

CY2021 Retiree Benefits Summary

City of El Paso Human Resources - Benefit Services

The Plan Year for the information on this sheet is from January 1st - December 31st 2021

All Premiums will be taken Monthly during the coverage month

Medical and Pharmacy Benefits are administered by AETNA Inc.

Under age 65 Retiree Plans (not Medicare eligible)

DocFind Plan Name: Choice POS II (Open Access)	CDHP	BASIC	BUY UP
Rate per Person (premium costs capped at 3 members)	\$402.38	\$682.54	\$823.59

Retirees may change from one medical plan option to another medical plan option during annual Open Enrollment

Retirees enrolled in CDHP may contribute (after tax) towards a Health Savings Account (HSA)

Medicare Advantage Plans (Medicare eligible)

DocFind Plan Name: Aetna Medicare Advantage PPO Plan	Medicare Part A & B are required. All enrolled will receive their own card.		
Rate per Person (premiums capped at 2 members)	\$135.45	Mixed coverage households will have members in both the Medicare Advantage Plan with and Under 65 Retiree Plans. Per person rates will still apply based on number of members enrolled	

Includes: Fitness Facility Membership at no cost with participating providers, \$200 vision expense reimbursement every 24 months, and \$500 hearing aid expense reimbursement every 36 months

ANCILLARY BENEFITS

DENTAL	Retiree only	Retiree + 1	Retiree + 2 or more
PPO Dental w/o Ortho	\$19.64	\$40.46	\$65.55
PPO Dental with Ortho	\$20.62	\$43.78	\$78.41
HMO Dental	\$9.20	\$17.00	\$21.58

VISION	Retiree only	Retiree + 1	Retiree + 2 or more
PPO Vision	\$4.73	\$8.29	\$12.33

CONTACT INFORMATION

City of El Paso Human Resources		
Benefit Services	(915) 212-1275	Benefits@elpasotexas.gov
300 N. Campbell El Paso, Texas 79901 1st Floor		
Aetna Account Representative	(915) 212-1271	Mandy Hernandez HernandezM2@elpasotexas.gov
Aetna- U65 Medical Plans	(877) 800-8682	www.aetna.com
Aetna- Medicare Advantage Plan	(888) 267-2637	
Aetna-Prescription Benefits	(888) 792-3862	
Ancillary Benefits	(915) 212-1279	Erika Vargas Erika@teb-inc.com
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

Retirees may only enroll in the Medical, Dental or Vision Insurances that they are covered under at the time of retirement. Only dependents covered at the time of retirement will be eligible for coverage. **No new dependents or new plans may be added at any time. Once a retiree cancels their coverage or the coverage of a dependent, they may no longer re-enroll in that coverage.***

*If you retired on or after 1/1/2019, you may drop the City's Medical Plan and return to the City's Medicare Advantage Plan on or after age 65 with Medicare Part A and B

IT IS THE RETIREE'S RESPONSIBILITY:

- To notify Benefit Services Office of any errors or omissions on their Pension Deductions. Failure to do so may result in paying back deductions and may affect insurance coverage.
- To notify the Benefit Services Office once they and any dependents on the Health Plan are enrolled in Medicare Part A and B. The Retiree must bring a copy of the Medicare Card to update the benefits file, deductions, and eligibility system for proper enrollment in benefits.

Features	IN-NETWORK				OUT-OF-NETWORK				
	CDHP	BASIC	BUY UP	Medicare Adv	CDHP	BASIC	BUY UP	Medicare Adv	
Individual annual deductible	\$3,000	\$1,400	\$1,000	\$0	\$8,000	\$4,200	\$2,500	\$0	
Family annual deductible	\$6,000	\$3,500	\$2,500	n/a	\$16,000	\$10,500	\$5,000	n/a	
Co-insurance paid by plan	100%	80%	90%	90%	50%	50%	50%	50%	
Max Indvdl Out-of-Pocket	\$3,000	\$4,500	\$4,000	\$1,500	\$8,000	\$10,000	\$8,000	\$4,500	
Max Family Out-of-Pocket	\$6,000	\$11,250	\$10,000	n/a	\$16,000	\$30,000	\$16,000	n/a	
Annual preventive care exam	100%	100%	100%	100%	ded then 50%				
Physician Office Visits									
PCP Office Visit (general, family, internal, pediatrician)	ded then 100%	\$30	\$30	\$20	ded then 50%	ded then 50%	ded then 50%	ded then 50%	
Specialist Physician Office ¹ (\$40 if Aexcel provider, \$60 if not)		¹ \$40/\$60	¹ \$40/\$60	\$20					
Services not included in office visits		ded then 80%	ded then 90%	ded then 90%					
Emergency Medical Services									
Emergency room co-pay (waived if admitted)	ded then 100%	\$200	\$200	\$65	ded then 50%	\$200	\$200	\$65	
Per Admission co-pay		\$150	\$150	\$100		\$500 copay + Ded then 50%	\$500 copay + Ded then 50%	ded then 50%	
Hospital charges (in addition to copays above)		ded then 80%	ded then 90%	ded then 90%		Ded then 50%	Ded then 50%	ded then 50%	
Urgent Care Facility		\$75	\$75	\$35		\$35			
Under 65 Plans Pharmacy									
Pharmacy Benefits 30 Day 90 Day is double the 30 day	Generic		Brand Preferred (formulary)		Brand Non-Preferred (non-formulary)		Out of Network		
	Retail 20%		Retail 20%		Retail 20%				
Basic		Buy UP		CDHP					
Min	Max	Min	Max	Min	Max				
\$10	\$20	\$30	\$40	\$45	\$50				
\$25	\$50	\$75	\$100	\$112.50	\$125				
HCR Preventive List covered 100% by plan Aetna Preventive List subjecto to Co-Pay All other prescriptions are subject to deductible After Ded/Max Oop is met, Rx covered at 100% by plan									
Medicare Advantage									
Generic		Brand Preferred (formulary)		Brand Non-Preferred (non-formulary)		Out of Network			
30 Day Supply		90 Day Supply							
\$15	\$30	\$45	\$90						
30 Day Supply		90 Day Supply							
\$30	\$60	\$90							