



# UNIVERSITY MEDICAL CENTER OF EL PASO



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# Welcome



## *Open Enrollment - Benefits Presentation*

*Plan Year 2021  
(Effective 10/1/2020)*

# **SUMMARY OF BENEFITS**

**UNIVERSITY MEDICAL CENTER OF EL PASO OFFERS OUTSTANDING BENEFITS!**

- **Major Medical Health Benefits Plan**
- **Dental**
- **Vision**
- **Flexible Spending Accounts**
- **Term Basic & Supplemental Life Insurance**
- **Non Smokers Term Life Insurance**
- **AD&D Insurance**
- **Long Term Disability**
- **Neighborhood Healthcare Centers**
- **Employee Assistance Program (EAP)**
- **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**
- **My Health Folders**
- **UMC DealSpot**
- **Cafeteria, Bistro, Pharmacy, Gift Shop & Other Discounts**
- **Tuition Reimbursement**

# Benefits

## BENEFITS PLAN BASICS

**Plan Options** Medical, Dental, Vision, Basic and Supplemental Life Insurance  
AD&D -Accidental Death & Dismemberment, Long Term Disability

### **Who is Eligible**

Full Time Associates & Part Time Associates

**Coverage Options:** Premiums based on 26 pay periods

- Associate Only
- Associate & Spouse – Opposite or Same sex, Proof of Marriage Required
- Associate & Child(ren) – Up to age 26, coverage ends at end of birth month
- Associate & Family

### **Effective Dates**

New Hires or Newly Eligible - 1<sup>st</sup> of the month after 30 days of service

Qualifying Life Events (ie. Marriage, Birth of a Child, New Status)

Annual Benefits Open Enrollment – effective on October 1<sup>st</sup> of every year.

### **Termination of Benefits**

Coverage ends the day of termination at 12:00 midnight

Qualifying Life Event (ie. Divorce, Death, ineligible status, etc.)

#### **Important Note**

Associates MUST notify HR Benefits Unit of any Qualifying Life Events within 31 days of the event, after 31 days , IRC Regulations prohibits participants to add/drop coverage and you must wait until the next Open Enrollment Date (October 1<sup>st</sup>)



# 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**

- Wrap Network is an extended network to be utilized by members living outside the area of El Paso
- Out of Area is for members living in the El Paso area and traveling for emergency services only.

## **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.



UNIVERSITY MEDICAL CENTER  
OF EL PASO

Outpatient  
Clinics



**CALL FOR APPOINTMENTS 790-5700**

**Open Late and Saturdays, Until 8 p.m.!**

**Six  
Sites**

**One On Campus**

Employee Clinic: UMC Annex

**Five Across Town**

UMC – East: 1521 Joe Battle

UMC – West: 6600 N. Desert Blvd.

UMC – Dieter: 1485 George Dieter

UMC – Ysleta: 300 S. Zaragoza

UMC – Fabens: 101 Potasio

**\$15 Co-  
Pay**

**Over 50  
Providers!**

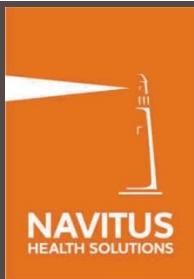
# SCHEDULE OF BENEFITS: ONE DYNAMIC PLAN

	UMC of El Paso	Texas Tech	PPO Wrap Network	Out of Area/ 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) No Max Visits	N/A	\$30.00	\$40.00	50% After deductible is met
Deductible: Individual	<b>\$300</b> <b>(Includes UMC, EPCH, and Texas Tech)</b>		\$1,500	<b>\$5,000</b>
	The deductible is the amount of covered expense which must be paid by a member each fiscal year before benefits are payable under this plan. A separate deductible applies to covered Associate and each of their Associate's dependents, subject to the family deductible limit.			
Deductible: Family Max	<b>\$900</b> <b>(Includes UMC, EPCH, and Texas Tech)</b>		\$4,500	<b>\$15,000</b>
	Family deductible is considered satisfied if family \$ amount is met AND Subscriber's individual deductible is met. The Subscriber deductible must be met for family max deductible to be met. If a Subscriber deductible does not meet their individual deductible, a family max will not be satisfied until the Subscriber has met their individual deductible.			
Max Out of Pocket (MOP)	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 all in network providers.			
Individual	<b>Individual \$8,150</b> <b>Family \$16,300</b>			Unlimited
Family				Unlimited



# SCHEDULE OF BENEFITS: ONE DYNAMIC PLAN

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



# PHARMACY VENDOR PRESCRIPTION BENEFITS

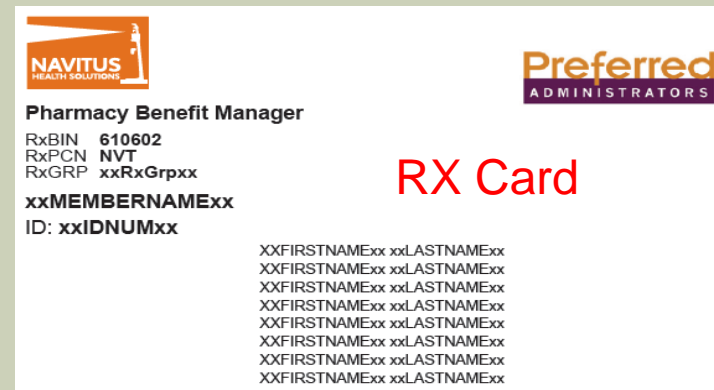


UMC El Paso Pharmacies		All Other Pharmacies
Deductible	\$50.00 Per Member (Per Plan Year)	\$100.00 Per Member (Per Plan Year)
Co-payments:	\$5.00 (Generic)	\$30.00 (Generic)
	\$25.00 (Brand Name) <b>Members are subject to the price difference if they choose a brand name when a generic is available.</b>	\$60.00 (Brand Name) <b>Members are subject to the price difference if they choose a brand name when a generic is available.</b>
	\$50.00 (Non-Formulary)	\$80.00 (Non-Formulary)
	Maintenance Prescriptions: 90 Days for one co-pay (Prescriptions must be written to be dispensed every 90 days)	30 Days for one co-pay
	Co-payments apply	50% - Out of Network Pharmacies
<p>Specialty drugs: Will process at a \$50 co-pay and will be dispensed at a 30 day supply.  <b>These drugs must first be dispensed at a UMC Pharmacy.</b>  <b>If not available at a UMC Pharmacy, then they must be purchased through</b>  <b>Navitus Specialty Lumicera RX 855-847-3553.</b>  <b>Specialty Drugs and Prescriptions over \$500.00 (Authorization Required)</b></p>		
<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)  <b>Refill Line – 534-5925 (24 hour turnaround time)</b></p>		



# MEDICAL/PHARMACY ID CARDS

## NO NEW CARDS – UNLESS INFORMATION CHANGES



- Preferred Administrators will mail out new ID cards to all Members.
- If you do not receive your medical card by the second week of October 2020, please contact Preferred Administrators at 915-532-3778 ext. 1540.
- You can continue to use your Navitus Pharmacy card. RX cards will only be mailed to new enrollees.
- If you lost your pharmacy card, please contact Navitus at 855-673-6504.
- If you have dependents living outside of the area of El Paso, please notify Preferred Administrators immediately.

# “WRAP NETWORK” IS FOR MEMBERS LIVING OUTSIDE OF THE EL PASO AREA

Effective October 1, 2020, modifications will be made for members living outside of the El Paso area.

- If you have a dependent living outside of the area of El Paso, a new updated Member Residing Form will be required.
- Proof of residency must be provided with the Member Residing Form. Preferred Administrators will accept student transcript, utility bill, notarized letter, or driver license.
- **To avoid incorrect payment on claims, all Residing Forms will need to be sent to Preferred Administrators, no later than September 25, 2020.** If your dependents have any address change throughout the year, please inform Preferred Administrators.

# **“OUT OF AREA” IS FOR MEMBERS LIVING IN THE EL PASO AREA**

Effective October 1, 2020, modifications will be made for members living in the El Paso area and receiving services outside of the area of El Paso.

- Out of Area will be covered for emergency services only.
- **If you are receiving or plan to receive elective or non-emergency services, they will be treated as out of network.**

# TIPS ON FINDING A PROVIDER

- You can call Preferred Administrators Member Service at 915-532-3778. Member Services is available Monday through Friday from 7 a.m. to 5 p.m., Mountain Time.
- You can go to [www.preferredadmin.net](http://www.preferredadmin.net) and find a provider.
- Your ID card will have specific phone numbers where you can call to find a provider.

#### 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](http://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.



# 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 El Paso Main  
Hospital/East-Joe  
Battle/Northeast & 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)

UMC El Paso Main Hospital/East-Joe Battle/Northeast & EPCH		Wrap Network PPO		Non-Contracted Providers	
Facility	Professional	Facility	Professional	Facility	Professional
100% of Contracted Amount	100% of Contracted Amount	100% of Contracted Amount	100% of Maximum Allowable Charge	100% of Maximum Allowable Charge	100% of Maximum Allowable Charge
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 .

Non-Contracted Ambulance  
(City of El Paso – 911)

Contracted Ambulance  
(Dominian & Life Ambulance)

70% coverage  
**(Balance Billing)**

70% coverage  
(No 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.

## Urgent Cares Clinics

### Southwest Urgent Care Center

2030 N. Mesa

El Paso, TX 79902

915-532-7100

### U CARE

3051 N Zaragoza Rd

El Paso, TX 79938

915-401-8019

### Country Club Urgent Care Center


8041 N. Mesa St2 B2

El Paso, TX 79932

915-307-3870

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](http://www.preferredadmin.net).

# SCHEDULE OF WELLNESS BENEFITS

WELLNESS BENEFITS Benefit Description:	UMC of El Paso	Texas Tech Provider	PPO Wrap Network	Out of Area Non-Contracted Providers
Meningococcal Vaccine	100%	100%	100%	Not Covered
Shingrix (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:</p> <p>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%		Not Covered

# SCHEDULE OF WELLNESS BENEFITS



<b>WELLNESS BENEFITS</b> <b>Benefit Description:</b>	<b>University Medical Center of El Paso</b>	<b>Texas Tech Provider</b>	<b>PPO Wrap Network</b>	<b>Out of Area/Non- Contracted Providers</b>
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

# PRIOR AUTHORIZATION



Prior authorization review is required for:

## Inpatient Admissions

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

## Outpatient

Physical Therapy  
Speech Therapy  
Occupational Therapy  
Chiropractic  
Behavioral Health  
Radiation Therapy  
Chemotherapy  
Infusion Therapy  
Home Health  
Radiology/Diagnostic Imaging  
PET Scans  
Fetal Echocardiography, 76825-76828  
*NO Authorization required for MRI, MRA,  
CT scans, EKG's, or X-Rays*

## Outpatient Procedures when performed at the following:

Ambulatory Surgical Center  
Endoscopy Center  
Cardiac Catheter Center  
Wound Clinic  
Outpatient Hospital  
Vein 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***

## 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 Testing
- Clinical Trials
- Dental Anesthesia
- Genetic Testing
- Laser Surgeries
- Oral Surgery
- Orthotics and Prosthetics (\$200 and over for Adult and Children)
- Podiatry
- Transplants (To include evaluation services by Transplant Facility)



# PRIOR AUTHORIZATION

## SCHEDULED INPATIENT ADMISSIONS

## OUTPATIENT PROCEDURES



- Prior Authorization is required for All inpatient admissions and outpatient procedures. Services will be denied if prior authorization is not obtained.
- Emergency Admissions resulting in an Inpatient Admission must be authorized within 24 hours of the admission.

# COORDINATION OF BENEFITS

## Do you have one more health insurance plan?

- Obtain the Coordination of Benefits Form at [www.preferredadmin.net](http://www.preferredadmin.net) or by calling Preferred Administrators Member Services at 915-532-3778 from 7:00 am to 5:00 pm.
- This helps process your claims faster and maximizes your benefits.
- It's important that we keep your information up-to-date, for example when you receive Medicare or other primary insurance.
- Preferred Administrators will send a letter from time to time asking if you have additional coverage.
- **There are Coordination of Benefit guidelines in place and a member can not choose which insurance pays as primary.**

# CASE MANAGEMENT

- As a Preferred Administrators Member, you qualify for Case Management benefits at no charge. Case Management is not mandatory, but participation from the Member is encouraged.
- Preferred Administrators has excellent Case Managers readily available to assist Members when situations emerge involving potentially high cost medical services, complex medical care needs, catastrophic medical illness or injuries, or out of area medical services.

# CASE MANAGEMENT FOCUS

Case Management is a means for improving clients' health and promoting wellness and autonomy through advocacy, communication, education, identification of service resources, and facilitation of service.

- ✓ Assessments to determine need for services;
- ✓ Personal support to the Member and family;
- ✓ Coordination of medically necessary services with your health care provider(s), and assistance with community resources;
- ✓ Assessments to determine severity of condition;
- ✓ Educate regarding benefits, wellness programs, and disease management;
- ✓ Assistance with applying for disability if eligible;
- ✓ Home visits, as part of care coordination, if necessary;

If you have any questions about Case Management, please contact Preferred Administrators at 915-532-3778

# 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 and COBRA will be offered.

# 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
- Inpatient maternity admissions require notification from your In-Network or Out of Network provider within twenty four (24) hours or 1 business day following the admission.





# EXAMPLE COST OF HAVING A BABY AT UMC

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

Plan's overall deductible:	<b>\$300</b>
Specialist copayment;	<b>\$30</b>
Hospital coinsurance:	<b>\$0</b>
Other coinsurance:	<b>\$0</b>

**This EXAMPLE event includes services like:**

Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services  
Diagnostic tests (ultrasounds and bloodwork)  
Specialist visit (anesthesia)

**Total Allowable Example Cost:        \$7,000**

**Patient pays:**

Deductible	<b>\$300</b>
Texas Tech Specialist Co-Payment	<b>\$30</b>
In Patient Co-pay	<b>\$250</b>
Coinsurance	<b>\$0</b>
<b>Total</b>	<b><u>\$580</u></b>

## Having a Baby at PPO Hospital (Normal Delivery)

Plan's overall deductible:	<b>\$1,500</b>
Specialist copayment;	<b>\$40</b>
Hospital coinsurance:	<b>\$30%</b>
Other coinsurance:	<b>\$30%</b>

**This EXAMPLE event includes services like:**

Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services  
Diagnostic tests (ultrasounds and bloodwork)  
Specialist visit (anesthesia)

**Total Allowable Example Cost:        \$9,000**

**Patient pays:**

Deductible	<b>\$1,500</b>
PPO Specialist Co-Payment	<b>\$40</b>
In Patient Co-pay	<b>\$1,000</b>
Coinsurance	<b>\$1,938</b>
<b>Total</b>	<b><u>\$4,478</u></b>

**\*\*Do not 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



- Portable double electric pumps (non-hospital grade), 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](http://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 & CHIROPRACTIC BENEFITS

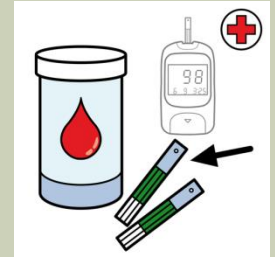
- **Effective October 1, 2020, Chiropractic benefits will no longer have max visits.**
- **Co-pays apply to initial evaluations and re-evaluations.**
- **After initial evaluation and re-evaluations for above services, a pre-authorization is required for treatment.**
- **Approval based on medical necessity.**



# OTHER SERVICES AVAILABLE ONLY AT UMC

## ■ Diabetes Education

- (Deductible does not apply)



## ■ Smoking Cessation



## ■ Wellness Program

- Lunch and Learn – Healthy Lifestyle
- Small Changes Program - Coming January 2021





# OUT OF COUNTRY EXCLUSIONS

## Coverage Options

- Employee/Dependent must reside in the United States.
- 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 ACCOUNTS (FSA)

## Medical - FSA

- Covers out-of-pocket qualified anticipated medical costs:
- You can elect up to **\$2,750** into your Medical FSA Account

### Use it for:

- Doctor office visits co-pays, prescriptions, eligible over-the-counter medications, eye glasses, contacts, etc.
- Your FSA Medical Account can be used for your dependent's medical cost.
- End-of-Year Carry Over - \$500 or less will be rolled over at the end of the plan year. **Must participate in the FSA Medical in the new plan to be eligible for carry-over.**
- **The CARES Act, signed into law on March 27, 2020 expanded the list of products eligible for reimbursement for flexible spending accounts (FSAs). Changes include the addition of over-the-counter (OTC) drugs and medicines. Additionally feminine hygiene products are now eligible.**



## Medical - FSA Reimbursement / Debit Mastercard:

- The Medical - FSA Debit MasterCard is a special purpose financial debit card linked to your Medical Reimbursement Flexible Spending Account (FSA). Note, this card cannot be used for your Dependent Child/Adult Day Care.
- Cards will be reloaded for the new plan year. If you are a new participant, a new card will be mailed.



# MEDICAL – FSA

- The run-out period for this Fiscal Year is November 30, 2020. **Please submit your receipts for reimbursement no later than November 30, 2020.** You can only get reimbursed for claims incurred during the October 1, 2019 to September 30, 2020 Plan Year.
- You will be required to elect the Medical FSA plan for the upcoming 2020-2021 plan year during the Open Enrollment window in order to carry-over funds from the previous year.
- You can carry over any amount under \$500.00 or less. Any balance in excess of \$500.00 will be forfeited.

**Important Note:** If you do not elect the Medical FSA Plan for the 2021 plan year, your carry-over amount will be forfeited. The carry-over does not apply to Dependent Care FSA's.

# DEPENDENT CARE – FSA

## CHILD AND DEPENDENT CARE EXPENSES

### ■ Dependent Care (Daycare) - FSA

- Covers cost of eligible children and adult daycare expenses.
  - You can put up to \$5,000 (or \$2,500 if married and filing separately)
  - Must submit a claim form with receipts for reimbursement.

### ■ Eligible Expenses

- Care for your child who is under age 13.
- Before and after school care.
- Babysitting and nanny expenses.
- Daycare, nursery school, and preschool.
- Summer day camp.
- Care for your spouse or a relative who is physically or mentally incapable of self-care and lives in your home.

# DENTAL OPTION #1:



- **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
- Card will be mailed once you select a dentist

# 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:



<b>Deductible:</b>	\$50 per person per plan year \$150 per family per plan year
<b>Preventive Care:</b>	Semi-Annually (every 6 months) 100% (No deductible)
<b>Basic Restorative:</b>	80% after \$50 deductible
<b>Major Restorative:</b>	50% after \$50 deductible
<b>Orthodontia:</b>	\$1,250 Lifetime Max. for child(ren) under age 19. No Deductible
<b>Annual Max:</b>	\$1,000 for Preventive, Basic, and Major services combined.
<b>Rollover:</b>	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*



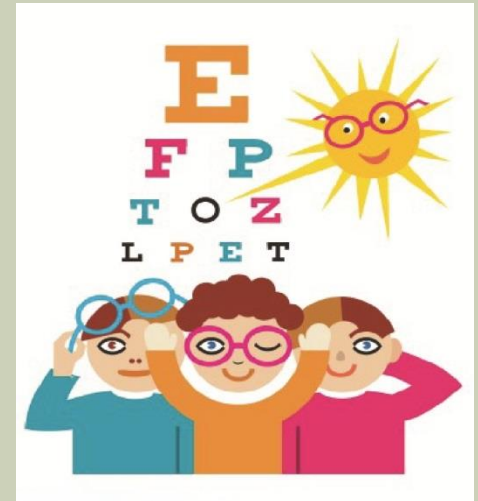
## ■ Flexibility of In/Out of Network

### ■ 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)





# BASIC TERM LIFE AND SUPPLEMENTAL TERM LIFE

## Basic - Term Life Insurance (Free)

- UMC of El Paso provides Basic Term Life
- One times your annual salary up to a maximum of \$50,000 for FREE!

## Supplemental Term Life Coverage (Age & Level)

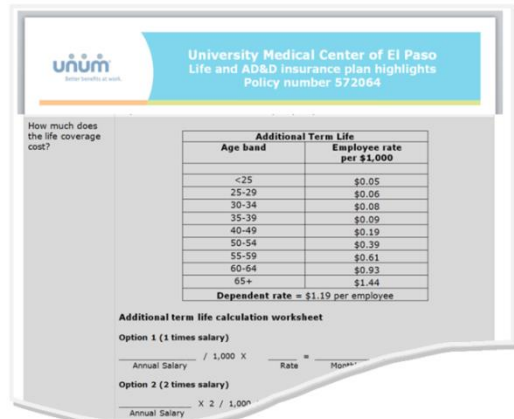
- Coverage Levels - You can purchase up to 5 times your annual salary up to a max of \$750,000. (Use your calculation form. EOI Required for 3x's or more coverage)
  - Spouse Coverage - Benefit \$5,000
  - Children Coverage - Benefit \$2,000 (per child)
  - Family Coverage - Spouse \$5,000 & Children \$2,000

## Non-Smoker Term Life Insurance (Free)

- Associate commits to be smoke-free UMC of El Paso provides an additional \$10,000 Term Life Insurance for FREE!

## Additional Services

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



University Medical Center of El Paso  
Life and AD&D insurance plan highlights  
Policy number 572064

How much does the life coverage cost?

Age band	Additional Term Life Employee rate per \$1,000
<25	\$0.05
25-29	\$0.06
30-34	\$0.08
35-39	\$0.09
40-49	\$0.19
50-54	\$0.39
55-59	\$0.61
60-64	\$0.93
65+	\$1.44

Dependent rate = \$1.19 per employee

Additional term life calculation worksheet

Option 1 (1 times salary)  
Annual Salary / 1,000 X Rate = Monthly Premium

Option 2 (2 times salary)  
Annual Salary X 2 / 1,000 X Rate = Monthly Premium

# **SUPPLEMENTAL TERM LIFE INSURANCE: EVIDENCE OF INSURABILITY (EOI) (UNUM PROVIDENT)**



## **Evidence of Insurability (EOI) is required:**

- **New Associates selecting benefit of 3x's Annual Salary or more.**
- **During Annual Open Enrollment – no EOI needed if already enrolled and want to increase by just One step but to increase more than Two steps the EOI is required.**

## **Approval of Additional (EOI) Supplemental Life Insurance**

- **After submitting the EOI to UNUM**
  - **UNUM determines and approves the level of coverage, if any**
  - **UNUM notifies HR and adjustments are made to your premium 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 the age 26**



# AD&D

## 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 - LTD VOLUNTARY PLAN (NON-EXEMPT ASSOCIATES)



## Replaces a portion of your income

- If you are unable to work due to a covered injury or sickness
- Eligible after 90 days of a 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 is \$5,000**

# LONG TERM DISABILITY – LTD HOSPITAL PLAN

(EXEMPT ASSOCIATES)

## Eligibility

- Full Time -Exempt Associate 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 up to a maximum monthly benefit of \$5,000
- Provided at no cost by Hospital

## Additional Benefits

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

# UNIVERSITY MEDICAL CENTER OF EL PASO

## BENEFIT PREMIUMS: PLAN YEAR 2021 – BIWEEKLY BASIS

	Associate Only	Associate + Spouse	Associate + Child(ren)	Associate + Family
<i>Medical - Full-time</i>	34.27	114.24	83.65	123.41
<i>Medical - Part-time</i>	56.03	181.73	135.15	198.08
<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)			

# ELIGIBILITY REQUIREMENTS TO RECEIVE UMC RETIREE MEDICAL/RX, DENTAL, AND VISION BENEFITS

- Must be a minimum of 60 years of age with 20 years of service at either UMC (hospital/clinics), El Paso Health or UMC Foundation.
- Coverage is until age 65 (Medicare eligible).
- Retirees will be able to enroll their eligible spouse and dependents; however when Retiree coverage expires, COBRA will be offered to spouse and dependent for a period of up to 36 months from the date of the qualifying event.
- Eligible for retirement according to Texas County and District Retirement System (TCDRS) rules.
- Full-time or part-time associates who retire must have been covered under the UMC medical benefit plan for 5 continuous years and currently be participating with Preferred Administrators at time of retirement.

# UNIVERSITY MEDICAL CENTER OF EL PASO

## RETIREE BENEFIT PREMIUMS: PLAN YEAR 2021

(Monthly)

	<b>Retiree Only</b>	<b>Retiree + Spouse</b>	<b>Retiree + Child(ren)</b>	<b>Retiree + Family</b>
<i>Medical - Full-time</i>	443.08	853.08	758.42	1,266.40
<i>MetLife - Dental DMO</i>	9.26	15.45	18.54	30.12
<i>Guardian - Dental Indemnity</i>	26.37	51.05	68.18	93.13
<i>Superior Vision</i>	9.46	19.72	16.80	28.53



# 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 2<sup>nd</sup> year of employment.



### ■ Retirement Planning

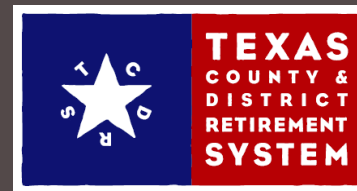
- Fund matches at 200% per dollar contributed at retirement
- Retirement age options
  - Age 60: 8 years of service
  - Any Age: 30 or more years of service
  - Age Plus: Rule of 75 (Age plus years of service equals 75)
  - Pension for Life!

### ■ 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
		<b>\$66,000</b>	<b>\$88,386</b>	<b>\$154,386</b>

# 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
<b>Eligibility</b>	Full & Part-time Associates	Full & Part-time Associates
<b>Employee Contribution</b>	Pre-Tax Dollars	Pre-Tax Dollars
<b>Employer Contribution</b>	None	None
<b>Employee Withdrawals</b>	Taxable when withdrawn	Taxable when withdrawn
<b>General Contribution Limits</b>	\$19,500 IRS Maximum (2020)	\$19,500 IRS Maximum (2020)
<b>Over age 50 Catch-up</b>	\$6,000	\$6,000
<b>Early distributions</b>	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

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

# HOW MUCH EIL CAN I EARN?

## ACCRUING EXTENDED ILLNESS LEAVE



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

# 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 November
  - 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

# EMPLOYEE ASSISTANCE PROGRAM (EAP) EMERGENCE HEALTH NETWORK

## **8 Counseling Sessions at no Charge – Includes Retirees**

- EAP Provides counseling for 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 Counseling Services Offered
  - Personal Problems, Financial Difficulties, Marital Problems, Mental Health Disorders, Substance Abuse Issues
  - Absolutely “No Charge” up to 8 sessions per year, unless referred to another source

## **Value Added Provider Discounts**

- Child Day Care Discounts, Legal Services, Car Purchases, Tire Purchase Discounts, Fitness Gym Discounts and more...

# WELCOME TO UMC DEALSPOT



UNIVERSITY  
MEDICAL CENTER  
OF EL PASO



SHOP ONLINE

Visit [umcelpaso.beta.beneplace.com](http://umcelpaso.beta.beneplace.com) from any computer or device to shop hundreds of offers tailored specifically to UMC El Paso employees. Program information is at your fingertips, and convenient links make shopping a breeze!



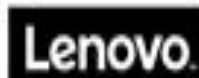
SAVE MONEY

UMC DealSpot offers you exclusive discounts on products and services you use every day. Visit the site today to find discounts on everything from hotels and car rentals to flowers and gifts!



RETURN OFTEN

New products and services are added frequently, plus seasonal sales and special promotions can save you even more! Be sure to bookmark the site and check back often.



UMCelpaso.Beta.Beneplace.com



# 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



*My Health In  
My Hands*

# UMC OF EL PASO BENEFITS ON THE INTRANET

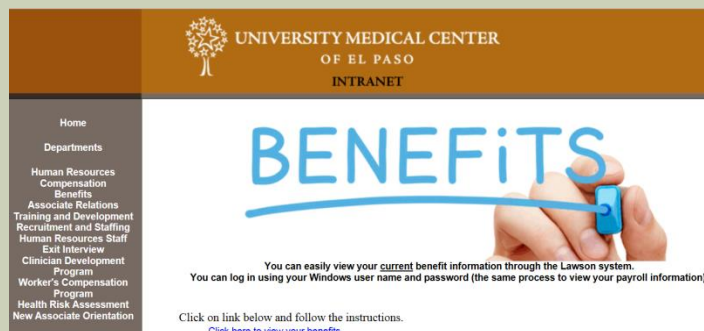


## Need more benefits information

- 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 23<sup>rd</sup> – Sun., Sept. 27th)



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

## Computer Assistance Schedule:

Date	Time	Location
September 25 <sup>th</sup> (Fri.)	7:30 am - 4:00 pm	HR Training Room (Annex, 3 <sup>rd</sup> Floor)

# ON-LINE ENROLLMENT

## (WED., SEPT 23<sup>RD</sup> – SUN., SEPT 27<sup>TH</sup>)

### ■ 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.


# OPEN ENROLLMENT REMINDERS

- **Open Enrollment closes on Sunday, September 27<sup>th</sup>.**
- **Associates adding dependents to Medical/Dental/Vision, please allow 1-7 days for processing of files.**

# On-Line Enrollment


## Hospital Intranet

“Click here for On-Line Enrollment”

**UNIVERSITY MEDICAL CENTER  
OF EL PASO  
INTRANET**

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

**Current Hospital Security Level is Green**



Click here for specific security level information


**SAFETY** **ENVIRONMENT OF CARE** **EMERGENCY MANAGEMENT**

**I.T. Helpdesk Support: (915) 521-7941**

**NEWS:**

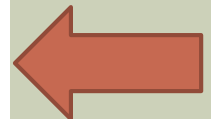
IT Security Newsletter August 2019  
Bugs - Drugs - And Things That Go Bump in the Nigh...

[View more...](#)

 **ON-LINE BENEFITS ENROLLMENT**  
Begins: **Wednesday Sept. 25th, 8am**  
Ends: **Sunday Sept. 29th, midnight**

**ATTENTION PHYSICIANS & PROVIDERS:**  
This Patient Status Order (PSO) video and quiz contains important information which will be needed for June 1, 2019 when Cerner comes back up.

- Associate Directory
- 24-hour Compliance
- Hotline Reporting
- Basic UMC Business
- Templates



# On-Line Enrollment

## Lawson

Enter your Windows Username and Password

The screenshot shows a Microsoft Internet Explorer browser window titled "Lawson portal - Microsoft Internet Explorer provided by Thomason Hospital IT Department". The address bar displays the URL "http://lw50b0p.velocityus.com:30063/lawson/portal/index.htm". The main content area features a blue background with a white login box in the center. The login box contains the "LAWSON" logo, a "User name" field, a "Password" field, and a "Login" button. At the bottom of the login box, it says "Copyright © 2008 Lawson Software. All rights reserved. Portal 9.0.0.6.281, Technology 9.0.0.6.289". The Windows taskbar at the bottom shows the "start" button, several open applications including "Norma Gonzalez", "University Medical", and "Lawson portal - Mi...", and a system clock showing "7:52 AM".

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

File Edit View Favorites Tools Help

Back Search Favorites

Address <http://lw50b0p.velocityus.com:30063/lawson/portal/index.htm> Go Links

**LAWSON**

User name

Password

Login

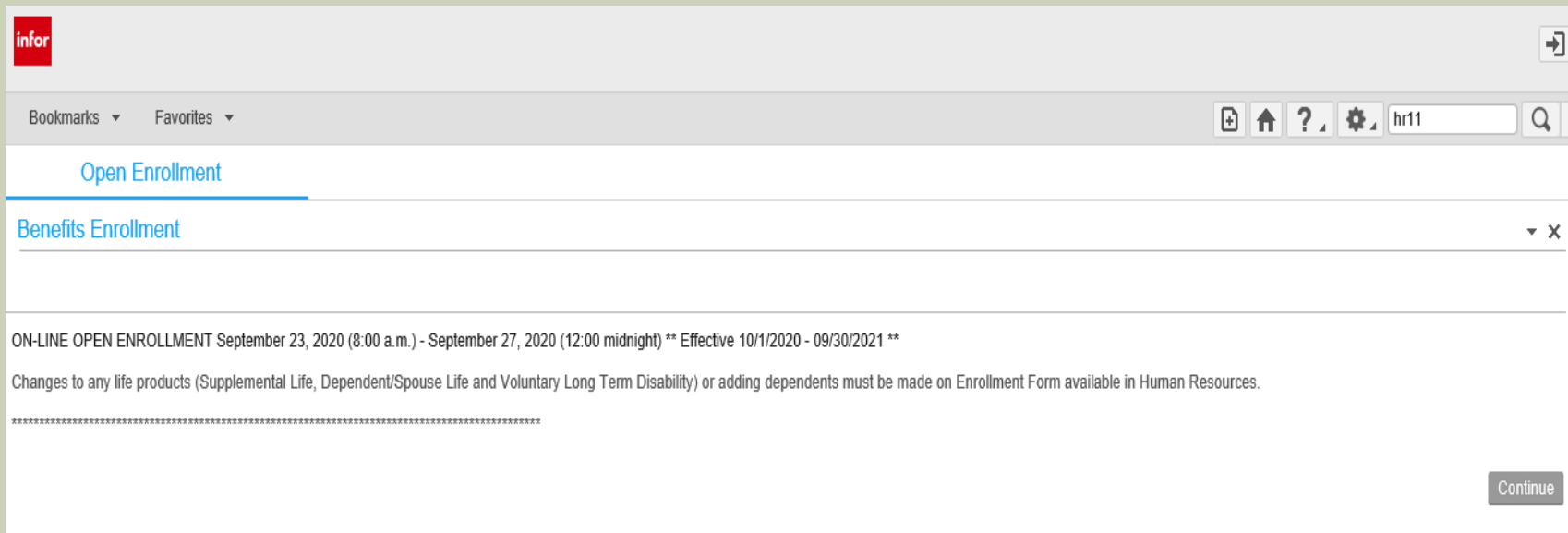
Copyright © 2008 Lawson Software. All rights reserved. Portal 9.0.0.6.281, Technology 9.0.0.6.289

Done Trusted sites

start Norma Gonzalez ... University Medical ... University Medical ... Lawson portal - Mi... 7:52 AM

# On-Line Enrollment Lawson

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



The screenshot shows a web browser window with the Infor logo in the top left corner. The browser's address bar shows "hr11". The page has a navigation bar with "Open Enrollment" and "Benefits Enrollment" links. Below the navigation bar, there is a section titled "ON-LINE OPEN ENROLLMENT September 23, 2020 (8:00 a.m.) - September 27, 2020 (12:00 midnight) \*\* Effective 10/1/2020 - 09/30/2021 \*\*". Below this section, there is a paragraph of text: "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." At the bottom right of the page, there is a "Continue" button.

infor

Bookmarks ▾ Favorites ▾

Open Enrollment

Benefits Enrollment ▾ ×

ON-LINE OPEN ENROLLMENT September 23, 2020 (8:00 a.m.) - September 27, 2020 (12:00 midnight) \*\* Effective 10/1/2020 - 09/30/2021 \*\*

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.

\*\*\*\*\*

Continue





# 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 Home Search Favorites Refresh Print Mail Download Upload

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

**LAWSON** Welcome Norma PROD hr\_occhth\_v9.xml [logout] Search...

Home Benefits

Benefits

- Parent Menu
- Benefits Enrollment

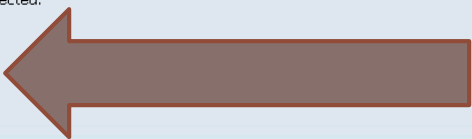
**LAWSON** Benefit Enrollment Welcome, Norma Gonzalez

**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



# On-Line Enrollment

## Lawson

“Print elections for your reference”

The screenshot shows a web browser window titled "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 displays the Lawson logo and a navigation menu on the left with "Home" and "Benefits" tabs. The "Benefits" tab is selected, showing a "Parent Menu" and "Benefits Enrollment". The main content area is titled "Benefit Elections As Of 10/01/2010" and shows a table of elections. A modal dialog box titled "Lawson Self-Service Message -- Web Page Dialog" is open, asking "Do you want to print these elections for your reference?" with the text "You chose to keep these benefits." and "Yes" and "No" buttons. Below the dialog, a "Pay Period Summary" table is visible, showing "Total pre-tax contributions" of 128.20 and "Total after-tax contributions" of 0.00. The bottom of the page shows a Windows taskbar with the start button and several open applications.

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

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites

Address <http://lw50b0p.velocityus.com:30063/lawson/portal/index.htm> Go Links

Welcome Norma PROD hr\_occhlth\_v9.xml [logout]

Search...

**LAWSON**

Home Benefits

Benefits

Parent Menu ^

Benefits Enrollment

LAWSON Benefit Enrollment

Welcome, Norma Gonzalez

Benefit Elections As Of 10/01/2010

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

**Lawson Self-Service Message -- Web Page Dialog**

Lawson Self-Service

Do you want to print these elections for your reference?

You chose to keep these benefits.

Yes No

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

Your deductions may differ slightly due to rounding.

Update Make Changes Exit

Done

Local intranet

start

Open Enroll... Crystal Rep... My Documents Microsoft Po... 2 Internet ... 1:18 PM

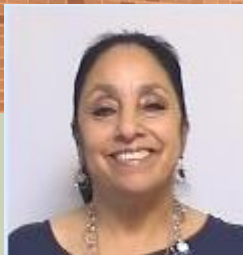
# On-Line Enrollment

Lawson

## Congratulations

Your enrollment has been successful. Wait for the print box. After that, choose **Continue** to exit. Save your confirmation!

# Questions????



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