

**CY2017 Retiree Benefits Summary**  
**City of El Paso ~ Benefit Services ~ Monthly Rates**

Plan year based on CY17 Jan 1 through Dec 31

All Premiums will be taken Monthly one month in advance of 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)	\$282.05	\$471.08	\$733.62

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 required All enrolled will receive their own card.	
Rate per Person (premium costs capped at 3 members)	\$101.38	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
Concordia w/o Ortho	\$18.08	\$37.20	\$60.28
Concordia with Ortho	\$18.96	\$40.26	\$72.12
Metlife	\$9.20	\$17.00	\$21.58

VISION	Retiree only	Retiree + 1	Retiree + 2 or more
Superior Vision	\$5.12	\$8.98	\$13.34

**CONTACT INFORMATION**

<b>Benefit Services</b>		fax: (888) 504-7142
<b>City of El Paso Benefits Services</b>	(915) 212-1275	email: <a href="mailto:Benefits@elpasotexas.gov">Benefits@elpasotexas.gov</a>
<b>Aetna Account Representative:</b>		Gabriela Zuniga (915) 212-1271
<b>Aetna- U65 Medical Plans</b>	(877) 800-8682	<a href="http://www.aetna.com">www.aetna.com</a>
<b>Aetna- Medicare Advantage Plan</b>	(888) 267-2637	
<b>Aetna-Prescription Benefits</b>	(888) 792-3862	
<b>Ancillary Benefits:</b>		
<b>United Concordia Dental</b>	(800) 332-0366	<a href="http://www.ucci.com">www.ucci.com</a>
<b>MetLife Dental</b>	(800) 880-1800	<a href="http://www.mybenefits.metlife.com">www.mybenefits.metlife.com</a>
<b>Superior Vision</b>	(800) 507-3800	<a href="http://www.superiorvision.com">www.superiorvision.com</a>

## 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:

#### IN-NETWORK

#### OUT-OF-NETWORK

Features	IN-NETWORK				OUT-OF-NETWORK			
	CDHP	BASIC	BUY UP	Medicare Adv	CDHP	BASIC	BUY UP	Medicare Adv
Individual annual deductible	\$3,000 (from \$5,000)	\$1,400 (from \$1,000)	\$750 (from \$300)	\$0	\$8,000	\$4,200 (from 3,000)	\$2,500 (from \$1,000)	\$0 *Extended Svc Area is \$1500
Family annual deductible	\$6,000 (from \$10,000)	\$3,500 (from \$2,500)	\$1,875 (from \$750)	n/a	\$16,000	\$10,500 (from \$7,500)	\$5,625 (from \$2,500)	n/a
Co-insurance paid by plan	100%	80%	90%	90%	50%	50%	50%	50%
Max Indvdl Out-of-Pocket	\$3,000 (from \$5,000)	\$4,000 (from \$3,000)	\$3,000 (from \$1,800)	\$1,500	\$8,000	\$12,000 (from \$9,000)	\$9,000 (from \$5,500)	\$4,500
Max Family Out-of-Pocket	\$6,000 (from \$10,000)	\$10,000 (from \$7,500)	\$7,500 (from \$4,500)	n/a	\$16,000	\$30,000 (from \$22,500)	\$22,500 (from \$13,500)	n/a
Annual preventive care exam	100%	100%	100%	100%	ded then 50%			
Physician Office Visits								
PCP Office Visit (general, family, internal, Specialist Physician Office Services not included in office visits	ded then 100%	\$25	\$25	\$20	ded then 50%	ded then 50%	ded then 50%	ded then 50%
		\$35	\$35	\$20				
		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 co-pay, deductible, then 50%		\$65 + ded then 50%
Per Admission co-pay		\$150	\$150	\$100		\$500 co-pay, deductible then		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	ded then 90%		Ded then 50%	Ded then 50%	Ded then 50%
Prescription Benefits- Aenta Inc								

ACA preventive RX at 100% for all plans

CDHP
1) Rx subject to deductible then covered at 100%
2) Co-Pays apply for Rx list by federal guidelines (IRS)
<b>30 Day Supply</b>
<b>90 Day Supply</b>

Under 65 Plans		
Generic	Brand Preferred (formulary)	Brand Non-Preferred (non-formulary)
\$15	\$35	\$50
\$30	\$70	\$100

Out of Network
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*Coverage continues through the coverage gap (donut hole) for Medicare Advantage Plan
<b>30 Day Supply</b>
<b>90 Day Supply</b>

Medicare Advantage		
Generic	Brand Preferred (formulary)	Brand Non-Preferred (non-formulary)
\$15	\$30	\$45
\$30	\$60	\$90

Out of Network
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