

## CY2021 Non-Uniform Employee Benefits Summary

City of El Paso Human Resources - Benefit Services

Plan Year based on Calendar Year 2021 effective Jan 1 through Dec 31

All premiums listed are bi-weekly rates and will be deducted from your paycheck twice a month during the coverage month

### MEDICAL BENEFITS

*\*City will contribute to your HSA when enrolled in CDHP Plan! \$500 for employee only & \$1,000 for family plans*

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

DocFind Plan Name: Choice POS II (Open Access)

#### Medical Plans with Bloodwork

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
<b>CDHP</b>	\$38.00	\$208.00	\$122.00	\$324.00
<b>BASIC</b>	\$170.02	\$512.16	\$369.42	\$745.15

#### Medical Plans without Bloodwork

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
<b>CDHP</b>	\$63.00	\$258.00	\$147.00	\$374.00
<b>BASIC</b>	\$195.02	\$562.16	\$394.42	\$795.15

### ANCILLARY BENEFITS

DENTAL	Employee only	Employee + 1	Employee + 2 or more
PPO Dental w/o Ortho	\$9.82	\$20.23	\$32.78
PPO Dental with Ortho	\$10.31	\$21.89	\$39.21
HMO Dental	\$4.60	\$8.50	\$10.79

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

<b>Basic Life and AD&amp;D</b>	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. Eligible employees will automatically be enrolled into the City's Basic Life and AD&D, effective January 1, 2019. Domestic Partner coverage subject to imputed income of \$.31 per pay period
<b>Supplemental Life</b>	Approvals up to \$200,000 are guaranteed for new employees. Changes can only be made with a qualifying life event or during 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 an age-graded term life policy. Age reduction begins at age 65, please see Supplemental Life Rate Grid for further details.
<b>Short Term Disability</b>	Please contact the City's Ancillary Benefits Representative for more information on the Short Term Disability Plan or to enroll. Contact information is on page 2.
<b>Parks and Rec</b>	Membership available through payroll deduction for employees; monthly rate based on Plan selected. Must sign up and cancel at a Parks & Recreation Facility
<b>Shape it Up! El Paso Wellness Program</b>	Shape It Up! El Paso Wellness Program can help you earn up to \$150 per month with the Fitness Incentive or the Biometric Incentive. The program is available to all City Non-Uniform and Uniform Police employees eligible to enroll in the City of El Paso's Health Plan. **You do not have to be enrolled in the City's Medical Plan to participate. For more information on the City's Wellness Program visit: <a href="http://my.elpasotexas.gov/wellness/">http://my.elpasotexas.gov/wellness/</a>

### CONTACT INFORMATION

<b>Benefit Services</b>		<u>Email is the preferred method of contact</u>
City of El Paso Benefit Services	(915) 212-1275	Benefits@elpasotexas.gov
El Paso Water Benefit Services	(915) 594-5533	Benefits@epwater.org
Wellness Coordinator - Christina Chacon	Office(915) 212-1273    Cell(915) 208-3919	ChaconC@aetna.com
<b>Medical &amp; Pharmacy - Mandy Hernandez</b>	(915) 212-1271	HernandezM2@elpasotexas.gov
Aetna	(877) 800-8682	www.aetna.com
<b>Ancillary Benefits - Erika Vargas</b>	(915) 222-2871	Erika@teb-inc.com
Short Term Disability	(877) 201-9373	www.trustmarkinsurance.com
Supplemental Life Insurance	(877) 442-4207	www.dearbornnational.com/individuals
PPO Dental	(877) 238-6200	www.aetna.com
HMO Dental	(800) 880-1800	www.mybenefits.metlife.com
PPO Vision	(855) 556-8796	www.eyemedvisioncare.com/bcbstxvis
<b>Deferred Compensation 457(b)</b>	(915) 778-2424 (877) 778-2100	<b>Retirement Advisors of the Southwest</b> www.prudential.com/online/retirement
<b>HSA/FSA/COBRA</b>	(888) 678-8242	www.payflex.com
<b>Parks and Recreation</b>	(915) 212-0092	www.elpasotexas.gov/parks-and-recreation

**NON-UNIFORM IMPORTANT INSURANCE INFORMATION**

- One card will be issued for the medical and pharmacy
- Bill and claims questions should be directed to Aetna 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

**Qualifying Events\***

- Birth of child
- Loss or beginning of child dependency
- Marriage
- Death
- Divorce
- Leave of Absence; Loss of Hours; change of job status
- Loss or beginning of other coverage
- Court Order

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

**Documentation required within 30 days**

- **Adding Dependent child:** Birth Certificate **and** Social Security Card (Birth Facts may be used to begin the process, but Birth Certificate must be submitted within 30 days or child will not be covered)
- **Adding Dependent Spouse:** Marriage Certificate or completed Domestic Partnership Affidavit **and** Social Security Card
- **Dropping Dependent or Cancelling coverage:** Finalized Divorce Decree, Death Certificate or official confirmation notice from other carrier with termination date if coverage has been lost.

Please refer to Medical Booklet and Schedule of Benefits for full information

**IN-NETWORK**

**OUT-OF-NETWORK**

Features	IN-NETWORK		OUT-OF-NETWORK	
	CDHP	BASIC	CDHP	BASIC
Individual annual deductible	\$3,000	\$1,500	\$8,000	\$2,900
Family annual deductible	\$6,000	\$3,600	\$16,000	\$7,100
Co-insurance paid by plan	100%	80%	50%	50%
Max Indvdl Out-of-Pocket (OOP)	\$3,000	\$4,600	\$16,000	\$8,100
Max Family Out-of-Pocket (OOP)	\$6,000	\$11,350	\$24,000	\$20,100

**Physician Office Visits**

PCP Office Visit (ex: general, family, pediatrician)	ded then 100%	\$30	ded then 50%
Specialist Physician Office Visit	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**

Hospital Emergency Room co-pay	ded then 100%	\$200	ded then 50%	\$75 co-pay, deductible then 50%
Hospital co-pay (per admission)	ded then 100%	\$150	ded then 50%	\$500 co-pay, deductible then 50%
Ancillary hospital charges	ded then 100%	ded then 80%	ded then 50%	
Urgent Care Facility	ded then 100%	\$75	ded then 50%	

**If deemed emergency then subject to In-Network ded and co-insurance**

Prescriptions administered through Aetna.

**In-Network**

<b>Pharmacy Benefits</b> <b>*30 Day</b>
<b>Basic Plan</b>
<b>CDHP Plan</b>

Generic	Brand Preferred (formulary)	Brand Non-Preferred (non-formulary)
<b>Member pays 20% of the negotiated rate, not to be less than the MIN or more than the MAX range below</b>		
\$10-\$20	\$30-\$40	\$45-\$50
<small>HCR Preventive List - covered at 100% by plan                      Aetna Preventive List - subject to co-pays                      All other prescriptions - subject to deductible                      After DFD/MaxOOP is met, prescriptions covered at 100% by plan</small>		

**Out-of-Network**

No Out-of-Network coverage
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**\*90 Day by Mail Order ONLY at 2.5 times the 30-day co-pay**

Per Federal guidelines OOP (out-of-pocket) expenses will include: co-pays, deductible, and co-insurance (% paid by member)

**Domestic Partner Bi-weekly rates with imputed income**

EE and DP combinations
Employee Only plus *Domestic Partner (DP) Adult
Employee+Child(ren) plus *Domestic Partner Adult
Employee only plus *Domestic Partner & DP Child(ren)
Employee+child(ren) plus *DP & DP child(ren)

CDHP Plan	BASIC Plan
\$63.00 + \$195.00 &	\$195.02 + \$367.14 &
\$194.58 of imputed income	\$194.44 of imputed income
\$147.00 + \$227.00 &	\$394.42 + \$400.73 &
\$160.43 of imputed income	\$160.70 of imputed income
\$63.00 + \$311.00 &	\$195.02 + \$600.13 &
\$326.03 of imputed income	\$325.90 of imputed income
Processed same as (EE only) + (DP adult+Children)	

\*DP portions are on after tax basis, subject to imputed income (you pay taxes on the amount that City contributed towards DP) and \$25 less if bloodwork was submitted.