

# CY2017 Uniform Fire Employee Benefits Summary

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

Plan Year based on CY17 effective Jan 1 through Dec 31

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

## MEDICAL BENEFITS - AETNA Inc.

DocFind Plan Name: Choice POS II (Open Access)	Employee Only	Employee + 1	Employee + 2 or more
<b>CDHP</b>	<b>\$3.77</b>	<b>\$20.03</b>	<b>\$22.83</b>
<b>BASIC</b>	<b>\$35.33</b>	<b>\$82.71</b>	<b>\$130.95</b>
<b>BUY UP</b>	<b>\$68.93</b>	<b>\$146.46</b>	<b>\$180.92</b>

## ANCILLARY BENEFITS

DENTAL	Employee Only	Employee + 1	Employee + 2 or more/Family
Concordia w/o Ortho	<b>\$9.04</b>	<b>\$18.60</b>	<b>\$30.14</b>
Concordia with Ortho	<b>\$9.48</b>	<b>\$20.13</b>	<b>\$36.06</b>
Metlife	<b>\$4.60</b>	<b>\$8.50</b>	<b>\$10.79</b>
<b>Aetna Dental</b>	Employee MUST enroll in benefit. Enrollment is not automatic		
Uniformed City Dental	<b>\$1.05</b>	DocFind Plan Name: PPO-PDN	<b>\$3.15</b>
VISION	Employee Only	Employee + 1	Employee+ 2 or more
Superior Vision	<b>\$2.56</b>	<b>\$4.49</b>	<b>\$6.67</b>
<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. Employee MUST enroll to receive benefit and designate beneficiaries. 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. 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.		
<b>EP Fitness</b>	Corporate VIP Membership available through payroll deduction for employees, family and friends; no contract; monthly rate of \$21.64		
<b>Parks and Rec</b>	Membership available through payroll deduction for employees; monthly rate based on Plan selected. Must sign up at a Parks & Recreation Facility		

## CONTACT INFORMATION

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

## UNIFORMED FIRE 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
- 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

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
• <b>Adding Dependent child:</b> Birth Certificate (Birth Facts may be used for Newborn); Social Security card
• <b>Adding Dependent Spouse:</b> Marriage Certificate or Domestic Partnership application and Social Security Card
• <b>Dropping Dependent or Cancelling coverage:</b> 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	BUY UP	CDHP	BASIC	BUY UP
Individual annual deductible	\$3,000	\$1,000	\$300	\$8,000	\$3,000	\$1,000
Family annual deductible	\$6,000	\$2,500	\$750	\$16,000	\$7,500	\$2,500
Co-insurance paid by plan	100%	80%	90%	50%	50%	50%
Max Indv'l Out-of-Pocket (OOP)	\$3,000	\$3,000	\$1,800	\$16,000	\$9,000	\$5,500
Max Family Out-of-Pocket (OOP)	\$6,000	\$7,500	\$4,500	\$24,000	\$22,500	\$13,750
Physician Office Visits						
PCP Office Visit (general, family, internal)	ded then 100%	\$20	\$20	ded then 50%		
Specialist Physician Office Visit	ded then 100%	\$30	\$30	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%	\$75	\$75	ded then 50%	\$75 co-pay, deductible, then 50%	
Hospital co-pay (per admission)	ded then 100%	\$100	\$100	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%	ded then 80%	ded then 90%	ded then 50%		

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

### Prescriptions administered through ExpressScripts

Pharmacy Benefits *30 Day
<b>30 Day</b>
<b>90 Day</b>
<b>CDHP Plan</b>

In-Network		
Generic	Brand Preferred (formulary)	Brand Non-Prfrd (non-formulary)
\$15	\$30	\$45
\$30	\$60	\$90
Rx subject to deductible then covered at 100%. *Co-pays may apply for chronic Rx defined by federal guidelines. ACA preventive Rx at 100%		

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
EE Only plus Domestic Partner Adult*	\$3.77 + \$16.26 & \$154.52 of imputed income	\$35.33 + \$47.38 & \$154.52 of imputed income	\$68.93 + \$77.53 & \$154.52 of imputed income
EE+1 plus Domestic Partner Adult*	\$20.03 + \$2.80 & \$187.77 of imputed income	\$82.71 + \$48.24 & \$187.77 of imputed income	\$146.46 + \$34.46 & \$187.77 of imputed income
EE only plus Domestic Partner & child(ren)	\$3.77 + \$19.06 & \$342.29 of imputed income	\$35.33 + \$95.62 & \$342.29 of imputed income	\$68.93 + \$111.99 & \$342.29 of imputed income
EE+1 and EE+2> plus DP & children			
Processed same as (EE only) + (DP adult+Children)			

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