

CY2019 Uniform Fire Employee Benefits Summary

City of El Paso ~ Benefit Services ~ Bi-Weekly Rates

Plan Year based on CY19 effective Jan 1 through Dec 31

All Premiums will be taken Bi-weekly in the coverage month.

MEDICAL BENEFITS

To be eligible for a Health Savings Account (HSA), you may not have any other coverage that is not a high deductible plan; can not be claimed on someone else's income tax return; must not be enrolled in Medicare or TRICARE. It is your responsibility to notify Benefits Services if you are not eligible for an HSA.

Amounts pro-rated as needed.

DocFind Plan Name: Choice POS II (Open Access)	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
CDHP	\$5.60	\$29.81	\$15.60	\$33.97
BASIC	\$52.59	\$123.12	\$77.32	\$194.91

ANCILLARY BENEFITS

DENTAL	Employee Only	Employee + 1	Employee + 2 or more
PPO Dental w/o Ortho	\$8.53	\$17.56	\$28.45
PPO Dental with Ortho	\$8.95	\$19.01	\$34.04
HMO Dental	\$4.60	\$8.50	\$10.79
City Dental	EE Only	EE + Family	DocFind Plan Name
	\$1.10	\$3.31	PPO-PDN

*Employee MUST enroll for benefit. Enrollment is not automatic.

VISION	Employee Only	Employee + 1	Employee + 2 or more
PPO Vision	\$2.37	\$4.15	\$6.17

Basic Life and AD&D	All eligible employees have \$50,000 in Life coverage and AD&D; \$2,000 life cvg for spouse; and \$1,000 life cvg for each eligible dependent child under the age of 26 at no cost to the employee. Employee MUST enroll to receive benefit and designate beneficiaries. Domestic Partner coverage subject to Imputed Income of \$.31 per pay period.
Supplemental Life	Approvals up to \$200,000 are guaranteed for new employees. After 60 days of continuous employment, changes can only be made with a qualifying life event or through Open Enrollment and subject to medical underwriting. Evidence of Insurability application for underwriting process will be required with waiting period of approximately six (6) weeks for an answer from carrier. Plan is age-graded term life policy and will begin an Age Reduction at the age of 65. See 2019 DearBorn Supplemental Life Rate Grid for more information.
EP Fitness	Corporate VIP Membership available through payroll deduction for employees, family and friends; no contract; monthly rate of \$21.64
Parks and Rec	Membership available through payroll deduction for employees; monthly rate based on Plan selected. Must sign up at a Parks & Recreation Facility

CONTACT INFORMATION

Benefit Services		fax: (888) 504-7142
City Of El Paso Benefit Services	(915) 212-1275	Benefits@elpasotexas.gov
Medical & Prescription	(915) 212-1271	Gabriela Zuniga ZunigaGX@elpasotexas.gov
Medical, Prescription & City Dental - Aetna	(877) 800-8682	www.aetna.com
Wellness Coordinator	(915) 212-1273	Christina Chacon ChaconC@elpasotexas.gov
Ancillary Benefits:	(915) 212-1279	Mandy Hernandez HernandezM@elpasotexas.gov
Disability (Short Term Disability) - Trustmark	(877) 201-9373	www.trustmarkinsurance.com
Supplemental Life Insurance - Dearborn	(800) 348-4512	www.dearbornnational.com/individuals/index.html
PPO Dental - Aetna	(877) 238-6200	www.aetna.com
HMO Dental - MetLife	(800) 880-1800	www.mybenefits.metlife.com
Vision - Dearborn	(844) 323-8302	www.eyemedvisioncare.com/dearborn
Deferred Compensation	(915) 778-2424	Retirement Advisors of the Southwest
Retirement Advisors of the Southwest	(877) 778-2100	www.prudential.com/online/retirement
EP Fitness	(915) 534-9090	www.epfitness.com
Parks and Recreation	(915) 212-0092	www.elpasotexas.gov/parks-and-recreation

To print form, Please visit <http://www.elpasotexas.gov/human-resources/benefits-and-risk-management/benefit-services>

UNIFORM FIRE IMPORTANT INSURANCE INFORMATION

- One card will be issued for the medical and prescription plan.
- Bill and payment questions should be directed to Aetna and its representatives.

IT IS THE EMPLOYEE'S RESPONSIBILITY:

- To notify Benefit Services of any errors or omissions on their Payroll Deductions. Failure to do so may result in paying back deductions and may affect insurance coverage.
- To notify Benefit Services of any of the following Qualifying Life Events within 30 days if changes need to be made to your insurance plan.

***The type of IRS approved Qualifying Event determines the changes that are permissible.**

*Qualifying Events	Documentation required
<ul style="list-style-type: none"> • Birth • Loss or beginning of child dependency • Marriage • Death • Divorce • Leave of Absence; Loss of Hours • Loss or beginning of other coverage 	<ul style="list-style-type: none"> • Adding Dependent child: Birth Certificate (Birth Facts may be used to enroll a Newborn); Social Security card • Adding Dependent Spouse: Marriage Certificate or Domestic Partnership application and Social Security Card • Dropping Dependent or Cancelling coverage: Final Divorce Decree, Death Certificate or confirmation notice from other carrier of termination date if loss of coverage.

Plan Snapshot for summary purposes only ~ Please refer to Medical Booklet and Schedule of Benefits for full information

Features	IN-NETWORK		OUT-OF-NETWORK	
	CDHP	BASIC	CDHP	BASIC
Individual annual deductible	\$3,000	\$1,100	\$8,000	\$3,300
Family annual deductible	\$6,000	\$2,750	\$16,000	\$8,250
Co-insurance paid by plan	100%	80%	50%	50%
Max Indvdl Out-of-Pocket (OOP)	\$3,000	\$4,000	\$16,000	\$12,000
Max Family Out-of-Pocket (OOP)	\$6,000	\$8,000	\$24,000	\$24,000
Physician Office Visits				
PCP Office Visit	ded then 100%	\$30	ded then 50%	
Specialist Physician Office Visit (\$40 if Aexcel provider, \$60 if not)	ded then 100%	\$40/\$60	ded then 50%	
Services not included in office	ded then 100%	ded then 80%	ded then 50%	
Annual preventive care exam	100%	100%	ded then 50%	
Emergency Medical Services				
Emergency room co-pay	ded then 100%	\$200	ded then 50%	
Hospital co-pay (per admission)	ded then 100%	\$150	ded then 50%	
Ancillary hospital charges	ded then 100%	ded then 80%	ded then 50%	
Urgent Care Facility	ded then 100%	\$75	ded then 50%	

Prescriptions administered through Aetna.

	In-Network	Out-of-Network												
Pharmacy Benefits ¹ 30 Day	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Generic</th> <th style="width: 33%;">Brand Preferred (formulary)</th> <th style="width: 33%;">Brand Non-Prfrd (non-formulary)</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="text-align: center;">Member pays 20% of the negotiated rate, not to be less than the MIN or more than the MAX range below</td> </tr> <tr> <td style="text-align: center;">\$10 - \$20</td> <td style="text-align: center;">\$30 - \$40</td> <td style="text-align: center;">\$45 - \$55</td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: small;"> HCR Preventive List – covered at 100% by plan Aetna Preventive List – subject to co-pays All other prescriptions – subject to deductible After DED/MaxOOP is met, prescriptions covered at 100% by </td> </tr> </tbody> </table>	Generic	Brand Preferred (formulary)	Brand Non-Prfrd (non-formulary)	Member pays 20% of the negotiated rate, not to be less than the MIN or more than the MAX range below			\$10 - \$20	\$30 - \$40	\$45 - \$55	HCR Preventive List – covered at 100% by plan Aetna Preventive List – subject to co-pays All other prescriptions – subject to deductible After DED/MaxOOP is met, prescriptions covered at 100% by			No Out-of-Network coverage
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Basic														
CDHP Plan														

¹90 Day by Mail Order ONLY at double the 30-day copay

OOP per federal guidelines will include copays, deductible, out-of-pocket (payment limit) from percentage amounts paid by member.

Domestic Partner [DP] Bi-weekly rates with Imputed Income

EE and DP combinations	CDHP Plan	BASIC Plan	
EE Only plus ³ DP Adult	\$5.60 + \$24.21 & \$307.04 of imputed income	\$52.59 + \$70.53 & \$326.97 of imputed income	⁴ DP portions are on after-tax basis, subject to imputed income (you pay taxes on the amount that City contributes towards DP coverage).
EE+child(ren) plus ³ DP Adult	\$15.60 + \$18.37 & \$312.88 of imputed income	\$77.32 + \$117.59 & \$279.91 of imputed income	
EE Only plus ³ DP Adult & DP child(ren)	\$5.60 + \$28.37 & \$528.13 of imputed income	\$52.59 + \$142.32 & \$525.48 of imputed income	
EE+ child(ren) plus ³ DP Adult & DP child(ren)	Processed same as (EE only) + (DP adult+Child(ren))		

³Domestic Partner rates in addition to before-tax Employee rates. DP portions are on after-tax basis and subject to imputed income.