

CY2018 Uniform Fire Employee Benefits Summary

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

Plan Year based on CY18 effective Jan 1 through Dec 31

All Premims will be taken Bi-weekly in the coverage month.

MEDICAL BENEFITS

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.

DocFind Plan Name: Choice POS II (Open Access)	Employee Only	Employee + 1	Employee + 2 or more
CDHP	\$4.59	\$24.44	\$27.86
BASIC	\$43.11	\$100.91	\$159.76
BUY UP	\$84.09	\$178.68	\$220.72

ANCILLARY BENEFITS

DENTAL	Employee Only	Employee + 1	Employee + 2 or more
PPO Dental w/o Ortho	\$8.16	\$16.81	\$27.23
PPO Dental with Ortho	\$8.57	\$18.19	\$32.57
HMO Dental	\$4.60	\$8.50	\$10.79
CityDental	EE only	EE + Family	DocFind Plan Name
Uniformed City Dental	\$1.10	\$3.31	PPO-PDN

*Employee MUST enroll for benefit. Enrollment is not automatic.

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

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.

Supplemental Life 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. Plan is age-graded term life policy.

EP Fitness Corporate VIP Membership available through payroll deduction for employees, family and friends; no contract; monthly rate of \$21.64

Parks and Rec Membership available through payroll deduction for employees; monthly rate based on Plan selected. Must sign up at a Parks & Recreation Facility

CONTACT INFORMATION

Benefit Services		fax: (888) 504-7142
City Of El Paso Benefit Services	(915) 212-1275	email: Benefits@elpasotexas.gov
Medical & Prescription		Wellness Coordinator (915) 212-1271
Medical, Prescription & City Dental - Aetna	(877) 800-8682	www.aetna.com
Ancillary Benefits:		Brenda Kinderman (915) 212-1279
Disability (Short Term Disability) - Trustmark	(877) 201-9373	www.trustmarkinsurance.com
Supplemental Life Insurance - Dearborn	(800) 348-4512	www.dearbornnational.com/individuals/index.html
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
Deferred Compensation		Retirement Advisors of the Southwest (915) 778-2424
Retirement Advisors of the Southwest	(877) 778-2100	www.prudential.com/online/retirement
EP Fitness	(915) 534-9090	www.epfitness.com
Parks and Recreation	(915) 212-0092	www.elpasotexas.gov/parks-and-recreation

To print form, Please visit <http://www.elpasotexas.gov/human-resources/benefits-and-risk-management/benefit-services>

UNIFORMED FIRE IMPORTANT INSURANCE INFORMATION

- One card will be issued for the medical and prescription plan.
- 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

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.

*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 Indvdl 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, pediatrician)	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%		

Prescriptions administered through Aetna.

Pharmacy Benefits ¹ 30 Day
Basic
BuyUp
² CDHP Plan

In-Network					
Generic		Brand Preferred (formulary)		Brand Non-Prfrd (non-formulary)	
30 days	90 days	30 days	90 days	30 days	90 days
\$15	\$30	\$30	\$60	\$45	\$90
\$15	\$30	\$30	\$60	\$45	\$90

Rx subject to deductible then covered at 100%.
²Co-pays may apply for chronic Rx defined by federal guidelines. ACA preventive Rx at 100%.

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

Out-of-Network

No Out-of-Network coverage

¹90 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 ³ Domestic Partner (DP) Adult	\$4.59 + \$19.85 & \$190.18 of imputed income	\$43.11 + \$188.90 & \$180.44 of imputed income	\$84.09 + \$187.57 & \$179.23 of imputed income
EE+1 plus ³ Domestic Partner Adult	\$24.44 + \$3.42 & \$221.22 of imputed income	\$100.91 + \$369.34 & \$219.41 of imputed income	\$178.68 + \$366.80 & \$219.95 of imputed income
EE only plus ³ Domestic Partner & child(ren)	\$4.59 + \$23.27 & \$402.89 of imputed income	\$43.11 + \$188.90 & \$399.85 of imputed income	\$84.09 + \$187.57 & \$399.18 of imputed income
EE+1 and EE+2> plus ³ DP & children	Processed same as (EE only) + (DP adult+Children)		

³Domestic Partners rates in addition to before-tax Employee rates. DP portions are on after-tax basis and subject to imputed income.