

CY2017 Non-Uniform Employee Benefits Summary

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

Plan Year based on CY17 effective Jan 1 through Dec 31

Premiums will be taken Bi-Weekly one month in advance of coverage month.

MEDICAL BENEFITS - AETNA Inc.

City will contribute to your HSA when enrolled in CDHP Plan! \$500 for employee only & \$1000 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; 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.

Wellness Health Plans with Bloodwork

| | Employee Only | Employee & Spouse | Employee & Child(ren) | Employee & Family |
|---------------|---------------|-------------------|-----------------------|-------------------|
| CDHP | \$25.00 | \$153.24 | \$115.52 | \$233.39 |
| BASIC | \$75.13 | \$236.24 | \$166.00 | \$331.62 |
| BUY UP | \$152.82 | \$393.66 | \$309.04 | \$573.50 |

Health Plans without Bloodwork

| | Employee Only | Employee & Spouse | Employee & Child(ren) | Employee & Family |
|---------------|---------------|-------------------|-----------------------|-------------------|
| CDHP | \$50.00 | \$203.24 | \$140.52 | \$283.39 |
| BASIC | \$100.13 | \$286.24 | \$191.00 | \$381.62 |
| BUY UP | \$177.82 | \$443.66 | \$334.04 | \$623.50 |

ANCILLARY BENEFITS

| DENTAL | Employee only | Employee + 1 | Employee + 2 or more |
|----------------------|---------------|----------------|----------------------|
| Concordia w/o Ortho | \$9.04 | \$18.60 | \$30.14 |
| Concordia with Ortho | \$9.48 | \$20.13 | \$36.06 |
| Metlife Dental | \$4.60 | \$8.50 | \$10.79 |

| VISION | Employee only | Employee + 1 | Employee + 2 or more |
|-----------------|---------------|---------------|----------------------|
| Superior Vision | \$2.56 | \$4.49 | \$6.67 |

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| 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 |
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| Supplemental Life | Approvals up to \$200,000 are guaranteed for new employees. After 30 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. |
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| EP Fitness | Corporate VIP Membership available through payroll deduction for employees, family and friends; no contract; monthly rate of 19.99 + tax (\$10.82 bi-weekly) per member. |
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| Parks and Rec | Membership available through payroll deduction for employees; monthly rate based on Plan selected. Must sign up at a Parks & Recreation Facility |
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| Shape it Up! El Paso Wellness Program | 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-Uniformed and Uniformed Police employees eligible to enroll in the City of El Paso's Health Plan. **EE does not have to be enrolled in the Medical Plans to Participate. For more information on each plan, visit: http://www.elpasotexas.gov/benefits-and-risk-management/benefit-services/wellness-program |
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CONTACT INFORMATION

| | | |
|--|----------------|--|
| Benefit Services | | fax: (888) 504-7142 |
| City of El Paso Benefits Services | (915) 212-1275 | email: Benefits@elpasotexas.gov |
| EPWU/ PSB Benefit Services | (915) 594-5516 | |
| Aetna Account Representative: | | Gabriela Zuniga (915) 212-1271 |
| Aetna- Medical | (877) 800-8682 | www.aetna.com |
| ExpressScripts (Medco) | (800) 711-0917 | www.express-scripts.com |
| Ancillary Benefits | | |
| Disability (Short Term Disability) - Trustmark | (877) 201-9373 | www.trustmarkinsurance.com |
| United Concordia Dental | (800) 332-0366 | www.ucci.com |
| MetLife Dental | (800) 880-1800 | www.mybenefits.metlife.com |
| Superior Vision | (800) 507-3800 | www.superiorvision.com |
| Deferred Compensation | | Presi Ortega and Associates (915) 778-2424 |
| Prudential | (877) 778-2100 | www.prudentialretirement.ondialog.com/el_paso? |
| EP Fitness | (915) 534-9090 | www.epfitness.com |
| Parks and Recreation | (915) 212-0092 | www.elpasotexas.gov/parks-and-recreation |

NON-UNIFORMED IMPORTANT INSURANCE INFORMATION

- One card will be issued for the medical and prescription plan.
- Prescription plan information is on back of Aetna card and the employee's social security number is the member ID number.
- 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.

Qualifying Events

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

Documentation required

- **Adding Dependent child:** Birth Certificate (Birth Facts may be used for 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.

City will contribute to HSA: \$500 for Employee Only \$1000 for Emp+Dependents

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 | BUY UP | CDHP | BASIC | BUY UP |
| Individual annual deductible | \$3,000 | \$1,400 | \$750 | \$8,000 | \$2,800 | \$1,500 |
| Family annual deductible | \$6,000 | \$3,500 | \$1,875 | \$16,000 | \$7,000 | \$3,750 |
| Co-insurance paid by plan | 100% | 80% | 90% | 50% | 50% | 50% |
| Max Indvdl Out-of-Pocket (OOP) | \$3,000 | \$4,000 | \$3,000 | \$16,000 | \$8,000 | \$6,000 |
| Max Family Out-of-Pocket (OOP) | \$6,000 | \$10,000 | \$7,500 | \$24,000 | \$20,000 | \$15,000 |
| Physician Office Visits | | | | | | |
| PCP Office Visit (general, family, internal, pediatrician) | ded then 100% | \$25 | \$25 | ded then 50% | | |
| Specialist Physician Office Visit (*\$35 if Aexcel provider, \$55 if not) | ded then 100% | *\$35/\$55 | *\$35/\$55 | ded then 50% | | |
| Services not included in office | ded then 100% | ded then 80% | ded then 90% | ded then 50% | | |
| Annual preventive care exam | 100% | 100% | 100% | ded then 50% | | |
| Emergency Medical Services | | | | | | |
| Emergency room co-pay | ded then 100% | \$200 | \$200 | ded then 50% | \$75 co-pay, deductible, then 50% | |
| Hospital co-pay (per admission) | ded then 100% | \$150 | \$150 | ded then 50% | \$500 co-pay, deductible then 50% | |
| Ancillary hospital charges | ded then 100% | ded then 80% | ded then 90% | ded then 50% | | |
| Urgent Care Facility | ded then 100% | \$75 | \$75 | ded then 50% | | |

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

Prescriptions administered through ExpressScripts

| Pharmacy Benefits **30 Day |
|-------------------------------|
| CDHP Plan |
| Basic Plan |
| Buy Up Plan |

| In-Network | | |
|--|-----------------------------|---------------------------------|
| Generic | Brand Preferred (formulary) | Brand Non-Prfrd (non-formulary) |
| Rx subject to deductible then covered at 100%. *Co-pays may apply for chronic Rx defined by federal guidelines. ACA preventive Rx at 100% | | |
| \$15 | \$35 | \$50 |
| \$15 | \$30 | \$45 |

| Out-of-Network |
|----------------------------|
| No Out-of-Network coverage |

***90 Day by Mail Order ONLY at double the 30day copay ; Per federal guidelines, preventive Rx covered at 100%
OOP per federal guidelines will include copays, deductible, out-of-pocket (payment limit) from percentage amounts paid by member

Domestic Partner Bi-weekly rates with imputed income

| EE and DP combinations | CDHP Plan | BASIC Plan | BUY UP Plan |
|---|--|--|--|
| Employee Only plus Domestic Partner Adult* | *** \$50.00 + \$153.24 & \$166.45 of imputed income | \$100.13 + \$186.11 & \$156.24 of imputed income | \$177.82 + \$265.84 & \$110.74 of imputed income |
| Employee+Child(ren) plus Domestic Partner Adult* | *** \$140.52 + \$142.87 & \$176.82 of imputed income | \$191.00 + \$190.62 & \$151.74 of imputed income | \$334.04 + \$289.46 & \$113.34 of imputed income |
| Employee only plus Domestic Partner & DP Child(ren) | *** \$50.00 + \$233.39 & \$286.69 of imputed income | \$100.13 + \$281.49 & \$276.67 of imputed income | \$177.82 + \$445.68 & \$187.81 of imputed income |
| Employee+Child(ren) plus DP & DP children | Processed same as (EE only) + (DP adult+Children) | | |

***Employee portion of rate is before-tax Employee rates and \$25 less if bloodwork was submitted. DP portions are on after-tax basis, subject to imputed income (you pay taxes on this amount that City contributed towards DP) and \$25 less if bloodwork was submitted.