. You are 100% vested after six (6) years of service. You must select how your funds are invested. Your funds and interest are reported on quarterly statements each year.

457b Pre-Tax and Post-Tax

The 457b Pre-Tax and 457b Post-Tax retirement plans are provided by MissionSquare. These plans are in addition to our Pension and provide you with another way to set aside income towards your retirement. These plans are voluntary. Contributions are deducted from your paycheck on a pre-tax or post-tax basis, depending upon the plan you choose. There is no minimum contribution and you may change your contribution at any time. There is no City match. You must select how your funds are invested. Your funds and interest are reported on quarterly statements each year.

Rates

Medical

Employee Premiums*				
	Wellness	Wellness	Non-Wellness	Non-Wellness
HDHP Plan	Biweekly	Monthly	Biweekly	Monthly
Employee Only	\$14.23	\$30.83	\$34.23	\$74.17
Employee + Children	\$43.80	\$94.89	\$63.80	\$138.23
Employee + Spouse	\$85.63	\$185.53	\$105.63	\$228.86
Employee + Family	\$120.27	\$260.58	\$140.27	\$303.91
Copay Plan	Biweekly	Monthly	Biweekly	Monthly
Employee Only	\$31.66	\$68.60	\$51.66	\$111.93
Employee + Children	\$101.48	\$219.87	\$121.48	\$263.20
Employee + Spouse	\$162.19	\$351.42	\$182.19	\$394.75
Employee + Family	\$227.76	\$493.48	\$247.76	\$536.81

*Rates Subject to change.

Medical Surcharges

Employee Surcharges				
Type of Surcharge	Wellness	Wellness	Tobacco	Tobacco
Both Plans	Biweekly	Monthly	Biweekly	Monthly
Employee Only	\$20.00	\$43.33	\$50.00	\$108.33
Employee + Children	\$20.00	\$43.33	\$100.00	\$216.67
Employee + Spouse	\$20.00	\$43.33	\$100.00	\$216.67
Employee + Family	\$20.00	\$43.33	\$100.00	\$216.67

Dental

Employee Premiums		
Base Plan	Biweekly	Monthly
Employee Only	\$7.26	\$15.72
Employee + Spouse	\$14.40	\$31.20
Employee + Children	\$17.15	\$37.16
Employee + Family	\$26.62	\$57.68
Buy-Up Plan	Biweekly	Monthly
Employee Only	\$18.52	\$40.12
Employee + Spouse	\$35.98	\$77.96
Employee + Children	\$44.94	\$97.36
Employee + Family	\$69.25	\$150.04

Vision

Employee Premiums		
	Biweekly	Monthly
Employee Only	\$2.13	\$4.62
Employee + Spouse	\$4.40	\$9.54
Employee + Children	\$5.21	\$11.28
Employee + Family	\$6.82	\$14.78

Rates Continued

Voluntary Life with AD&D

Employee & Spouse Premiums per \$1,000		
Life	Biweekly	Monthly
18-24	0.025	0.054
25-29	0.029	0.062
30-34	0.032	0.070
35-39	0.039	0.086
40-44	0.058	0.126
45-49	0.094	0.204
50-54	0.156	0.338
55-59	0.232	0.503
60-64	0.349	0.756
65-69	0.514	1.113
70-74	2.045	4.430
75+	6.904	14.959
AD&D	0.011	0.024
Child(ren) Premium: \$10,000 flat amount		
	Biweekly	Monthly
Life	\$0.77	\$1.66
AD&D	\$0.18	\$0.40

Voluntary Life with AD&D: Employees must purchase Vol Life on themselves in order to purchase Vol Life for family members. If both the Employee and Spouse are employees of the City, you may not purchase Spouse coverage for one another, nor may you both purchase child coverage. Child rates are flat rates regardless of the number of children. AD&D coverage is automatically added to your Vol Life premium upon enrollment.

Critical Illness

Employee & Spouse Premiums per \$1,000		
	Biweekly	Monthly
18-24	\$0.10	\$0.21
25-29	\$0.12	\$0.26
30-34	\$0.16	\$0.34
35-39	\$0.23	\$0.50
40-44	\$0.31	\$0.67
45-49	\$0.43	\$0.92
50-54	\$0.58	\$1.26
55-59	\$0.76	\$1.65
60-64	\$1.08	\$2.33
65-69	\$1.50	\$3.25
70-74	\$2.04	\$4.42
75+	\$2.61	\$5.65

Critical Illness: If both the Employee and Spouse are employees of the City, you may not both purchase Spouse coverage for one another. Children are automatically included in your coverage at no extra cost.

Accident

Employee Premiums		
	Biweekly	Monthly
Employee Only	\$3.85	\$8.34
Employee + Spouse	\$7.02	\$15.20
Employee + Children	\$7.61	\$16.48
Employee + Family	\$9.21	\$19.96

Hospital Indemnity

Employee Premiums		
	Biweekly	Monthly
Employee Only	\$8.37	\$18.13
Employee + Spouse	\$19.24	\$41.69
Employee + Children	\$11.55	\$25.02
Employee + Family	\$23.10	\$50.04

Short Term Disability

Employee Premiums per \$10		
	Biweekly	Monthly
Employee Only	\$0.17	\$0.36

Identity Theft Protection

Employee Premiums		
	Biweekly	Monthly
Employee Only	\$3.90	\$8.45
Family	\$7.15	\$15.50

Legal Services

Employee Premiums		
	Biweekly	Monthly
Legal Services Only	\$6.30	\$13.65

Legal & ID Theft Bundle

Employee Premiums		
	Biweekly	Monthly
Legal Services & Employee Only Identity Theft	\$9.74	\$21.10
Legal Services & Family Coverage Identify Theft	\$12.53	\$27.15

Contact Information

Benefit	Carrier	Phone #	Website/Email
Medical	Blue Cross Blue Shield (BCBS)	(844) 657-2549	bcbstx.com
Medical - Virtual	MD Live (BCBS)	(888) 680-8646	MDLIVE.com/bcbstx
Pharmacy	Prime (BCBS)	(844) 657-2549	myprime.com
Wellness Program	Wellness Coordinator (BCBS)	(817) 459-6855	wellness@arlingtontx.gov
Dental	Ameritas	(800) 487-5553	ameritas.com
Vision	EyeMed	(866) 800-5457	eyemed.com
Flexible Spending Accounts	WEX	(866) 451-3399	benefitslogin.wexhealth.com
Health Savings Account	HSA Bank	(800) 357-6246	hsabank.com
Life & AD&D	Mutual of Omaha (MOO)	(800) 775-8805	mutualofomaha.com/support
Disability	Mutual of Omaha (MOO)	(800) 877-5176	mutualofomaha.com/support
Accident	Mutual of Omaha (MOO)	(800) 775-8805	mutualofomaha.com/support
Critical Illness	Mutual of Omaha (MOO)	(800) 775-8805	mutualofomaha.com/support
Hospital Indemnity	Mutual of Omaha (MOO)	(800) 775-8805	mutualofomaha.com/support
Legal Services	LegalShield	(888) 807-0407	shieldbenefits.com/arlingtontx
Identity Theft Protection	IDShield	(888) 807-0407	shieldbenefits.com/arlingtontx
Employee Assistance	AllOne Health	(888) 993-7650	allonehealth.com
Healthcare Concierge	TouchCare	(817) 813-6822	touchcare.com/city-of-arlington
Pension	TMRS	(800) 924-8677	tmrs.com
401k and 457b	MissionSquare	(800) 669-7400	missionsq.org
401k and 457b	Steven Whitman	(202) 759-7115	swhitman@missionsq.org

Benefits Portal

Our benefits portal <https://arlingtontx.sharepoint.com/sites/HR/SitePages/Benefits.aspx> can be accessed at any time for additional information on our benefit plans and programs.

Benefits Questions

Call Touchcare, our Healthcare Concierge Service, at 817-813-6822 or email assist@touchcare.com.

Wellness Questions

Email us: wellness@arlingtontx.gov or call 817-459-6855.

Retirement Questions

Email us: retirement@arlingtontx.gov or call 817-459-6844.

Benefits Team

Email us: employeebenefits@arlingtontx.gov or call 817-575-8991.

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

