

CY2018 Retiree Benefits Summary
City of El Paso ~ Benefit Services ~ Monthly Rates
 Plan year based on CY18 Jan 1 through Dec 31
 All Premiums will be taken Monthly on the coverage month

Medical and Prescription Benefits - administered by AETNA Inc.

Under 65 years 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) | \$337.14 | \$587.09 | \$745.76 |

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

*Retirees enrolled in CDHP may contribute 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 (premium costs capped at 2 members) | \$135.38 | 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 | \$16.32 | \$33.61 | \$54.45 |
| PPO Dental with Ortho | \$17.13 | \$36.37 | \$65.14 |
| HMO Dental | \$9.20 | \$17.00 | \$21.58 |

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

CONTACT INFORMATION

| | | |
|--------------------------------------|----------------|--|
| Benefit Services | | fax: (888) 504-7142 |
| City of El Paso Benefits Services | (915) 212-1275 | email: Benefits@elpasotexas.gov |
| Aetna Account Representative: | | Wellness Coordinator (915) 212-1271 |
| 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: | | Brenda Kinderman (915) 212-1279 |
| 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 |

IMPORTANT INSURANCE INFORMATION

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

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.

Plan Snapshot for summary purposes only ~ Please refer to Medical Booklet for full information:

| 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 (from \$1,875) | n/a | \$16,000 | \$10,500 | \$5,000 (from \$5,625) | n/a | | | |
| Co-insurance paid by plan | 100% | 80% | 90% | 90% | 50% | 50% | 50% | 50% | | | |
| Max Indvdl Out-of-Pocket | \$3,000 | \$4,500 (from \$4,000) | \$4,000 (from \$3,000) | \$1,500 | \$8,000 | \$10,000 (from \$12,000) | \$8,000 (from \$9,000) | \$4,500 | | | |
| Max Family Out-of-Pocket | \$6,000 | \$11,250 (from \$10,000) | \$10,000 (from \$7,500) | n/a | \$16,000 | \$30,000 | \$16,000 (from \$22,500) | 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 | | | | | | | |
| Prescription Benefits- Aenta Inc | | | | | | | | | | | |
| Pharmacy Benefits 30 Day 90 Day is double the 30 day | Under 65 Plans | | | | | | Out of Network | | | | |
| | Generic | | Brand Preferred (formulary) | | Brand Non-Preferred (non-formulary) | | | | | | |
| | Retail 20% | | Retail 20% | | Retail 20% | | | | | | |
| | Min | Max | Min | Max | Min | Max | | | | | |
| | \$10 | \$20 | \$30 | \$40 | \$45 | \$50 | | | | | |
| | \$25 | \$50 | \$75 | \$100 | \$112.50 | \$125 | | | | | |
| Basic | Buy UP | CDHP | Rx subject to deductible then covered at 100%. ACA preventive Rx at 100% | | | | | | | | |
| Coverage continues through the coverage gap (donut hole) for Medicare Advantage Plan | Medicare Advantage | | | | | | Out of Network | | | | |
| 30 Day Supply | Generic | Brand Preferred (formulary) | Brand Non-Preferred (non-formulary) | \$15 | \$30 | \$45 | | | | | |
| 90 Day Supply | \$30 | \$60 | \$90 | | | | | | | | |