



UNIVERSITY MEDICAL CENTER
OF EL PASO



***Open Enrollment
Benefits Presentation Plan Year 2018
Effective 10/1/2017***

SUMMARY OF BENEFITS

UNIVERSITY MEDICAL CENTER OF EL PASO OFFERS AN OUTSTANDING PLAN

- Major Medical Health Benefits Plan
- “Onsite” Family Health Clinic (EE Clinic) / Pharmacy
- Neighborhood Healthcare Centers (Extended Hours)
- Flexible Spending Accounts
- Dental
- Vision
- Term Life Insurance
- Non Smokers Insurance
- AD&D Insurance
- Long Term Disability
- Employee Assistance Program (EAP)
- Fitness Center
- Retirement Program –Texas County and District Retirement System (TCDRS) Pension for Life!
- Voluntary Tax Deferred Retirement Plans (VOYA)
- Paid Time Off
- PTO Buy Back Program
- Extended Illness Leave
- Leaves of Absence
- Cafeteria, Bistro, Pharmacy, Gift Shop & other Discounts
- My Health Folders
- Tuition Reimbursement
- Education Bank

BENEFITS PLAN BASICS

- Plan Options (Medical, Dental, Vision, Life Insurance, Accidental Death & Dismemberment, and Long Term Disability)
 - Eligibility: Full Time / Part Time
 - Four Coverage Options:
 - Associate Only
 - Associate & Spouse – (opposite or same sex)
Proof of Marriage Required
 - Associate & Child(ren)
 - Associate & Family
 - Premiums on a Bi-weekly Basis (26 pay periods)



EFFECTIVE DATES

BENEFITS PLAN BASICS

Effective Dates:



■ Entry Dates

- **Benefits Enrollment** (October 1st of every year)
- **New Hires** (1st of the month following 30 days of service)
- **Newly Eligible** (1st of the month following 30 days of service)
- **Qualifying Event** (e.g. birth of a child, marriage, newly eligible status...)

■ Termination of Benefits

- **Coverage ends the day of termination** (12:00 midnight)
- **Qualifying Event** (Major life event changes e.g. divorce, death, ineligible status...)

Important Note

- Associate **MUST** notify Human Resources (Benefits) for any “Qualifying Event” within 31 calendar days of the event
- After 31 calendar days, IRC Regulations prohibits participants to add/drop coverage until the next Open Enrollment Date (October 1st).

BENEFITS PLAN BASICS



- **Self Insured - Preferred Administrators**
 - One Dynamic Plan
- **Preferred Providers Organization (PPO)**
 - University Medical Center of El Paso/El Paso Children's Hospital/Texas Tech Providers
 - **PPO Providers-** Providers contracted by Preferred Administrators in El Paso County
- **In-Network Providers**
 - Before receiving services, you should always verify with Preferred Administrators that your provider is considered an in-network provider.
- **Non-Contracted Providers**
 - **Out of Network Providers-** Providers that are not contracted by Preferred Administrators
- **Wrap Network/Out-of-Area - Multiplan/PHCS**
 - (Contact information located on member ID card)
- **Residing Location**
 - It is the member's responsibility to notify Preferred Administrators of residing location for members. Example: Dependents attending school out of the area.
- **Coordination of Benefits**
 - It is the member's responsibility to notify Preferred Administrators if you have a secondary insurance. Forms will be included in benefit package.
- **PHI Disclosure Forms**
 - Spouses and/or Dependents over age 18 must sign PHI Disclosure forms. Forms will be included in benefit package.
- **Preferred Administrators - (915) 298-7198 press 4 then ext. 1529**



UNIVERSITY MEDICAL CENTER NEIGHBORHOOD HEALTHCARE CENTERS

A Healthy Benefit for UMC and EP First Associates





UNIVERSITY MEDICAL CENTER
NEIGHBORHOOD HEALTHCARE CENTERS

A Healthy Benefit for
UMC and EP First Associates

One On Campus

UMC Annex - 4th Floor

One Close to Campus

6314 Delta Ave. Suite 161

Six Across Town

*UMC East - 1521 Joe Battle at
Vista Del Sol*

*UMC Dieter -1485 George Dieter
at Pellicano*

*UMC West - 6600 North Desert
Blvd.*

½ mi. past Paseo del Norte

*UMC Crossroads -5021
Crossroads at Mesa*

UMC -Ysleta -300 S. Zaragoza

UMC - Fabens - 101 Potasio

Open on Saturdays

7:30 a.m. to 8 p.m.

at Five Locations
Across Town

*East, Dieter, West, Crossroads
and Ysleta*

Best Value

\$15 co-pay

for Associates
and Dependents

*on Services Provided
at the Centers*



UNIVERSITY MEDICAL CENTER
NEIGHBORHOOD HEALTHCARE CENTERS

**A Healthy Benefit for
UMC and EP First Associates**

Over 50 Providers

Family Medicine • Pediatrics
Geriatrics • Internal Medicine
Women's Health
Chronic Disease Management
Diabetes Clinic
High Blood Pressure
Monitoring



**Accredited by
The Joint Commission as a
Primary Care Medical Home**

Call for Appointments 790-5700

From 7:30 a.m. to 8 p.m., Monday - Saturday

SCHEDULE OF BENEFITS: ONE DYNAMIC PLAN

	UMC of El Paso	Texas Tech	Preferred Administrators/PPO/ Wrap Network	Non-Contracted Providers to Include Hospitals of Providence
Doctor Availability:	In-Network	In-Network	In-Network	Out-of-Network Requires prior authorization except in emergent situations
Office Visits: (Co-Pays)	\$15.00	\$30.00	\$40.00	50% After Deductible is met
Behavioral Health (Co-Pays)	NA	\$35.00	\$40.00	50% After Deductible is met
Deductibles:	The amount of covered medical expenses a participant pays each fiscal year before benefits are payable under this coverage. (Includes EPCH)			
Individual	\$150		\$1,500	\$3,500
Family	\$450		\$4,500	\$10,500
Max Out of Pocket (MOP) to include Pharmacy and Medical	Plan pays 100% after max is met each fiscal year. Includes co-pays, co-insurance and deductibles for both the medical and pharmacy benefits for in network providers.			
Individual	Not applicable to any service provided at UMC/EPCH or Texas Tech		\$7,150	Unlimited
Family	Not applicable to any service provided at UMC/EPCH or Texas Tech		\$14,300	Unlimited

SCHEDULE OF BENEFITS: ONE DYNAMIC PLAN

	UMC of El Paso/ Texas Tech/EPCH	Preferred Administrators/PPO/ Wrap Network	Non-Contracted Providers to include Hospitals of Providence
<u>Hospital Availability:</u>	<u>UMC of El Paso</u>	<u>In-Network</u>	<u>Out-of-Network</u>
In-Patient Per Admission	\$250 co-pay and 100% coverage after deductible is met	\$1,000 co-pay and 70% coverage after deductible is met	\$2,500 co-pay and 50% coverage after deductible is met
Out-Patient Surgery	\$100 co-pay and 100% coverage after deductible is met	\$300 co-pay and 70% coverage after deductible is met	\$1,000 co-pay and 50% coverage after deductible is met
Out-Patient Services (Lab, Radiology, etc.)	100% coverage after deductible is met	70% coverage after deductible is met	50% coverage after deductible is met
Annual Maximum	No Annual Maximum		

ID CARDS



PROVIDER CLAIM SUBMISSION:

- 1) All El Paso and Outside Area Providers -
 - A) Send paper claims to Preferred Administrators, P.O. Box 971370, El Paso, TX 79997 or
 - B) Submit electronic claims to Availity: EPF10

FINDING PROVIDERS:

- 1) For El Paso Area Network Providers: www.preferredadmin.net or call 915-532-3778
For Outside (El Paso County, TX), contact 800-678-7427 or MultiPlan.com for a PHCS providers or, if not available, a MultiPlan provider.

PRIOR AUTHORIZATION of HEALTH CARE SERVICES:

Providers should fax information regarding proposed inpatient admissions and specified outpatient procedures or Behavioral Health Therapy after the initial patient assessment, to Preferred Administrators Health Services Department 915-298-7866. For additional information / assistance providers should call 915-532-3778. Emergency admission must be authorized within 24 hours of the admission. Prior Authorization is not a guarantee of payment. All benefit determinations are subject to eligibility, enrollment, and the terms of coverage defined in the Plan.

CUSTOMER SERVICES:

Associates may obtain assistance with benefit information and claim inquiries by contacting Preferred Administrators customer services at 915-532-3778.



For members residing inside El Paso's network service region:

- The PHCS & Multiplan logos will be placed on the back of the members card it will show the contact information.
- Outside (STATE/AREA) contact 800-678-7427 or multiplan.com for a PHCS provider or, if not available, a MultiPlan provider.



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 - A) Send paper claims to Preferred Administrators, P.O. Box 971370, El Paso, TX 79997 or
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- 1) For El Paso Area Network Providers: www.preferredadmin.net or call 915-532-3778
For Outside (El Paso County, TX) contact 800-922-4362 or MultiPlan.com for a PHCS providers or, if not available, a MultiPlan provider.

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CUSTOMER SERVICES:

Associates may obtain assistance with benefit information and claim inquiries by contacting Preferred Administrators customer services at 915-532-3778.



For members residing outside El Paso's network service region:

- The PHCS logo is placed on the front of the card, and the Multiplan logo will be placed on the back of the card
- Language requested (on back of card): To locate PHCS provider, please contact 800-922-4362 or multiplan.com

It is imperative that if you have dependents residing outside of the area, you notify Preferred Administrators immediately.

NEWS ON PHARMACY VENDOR

Effective October 1, 2017 you will have a new pharmacy vendor. Your new pharmacy vendor will be Navitus Health Solutions.



You will have a new pharmacy ID card.

Navitus is committed to lowering drug costs, improving health and delivering superior service.



PRESCRIPTION BENEFITS

UMC El Paso Pharmacies		All Other Pharmacies
Deductible	\$50.00 Per Member (Per Plan Year)	\$100.00 Per Member (Per Plan Year)
Co-payments:	\$5.00 (Generic)	\$30.00 (Generic)
	\$25.00 (Brand Name) <small>Members are subject to the price difference if they choose a brand name when a generic is available.</small>	\$60.00 (Brand Name) <small>Members are subject to the price difference if they choose a brand name when a generic is available.</small>
	\$50.00 (Non-Formulary)	\$80.00 (Non-Formulary)
Maintenance Prescriptions: 90 Days for one co-pay <small>(Prescriptions must be written to be dispensed every 90 days)</small>		30 Days for one co-pay
<p>Specialty drugs: Will process at a \$50 co-pay and will be dispensed at a 30 day supply. These drugs must be dispensed at a UMC Pharmacy first if not available then by mail order.</p> <p>Specialty Drugs and Prescriptions over \$500.00 (Authorization Required)</p>		
Co-payments apply		50% - Out of Network Pharmacies
<p>UMC El Paso Pharmacy (Annex): Monday thru Friday – 7:30 am – 6:00 pm (“Associate Only” Line 7:30 am -11:30 am) Sat - 8:00 am - 5:00 pm (Closed for 30 min lunch between 1:00 pm – 2:00 pm during operating hours)</p> <p>Refill Line – 534-5925 (24 hour turnaround time)</p>		

WRAP NETWORK/OUT-OF-AREA

- This Plan enables you to continue to access participating PPO providers through Multiplan and PHCS. Through the Multiplan and PHCS, the same advantages are provided to members who live, work, or travel outside of the service area. This is done by utilizing the Multiplan/PHCS extended national network.
- If you obtain services through a preferred provider, you will receive benefits at the PPO in-network level.
- Prior Authorization is required for inpatient and scheduled outpatient surgical procedures.
- Call Multiplan/PHCS at **1-922-810-4362** or **www.multiplan.com** to obtain names of participating preferred providers in your area. This number is printed on the back of the ID Card.

HOSPITALS OF PROVIDENCE (FORMERLY TENET) OUT OF NETWORK

- Hospitals of Providence is not an In-Network participating provider with Preferred Administrators.
- If you have an emergency that results in an inpatient admission at any Hospitals of Providence facility, you will be responsible for out of network costs (including balance billing for professional and facility services).

BEWARE: BALANCE BILLING – SEEKING SERVICES OUTSIDE OF UMC OF EL PASO/TEXAS TECH/PPO/WRAP NETWORK

- Balance billing occurs when providers who are not contracted within the benefit plan bill you for the difference between the amount the health plan pays and the amount the provider has billed. Commonly occurs during ER visits.



EMERGENCY CARE BENEFITS

Fast Track
Operation
within (UMC
Hospital)

- Split Model – Patients will be seen more rapidly
- Urgent Care Function
- Deductible Does Not Apply



UMC EI Paso /EPCH “No Balance Billing”		Wrap Network PPO “Warning” (You will be Balanced Billed from the Emergency Care Provider that treated you in the Emergency Department)		Non-Contracted Providers “Warning” (You will be Balanced Billed from Providers Not Contracted by Preferred Administrators)	
Facility	Professional	Facility	Professional	Facility	Professional
100% of Contracted Amount	100% of Contracted Amount	100% of Contracted Amount	100% of Usual and Customary Charges	100% of Usual and Customary Charges	100% of Usual and Customary Charges
after co-pay of \$50		after co-pay of \$50		after co-pay of \$50	

AMBULANCE CARE



Ambulance Services

- Covered at 70/30 Benefit
- Ambulance providers not contracted will balance bill.
- Ambulance Services Not Covered: Charges for transportation when transportation of the patient was not necessary, did not occur, or refused transportation .

Contracted Ambulance
(Life Ambulance)

70% coverage
(No Balance Billing)

Non-Contracted Ambulance

70% coverage
(Balance Billing)


URGENT CARE CLINICS

- Urgent Cares are a covered benefit with Preferred Administrators, when receiving care with a participating provider.
- For an urgent care visit, there is \$40.00 co-pay visit charge. Any diagnostic services received at an Urgent Care are applied toward member's deductibles and co-insurance will apply.

COUNTRY CLUB URGENT CARE 8041 N MESA EL PASO, TX 79912 915-474-2454	SOUTHWEST URGENT CARE CENTER 2030 N MESA EL PASO, TX 79902 915-532-7100
EL PASO URGENT CARE CENTER 10501 GATEWAY WEST STE 105 EL PASO, TX 79925 915-307-2371	UCARE URGENT CARE 3051 N ZARAGOZA EL PASO, TX 79938 915-703-0254

The above Urgent Care Clinics are in network with Preferred Administrators, however, please remember that the most current listing can be found on the Provider Directory Search located at www.preferredadmin.net.

SCHEDULE OF WELLNESS BENEFITS

WELLNESS BENEFITS Benefit Description:	UMC of El Paso	Texas Tech Provider	Preferred Administrators/PPO/ Wrap Network	Non- Contracted Providers
Meningococcal Vaccine	100%	100%	100%	Not Covered
Zoster (Shingles) – Age 60 and over	100%	100%	100%	Not Covered
Well Adult routine immunizations recommended by the Centers for Disease Control and Prevention (CDC) will be covered. These services come with specific age guidelines	100%	100%	100%	Not Covered
<p>Well Baby and Well Child Preventative Care and annual physical exams and routine immunizations recommended by the CDC for covered participants.</p> <p>Routine Immunizations include: Diphtheria, Hepatitis B, Rotavirus, Haemophilus Influenzae Type B (Hib), Pneumococcal, Pediarix, Measles, Mumps, Rubella, Pertussis, Polio, Tetanus, and Varicella.</p> <p>Tetanus -- After age 11 and boosters no more than every 10 years or unless medically necessary.</p> <p>Hepatitis A</p>	100%	100%	100% 	Not Covered

SCHEDULE OF WELLNESS BENEFITS



WELLNESS BENEFITS Benefit Description:	University Medical Center of El Paso	Texas Tech Provider	Preferred Administrators / PPO/Wrap Network	Non- Contracted Providers
Office Visits for annual Physical Exams (PCP) one per Fiscal Year for Male/Female.	100%	100%	100%	Not Covered
Office Visits for annual Well Women's (OB/GYN) one per Fiscal Year.	100%	100%	100%	Not Covered
Coverage for a range of screenings and immunization services recommended by the US Preventive Services Task Force will be covered at no cost when you receive services with an in-network provider. These services come with specific guidelines (e.g., age specific, frequency, etc).	100%	100%	100%	Not Covered
Contraceptive Sterilization for Men and Women:	100%	100%	100%	Not Covered
Mammogram: Covered at 100% for women ages 40 and older every one to two years.	100%	100%	100%	Not Covered
Bone Density Screening for women age 50 and over	100%	100%	100%	Not Covered
Flu Shots	100%	100%	100%	Not Covered
HPV – (Females/Males Age 9 up to 26)	100%	100%	100%	Not Covered

Coordination of Benefits

Do you have more than one health insurance plan? If so, please inform Preferred Administrators by completing the Coordination of Benefits Form at www.preferredadmin.net or by calling at 915-532-3778 from 7:00 am to 5:00 pm.

Coordinating your benefits helps us process your claims faster and maximizes your benefits. It's important that we keep your information up-to-date. We'll send you a letter from time to time asking if you have any additional coverage. ***Please respond to that letter. If we don't receive your response within 45 days, we may start rejecting your claims.***

PRIOR AUTHORIZATION



Prior authorization review is required for:

Inpatient Admissions

- Acute Hospital
- Surgical
- Non-Surgical
- Rehab
- Hospice
- Maternity and Newborn
- Behavioral Health
- Elective Admissions/Surgery

Outpatient Services

(limitations may apply)

- Physical Therapy*
- Speech Therapy*
- Occupational Therapy*
- Chiropractic*
- Behavioral Health*
- Radiation Therapy
- Chemotherapy
- Infusion Therapy
- Dialysis (i.e, physician services, labs)
- Home Health*

Imaging Radiology/

Diagnostic

- PET Scans
- Fetal Echocardiography (76820, 76821)

No authorization required for MRI, MRA, EKG, CT scans or

X-Rays with any in-network

Outpatient Procedures

- Ambulatory Surgical Center
- Endoscopy Center
- Cardiac Catheter Center
- Outpatient Hospital
- Wound Clinic

Pharmacy Medical

- Growth Hormones
- Synagis
- Oral Injectable or IV Drug Administration over \$500
Note: This includes oral, injectable, or IV provided in a Physician's office or outpatient clinical setting
- Specialty Medicines Note: Please go to www.preferredadmin.net for a complete list

Durable Medical Equipment (\$500 and over)

- All DME rentals exceeding 2 months require a prior authorization maximum up to 12 months, not to exceed purchase price.

Other Services

- Allergy Immunotherapy
- BRCA screening and Genetic Testing
- Clinical Trials Approved
- Dental Anesthesia
- Laser Surgeries
- Oral Surgery
- Orthotics /Prosthetics (over \$200.00)
- Podiatry (in office surgical procedures) with the exception of debridement of nails, avulsion of nail plate, excision of nail and wedge excision of skin of nail)
- Transplants (To include evaluation services by Transplant Facility)
- Dental Anesthesia (Medical Necessary)

***No authorization is required for initial evaluation for the following:
Behavioral
Chiropractic
Home Health
OT, ST, PT**

All out-of-network services provided by non-participating provider require pre-authorization

PRIOR AUTHORIZATION

- SCHEDULED INPATIENT ADMISSIONS / OUTPATIENT PROCEDURES



- All inpatient admissions and outpatient procedures must be prior authorized by Preferred Administrators. Emergency Admissions resulting in an Inpatient Admission must be authorized within 24 hours of the admission.
- All services will be denied if prior authorization is not obtained.

ADULT CHILDREN COVERAGE



- Covers adult children until age 26, even if the young adult no longer lives with parents, is not a dependent on a parent's tax return, or is no longer a student. This applies to both married and unmarried children. The adult child's own spouses and children do not qualify.
- Coverage will end at the end of birthday month.

MATERNITY BENEFITS

- Maternity Care for all confirmed pregnancies consists of antepartum care, delivery and postpartum care, including the following:
 - Hospital admission
 - Patient history
 - Labor management
 - Postpartum office visit, vaginal or cesarean section delivery.
 - Vaginal or cesarean section delivery, after previous cesarean delivery.
 - Hospital discharge and all applicable postoperative care.
- Services that ***are not*** included in the global basis include:
 - Antepartum consultation paid to the same provider, for dates of service either within the from-through period of the global billing within 270 days prior to the global OB delivery date.
 - Hospital visits that are related to the OB delivery.
 - Postpartum consultations that are related to the delivery paid to the same provider within the 45 day follow-up period of the global OB delivery date.
 - **Laboratories**
 - **Ultrasounds (a prior authorization is required after the 4th ultrasound with the exception of confirmed High Risk Pregnancies after the Provider's submission of Prior Auth Form High Risk Pregnancy)**
- Global claims are subject to the 1 year timely filing, based on the delivery date.
- A prior authorization is required for the delivery for all Associates and their dependents in or out of the area.



COST OF HAVING A BABY AT UMC

Having a Baby at UMC (C-Section/Normal Delivery)

Amount owed to providers:	\$13,043.39
Plan pays:	\$3,900.00
Patient pays:	\$400.00

Sample care costs:

Hospital charges (mother)	\$6,174.00
Anesthesia	\$1,856.43
Laboratory test	\$2,693.92
Radiology test	\$1,512.83
Pharmacy	\$806.21
Total	\$13,043.39

Patient pays:

Deductible	\$150.00
In Patient Co-pay	\$250.00
Coinsurance	\$0
Total	\$400.00

Having a Baby at PPO Hospital (Normal Delivery)

Amount owed to providers:	\$15,250.00
Plan pays:	\$4,250.00
Patient pays:	\$3,775.00

Sample care costs:

Hospital charges (mother)	\$7,174.00
Anesthesia	\$2,836.33
Laboratory tests	\$3,331.92
Radiology test	\$1,000.84
Pharmacy	\$906.91
Total	\$15,250.00

Patient pays:

Deductible	\$1,500
In-Patient Co-pay	\$1,000
Coinsurance 30%	\$1,275.00
Total	\$3,775.00



****Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples and the cost of that care will also be different.****

BREAST PUMP BENEFIT



- *Only non-hospital grade portable double electric pumps, manual pumps and supplies will be covered at 100%.*
- *Members can go through a DME or can purchase the device or supplies from a retail store or Pharmacy and obtain reimbursement after following the established process.*
- *Members can be reimbursed for a purchase of a breast pump up to \$200 dollars or up to \$50 dollars for supplies if you already have a breast pump. Items can be purchased at any retailer or pharmacy and in order to be reimbursed you will need the following:*
 - *Complete Member Reimbursement Form, which can be downloaded at www.preferredadmin.net*
 - *Prescription from OB provider*
 - *Receipt*

For more information about this benefit, please contact Preferred Administrators at 915-532-3778, press 4 and then extension 1529.

PHYSICAL THERAPY/SPEECH THERAPY/ OCCUPATIONAL THERAPY AND CHIROPRACTIC BENEFIT



- *Approval based on medical necessity.*
- *Members will obtain a maximum of 10 Chiropractic visits per fiscal year.*
- *Co-pays apply to first evaluations and re-evaluations.*
- *After first evaluation and re-evaluations for above services, a pre-authorization is required for treatment.*

OTHER SERVICES AVAILABLE ONLY AT UMC

- Diabetes Education
- (Deductible does not apply)



- Fitness Center
- (No cost to UMC Associates)



- Smoking Cessation
- (Wellness Program)



NO SMOKING



OUT OF COUNTRY EXCLUSIONS

Coverage Options

- Treatment of injury or sudden acute illness while traveling for a period not to exceed ninety (90) days
- Or while attending an accredited school abroad as full-time student and meeting all of the provisions for adult dependent eligibility

Non-Coverage Options

- Non-emergency or routine medical care
- Or out of country longer than 90 days

FLEXIBLE SPENDING ACCOUNT(S) (FSA)

■ FSA Medical Reimbursement Account

- Covers out-of-pocket anticipated medical costs:
 - Office co-pays, prescriptions co-pays, eligible over-the-counter medication or equipment, eye glasses, contacts, etc.
 - Your FSA Medical Account can be used for your dependent's medical cost.
 - The dollars put into an FSA are pre-tax dollars.
 - Medical Reimbursement Account (up to \$2,600).
 - Carry Over - \$500



■ FSA Dependent Daycare Account (DCA)

- Covers cost of adult and children daycare expenses.
 - Dependent Daycare cannot be used for education tuition for kindergarten and above.
 - Dependent Daycare Reimbursement Account (up to \$5,000 or up to \$2,500 if married filing separately).

■ FSA Debit Mastercard:

- The FSA Debit MasterCard is a special purpose financial debit card linked to your Health Care Flexible Spending Account (FSA). Note, this card cannot be used for your Dependent Child/Adult Day Care.
- Use your FSA Debit MasterCard to quickly and conveniently draw funds from your FSA to pay for eligible expenses such as: pharmacy prescriptions, doctor office visit co-payments and eligible over-the-counter health care items.
- Do not discard your current FSA Mastercard. They will be reloaded for the new plan year. If you are a new participant, a new card will be mailed.

DENTAL OPTION #1:

MetLife

- **Dental Plan HMO: In-Network Dentists Only**
 - Offers dental discounts through select providers
 - Costs and discounts are based on services selected
 - Refer to “MetLife Enrollment Kit” for details

- **Advantages**

- No claim Forms
- No deductibles
- No annual maximums
- No waiting periods

- **Must select a General Dentist**

- Select a Dentist from the MetLife panel
- Call 1-800-880-1800 to assign a facility or to switch dentists



DENTAL OPTION #2:



- **May select in or out of network providers**

- **In-Network Dentists**

- No Claim Forms
 - In-Network Service Discounts
(Average 30% less)

- **Out-of-Network Dentists**

- Claim Forms to file
 - Regular Service Charges



- **Guardian ID Cards - Mailed**

- Help Line (800-541-7846)
 - Refer to Booklet for Directions for On-Line Access & Mobile App

DENTAL INDEMNITY:



Deductible:	\$50 per person per plan year \$150 per family per plan year
Preventive Care:	Semi-Annually (every 6 months) 100% (No deductible)
Basic Restorative:	80% after \$50 deductible
Major Restorative:	50% after \$50 deductible
Orthodontia:	\$1,250 Lifetime Max. for child(ren) under age 19. No Deductible
Annual Max:	\$1,000 for Preventive, Basic, and Major services combined.
Rollover:	Claims not exceeding \$500 threshold per plan year will have \$250 rolled over to the next plan year. The max rollover limit is \$1,000 max.

VISION CARE: SUPERIOR VISION



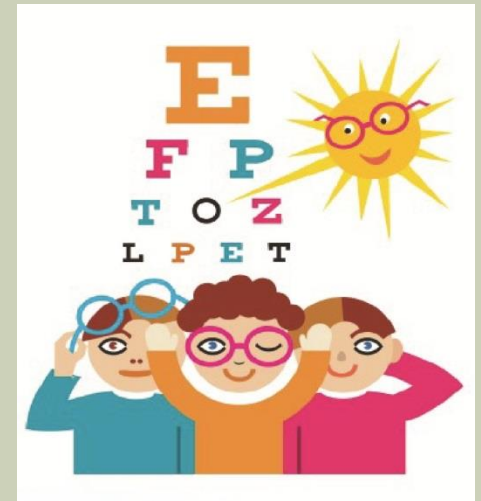
■ Flexibility of In/Out of Network

■ In-Network Providers

- Co-Pay's
 - Eye Exam (\$10)
 - Frames and/or Eyeglass Lenses (\$25)
- Allowance: Frames: \$100 or Contacts: \$120
- No Claim Forms
- No pre-notification required
- National and Regional Optical chain locations

■ Out-of-Network Providers

- You must file claim forms
- Regular Service Charges
- Must contact Superior Vision Member Svc Dept **prior** to services rendered for authorization (800-507-3800)



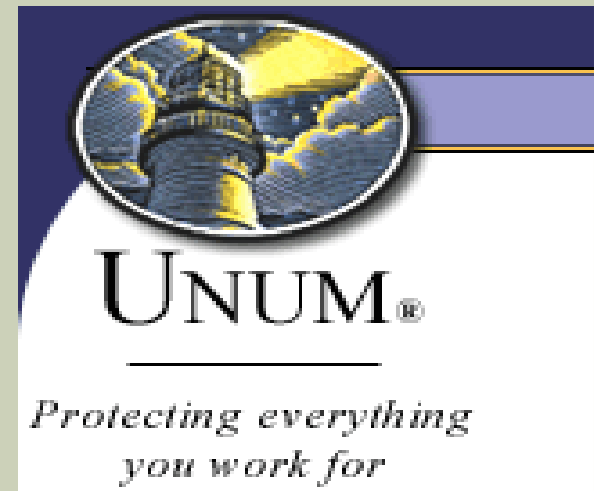
TERM LIFE INSURANCE ELIGIBILITY (UNUM)

■ Term Life

- Full Time Associates or Part Time Associates
- Coverage Level for Term Life
 - UMC of El Paso provides all Associates with one times their annual salary to a max. of \$50,000 for *free*!
 - Additional coverage available up to **5 times** annual salary (\$750,000 max.)
 - Spouse - \$5,000
 - Children - \$2,000 (per child)
 - Family - Spouse \$5,000; Children \$2,000

■ Additional Services

- Survivor Financial Counseling Services
- Portability
- Accelerated Benefit
- Waiver of Premium
- Work Life Balance – EAP
- World Wide Emergency Travel Assistance



TERM LIFE INSURANCE: EVIDENCE OF INSURABILITY

(UNUM PROVIDENT)



- Evidence of Insurability are required:
 - New Associates selecting 3 or more x Salary
 - Open Enrollment – no EOI needed if already enrolled and want to increase by one step.

- Approval of Additional Life Insurance
 - After submitting the EOI to UNUM
 - UNUM determines the level of coverage, if any
 - UNUM notifies HR and adjustments to your premium are made if approved

- Dependent Proof of Student Status:
 - Proof of student status is required for dependent children when they reach age 19 and every following semester through age 26

TERM LIFE INSURANCE - NON SMOKER'S PLEDGE



- **Non-Smoker's Pledge**
 - Associate commitment to be smoke-free.
 - Additional \$10,000 Life Insurance
 - Provided at no cost by UMC of El Paso



ACCIDENTAL DEATH AND DISMEMBERMENT

(UNUM PROVIDENT)

- Provides up to two times your annual salary to a maximum of \$100,000 provided at no cost.
- Additional Services
 - Career Adjustment Benefit
 - Payable to spouse within 36 months of death
 - The lesser of \$10,000 or 25% of AD&D benefit
 - Child Care Expenses Benefit
 - Payable within 36 months of death
 - The lesser of \$10,000 or 25% of the AD&D benefit



LONG TERM DISABILITY VOLUNTARY PLAN



- **Replaces a portion of your income**
 - If you are unable to work due to a covered injury or sickness
 - After 90 days of consecutive illness or disability
- **Additional Benefits**
 - Waiver of Premium when on LTD, Worldwide Travel Assistance Services, and Survivor Benefit
 - Eligible survivor may receive 3 months of gross disability payment at death where the disability continued for 180 consecutive days and were receiving (or entitled to receive) benefits
- **Coverage Levels**
 - Cost is based on Associate's age category and plan selection of coverage level:
 - 25% Replacement of Associate's Annual Salary
 - 40% Replacement of Associate's Annual Salary
 - 50% Replacement of Associate's Annual Salary
- **Maximum monthly benefit of \$5,000**

LONG TERM DISABILITY HOSPITAL PLAN EXEMPT ONLY

■ Eligibility

- Full Time Exempt Level
- After 180 days of service
- Available for continuous illness or disability up to 60 consecutive days

■ Coverage Level

- 60% of Associate's monthly earnings to maximum monthly benefit of \$5,000
- Provided by Hospital

■ Additional Benefits

- Waiver of Premium, Worldwide Travel Assistance Services and Survivor Benefit



UNIVERSITY MEDICAL CENTER OF EL PASO

BENEFIT PREMIUMS: PLAN YEAR 2018

(BIWEEKLY)

	Associate Only	Associate + Spouse	Associate + Child(ren)	Associate + Family
<i>Medical - Full-time</i>	32.95	97.97	77.00	107.80
<i>Medical - Part-time</i>	54.93	163.28	128.33	179.68
<i>MetLife - Dental DMO</i>	4.19	6.99	8.39	13.63
<i>Guardian - Dental Indemnity</i>	11.93	23.10	30.85	42.14
<i>Superior Vision</i>	4.28	8.92	7.60	12.91
<i>Supplemental Life (UNUM)</i>	Based on Associate's age category and annual salary. (See UNUM packet for premium calculation form)			
<i>Dependent Life (UNUM)</i>	.55	.55	.55	.55
<i>Hospital LTD (UNUM)</i>	Provided by the Hospital (Exempt Associates)			
<i>Voluntary LTD (UNUM)</i>	Based on Associate's age category and plan selection of coverage level. (See UNUM information for premium calculation form)			



TCDRS DOES RETIREMENT RIGHT

- One of the best-funded plans in the country
- Features keep us financially strong
 - Savings-based benefits
 - Responsible plan funding
 - Flexibility and local control



RETIREMENT PROGRAM

TEXAS COUNTY AND DISTRICT RETIREMENT SYSTEM



■ Eligibility and Plan Basics

- Full Time and Part Time Associates
- 5% mandatory contributions begins immediately
- Vested after 8 years of employment
- Earn 7% compounded interest on contributions beginning 2nd year of employment.



■ Retirement Planning

- Fund matches at 180% per dollar contributed at retirement
- Retirement age options
 - Age 60: 8 years of service
 - Any Age: 30 or more years of service
 - Age Plus: Rule of 75 (Age plus years of service equals 75)
 - Pension for Life!

■ Update your TCDRS Beneficiary Form

- This is Separate from the Life Insurance Beneficiary Form

A LOOK AT COMPOUND INTEREST



Year	Beginning Balance	Deposits from Pay	7% Interest	Ending Balance
Year 1	\$0	\$2,000	\$0	\$2,000
Year 2	\$2,000	\$2,000	\$140	\$4,140
Year 5	\$8,879	\$2,000	\$621	\$11,501
Year 10	\$23,955	\$3,000	\$1,676	\$28,632
Year 15	\$50,851	\$3,000	\$3,559	\$57,411
Year 20	\$88,574	\$3,000	\$6,200	\$97,774
Year 25	\$141,482	\$3,000	\$9,904	\$154,386
		\$66,000	\$88,386	\$154,386

Your UMC Voluntary Retirement Programs *at a Glance*



- Additional savings for retirement.
- Payroll Deducted. Rollovers Accepted.
- No waiting period. Available immediately.
- Minimum \$10.00 per pay period per account.
- May contribute a percent of salary amount or flat amount.
- 26 Investment options plus a fixed account.
- Contact Information: Joel Hernandez (915) 543-4902



	403(b) Plan	457(b) Plan
Eligibility	Full & Part-time Associates	Full & Part-time Associates
Employee Contribution	Pre-Tax Dollars	Pre-Tax Dollars
Employer Contribution	None	None
Employee Withdrawals	Taxable when withdrawn	Taxable when withdrawn
General Contribution Limits	\$18,000 IRS Maximum (2017)	\$18,000 IRS Maximum (2017)
Over age 50 Catch-up	\$6,000	\$6,000
Early distributions	Distributions made prior to age 59 1/2 will be subject to ordinary income tax and a possible 10% penalty	Distribution made prior to age 70 1/2 will be subject to ordinary income tax

EMERGENCY HEALTH NETWORK (EAP) EMPLOYEE ASSISTANCE PROGRAM



- Overview for E.A.P.
 - Provides all Associates and immediate family members short term counseling by trained counselors and therapists in English and Spanish 24/7
 - Completely Confidential
 - No waiting period. You are eligible on your first day of employment (All Associates Eligible)
 - Available Services Offered
 - Personal Problems, Financial Difficulties, Marital Problems, Mental Health Disorders, Substance Abuse Issues
 - Discounts Available
 - Child/elderly care, legal services, car purchases, tire purchases, car maintenance, fitness, golf and more...
- Absolutely “No Charge” unless referred to another source (8 free sessions)

MANAGING HEALTH INFORMATION

“MYHEALTHFOLDERS.COM”



- A free, secure, and confidential web-based tool
 - Keeps track of you and your family’s health information
 - Such as medication, procedures, doctor contact information, etc.
 - After completing each profile, print your medical data sheet
 - Store in a place easily accessible (purse, wallet, etc.)
 - Take it with you for medical visits as well as case of emergencies
- Setup Your Accounts: ***www.myHealthFolders.com***
 - Complete the registration process by clicking on “Register Now”
 - The enrollment code is: **T17884**
 - Print healthcare care as your final step

TIME AWAY FROM WORK

TYPES OF TIME OFF



- **Paid Time Off (PTO)**
 - Use for vacation, holidays, sick days, personal time, etc.
 - Exempt Associates may use after first paycheck
 - Non-Exempt Associates after 90 day introduction period
 - New Associates employed less than 90 days will be paid PTO for hospital recognized holidays if the department is closed for the holiday.
 - PTO is not paid out if Associate leaves prior to 90 day period.

- **Extended Illness Leave (EIL)**
 - Eligible to use after 90 day introduction period

- **Leaves of Absence**
 - FMLA, Medical Leave, Military Leave, Administrative Leave and Personal Leave

HOW MUCH PTO CAN I HAVE? ACCRUING PTO



	Full Time	Part-Time
Exempt	<ul style="list-style-type: none"> ● Eligible immediately <ul style="list-style-type: none"> ● Accrues at 8.31 PTO hours per pay period ● 216 hrs annually ● Max accrual is 432 hrs 	<ul style="list-style-type: none"> ● Eligible immediately <ul style="list-style-type: none"> ● Accrual is based on hours paid ● Max accrual is 2Xs annual rate
Non-Exempt	<ul style="list-style-type: none"> ● Eligible after 90 days of employment ● 1-4 Yrs <ul style="list-style-type: none"> ● Accrues at 6.77 hrs per pay period ● 176 hrs annually ● Max accrual is 352 hrs ● 5+ Years or more <ul style="list-style-type: none"> ● Accrues at 8.31 hrs per pay period ● 216 hrs annually ● Max accrual is 432 hrs 	<ul style="list-style-type: none"> ● Eligible after 90 days of employment ● Must work a minimum of 20 hours per week <ul style="list-style-type: none"> ● Accumulates based on hours paid ● Max accrual is 2Xs annual rate

HOW MUCH EIL CAN I EARN?

ACCRUING EXTENDED ILLNESS LEAVE



	Full Time	Part-Time
Exempt and Non-Exempt	<ul style="list-style-type: none">● Eligible after 90 days of employment● Available after 3 consecutive days of illness<ul style="list-style-type: none">● Accrues at 2.46 EIL hours per pay period● 63.96 hrs annually (8 days)● Max accrual is 720 hrs (90 days)● Requires medical documentation	<ul style="list-style-type: none">● Eligible after 90 days of employment● Must work a minimum of 20 hours per week<ul style="list-style-type: none">● Accumulates based on hours worked● Max accrual is 720 hrs (90 days)● Requires medical documentation

CAN'T USE ALL YOUR PTO...

PTO *BUY BACK AND DONATION OPTION*



PTO Buy Back Option



- **Opting for a PTO Buy Back**
 - Requires one year of service and at least 80 hours of PTO used in the prior year
 - Payouts are in December
 - PTO time paid based on hourly salary calculation (not overtime)
 - Maximum Buy Back of PTO is 40 hours
 - Must have minimum remaining balance of 40 hours after Buy Back

PTO Donation Program



- **Donating PTO**
 - Donation may be made to fellow Associate for an emergency and/or catastrophic event
 - Hours must be available in donating PTO Bank
 - Written request sent to HR Director through department manager
- **Receiving a PTO Donation**
 - Completion of 90 days of employment
 - to receive a Donation of PTO for an emergency or catastrophic event

UMC OF EL PASO BENEFITS ON THE INTRANET

- **Need more benefits information**
 - **Go to the UMC of El Paso Intranet Home Page**
 - **Select “Benefits”**
 - **Select the “Benefit Type” you need to review**
- **Each section provides a brief description and/or plan document for you to review**



On-Line Enrollment (Wed., Sept 27th – Sun., Oct 1st)



- **Computers throughout Hospital, Outside Clinics and El Paso Health**
(Preferred Administrators)
- **Computer Assistance Available**

Computer Assistance Schedule:

Date	Time	Location
September 28 th (Thurs.)	8:30 am – 4:00 pm	El Paso Health
September 29 th (Fri.)	7:30 am – 4:00 pm	HR Training Room (Annex, 3 rd Floor)

ON-LINE ENROLLMENT (SEPT 27TH – OCT 1ST)

■ Computerized On-Line Enrollment

- *No need to enroll On-Line if NOT making changes to current benefits (except for Flexible Spending Accounts). FSA accounts default to “0” every plan year.*
- Associates wanting to add/drop/change benefits **MUST** enroll On-Line during scheduled dates and times.
- **Associates must re-elect FSA Medical and/or Dependent Care Accounts On-Line during scheduled dates and times.**
- 403(b) / 457(b) Plans *NOT* an On-Line feature
 - Associate **MUST** meet with authorized vendor to start account, add, drop, or make any changes to current amounts.

■ Individualized Passwords



- You will need your Windows user ID and password. (Passwords required for On-Line Enrollment! Contact IT Help desk for password information at 521-7941. Passwords available during the computer assistance timeframe.)
- **DO NOT** share your personal User ID and password with anyone, it is against Hospital policy.

On-Line Enrollment Go to Hospital Intranet

“Click here for On-Line Enrollment”

The screenshot shows the University Medical Center of El Paso Intranet website. The browser address bar displays the URL: <http://www.thomasoncares.org/webshell/website.nsf/DefaultFrameset?Site+Defaults?Op...>. The page header includes the University Medical Center of El Paso logo and the text "UNIVERSITY MEDICAL CENTER OF EL PASO INTRANET" and "EPCH Intranet".

The left sidebar contains a navigation menu with the following items:

- Home
- About Us
- Applications
- Procurement Manual
- Cerner Soarian Integration
- Nursing Services
- Outpatient Clinics
- Departments
- Benefits
- Rewards & Recognition
- SDS Online
- E-Learning
- HR Training & Development
- Classes
- Policies & Procedures
- Patient Education
- Medical Interpreting
- Program
- PC Education
- The Joint Commission
- E-dition
- Joint Commission
- Information
- UMC Foundation
- API Portal
- API Portal Documentation
- iNotes

The main content area features a "Current Hospital Security Level is Green" indicator with a progress bar and a link to "Click here for specific security level information". To the right are three boxes labeled "SAFETY", "ENVIRONMENT OF CARE", and "EMERGENCY MANAGEMENT".

Below the security indicator is a "TEST NEWS:" section with a list of news items:

- TAB Coming Fall 2017
- IT Security Newsletter June 2017
- Bugs - Drugs - And Things That Go Bump in the Nigh...
- IT Security Newsletter May 2017
- IT Security Newsletter April 2017
- View more...

A prominent announcement box is highlighted with a red arrow pointing to it. The announcement reads:

Click here for On-Line Enrollment
On-Line Benefits Enrollment will be available from
Wednesday, September 27th, 8:00 am through
Sunday, October 1st, midnight

Below the enrollment announcement is another announcement for a "Wellness and Benefits Fair August 25th, 2 pm to 4 pm" and "Annual Benefits Open Enrollment is Coming! September 27th - October 1st".

The browser's taskbar at the bottom shows the Windows Start button, several application icons, and the system tray with the date and time: 4:30 PM, 8/9/2017.

On-Line Enrollment Lawson

Enter your Windows Username and Password

Lawson portal - Microsoft Internet Explorer provided by Thomason Hospital IT Department

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Refresh Print Mail Stop

Address <http://lcw50b0p.velocityus.com:30063/lawson/portal/index.htm> Go Links

LAWSON

User name

Password

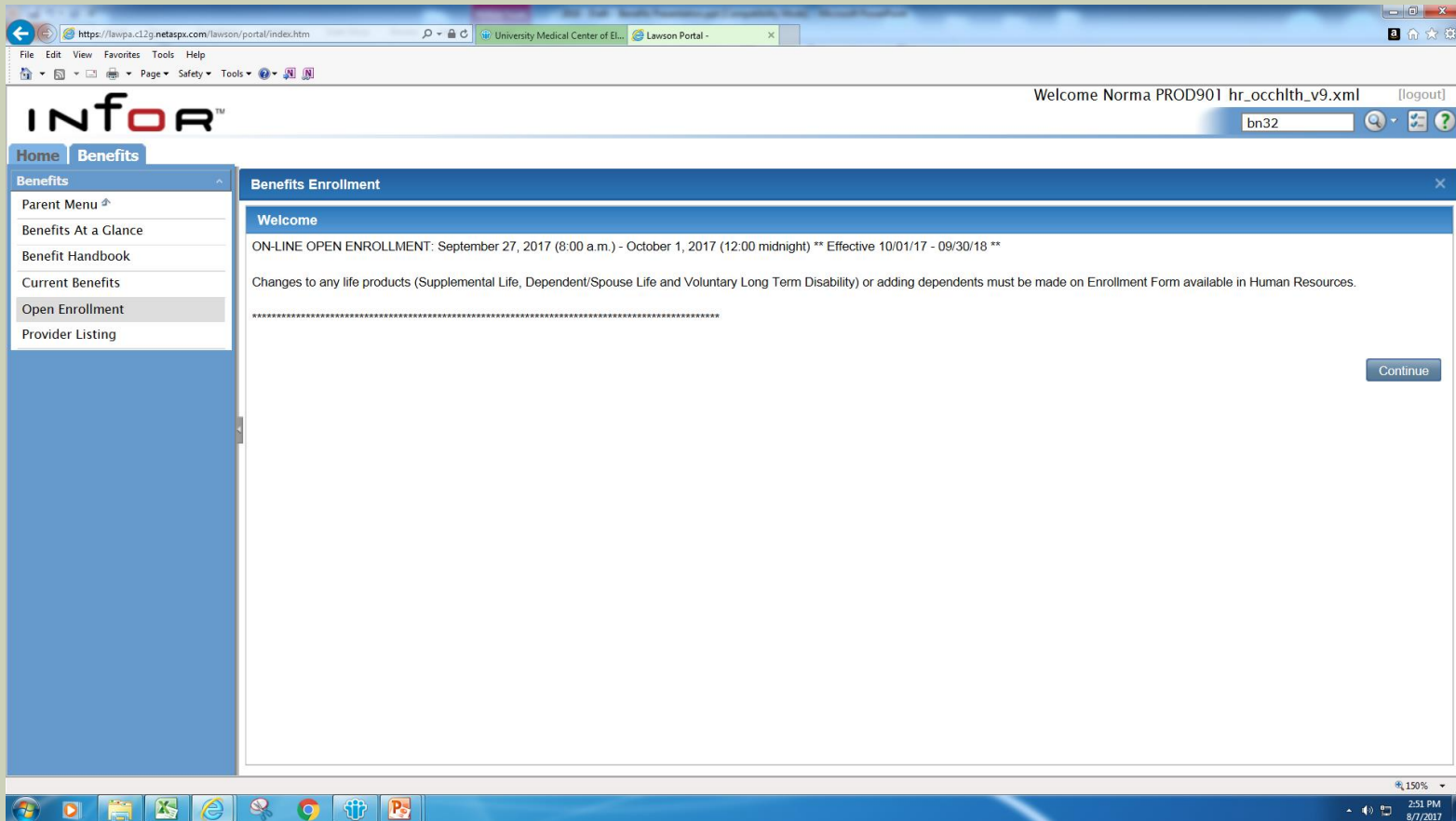
Copyright © 2008 Lawson Software. All rights reserved. Portal 9.0.0.6.281, Technology 9.0.0.6.289

Done Trusted sites

start [Taskbar icons] 7:52 AM

On-Line Enrollment Lawson

Welcome Screen...“You’re on your way!”



The screenshot shows a web browser window displaying the Lawson On-Line Enrollment Welcome Screen. The browser address bar shows the URL <https://lawpa.c12g.netasp.com/lawson/portal/index.htm>. The page header includes the INFOR logo, the user name "Welcome Norma PROD901 hr_occhth_v9.xml", and a "[logout]" link. A search bar contains the text "bn32". The main content area is titled "Benefits Enrollment" and features a "Welcome" section with the following text: "ON-LINE OPEN ENROLLMENT: September 27, 2017 (8:00 a.m.) - October 1, 2017 (12:00 midnight) ** Effective 10/01/17 - 09/30/18 **". Below this, it states: "Changes to any life products (Supplemental Life, Dependent/Spouse Life and Voluntary Long Term Disability) or adding dependents must be made on Enrollment Form available in Human Resources." A "Continue" button is located at the bottom right of the main content area. A blue arrow icon is overlaid on the right side of the screen, pointing left towards the "Continue" button.

START YOUR CHANGES

“Select the plan type(s) you would like to change”

Lawson portal - Microsoft Internet Explorer provided by Thomason Hospital IT Department

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites

Address http://lcw50b0p.velocityus.com:30063/lawson/portal/index.htm Go Links

LAWSON Welcome Norma PROD hr_occhith_v9.xml [logout] Search...

Home Benefits

Benefits

Parent Menu

Benefits Enrollment

LAWSON Benefit Enrollment Welcome, Norma Gonzalez

Enrollment Change

Plan Type	Select
HEALTH	<input type="checkbox"/>
VISION	<input type="checkbox"/>
DENTAL	<input type="checkbox"/>
FSAM MEDICAL REIMB	<input type="checkbox"/>
FSAD DEP REIMB ACCT	<input type="checkbox"/>

Select the plan type(s) you would like to change. You will re-enroll for benefits within the type(s) selected.

Continue Previous

Done Local intranet

start Open Enroll... Crystal Rep... My Documents Microsoft Po... 2 Internet ... 1:16 PM

On-Line Enrollment Lawson

“Print elections for your reference”

The screenshot shows a web browser window displaying the Lawson portal. The browser title is "Lawson portal - - Microsoft Internet Explorer provided by Thomason Hospital IT Department". The address bar shows the URL "http://lw50b0p.velocityus.com:30063/lawson/portal/index.htm". The page content includes a navigation menu with "Home" and "Benefits" tabs. The "Benefits" tab is active, showing a "Parent Menu" and "Benefits Enrollment" link. The main content area is titled "LAWSON Benefit Enrollment" and "Benefit Elections As Of 10/01/2010". A table displays the following data:

Plan	Coverage	Your Cost
Health Major Medical	HRA EE+Spouse	58.20 Pre-tax
Waive Vision		
Waive Dental		

A dialog box titled "Lawson Self-Service Message -- Web Page Dialog" is overlaid on the page. It contains the text: "Do you want to print these elections for your reference? You chose to keep these benefits." and "Yes No" buttons.

Below the table, a "Pay Period Summary" table shows:

Pay Period Summary	Cost
Total pre-tax contributions	128.20
Total after-tax contributions	0.00

Below the summary table, it states: "Your deductions may differ slightly due to rounding." and provides "Update", "Make Changes", and "Exit" buttons.

The Windows taskbar at the bottom shows the start button, several application icons, and the system tray with the time "1:18 PM".

On-Line Enrollment

Lawson

Congratulations

Your enrollment has been successful.

Please wait for the print box.

After that, choose **Continue** to exit.

Questions????



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