



UNIVERSITY MEDICAL CENTER
OF EL PASO

Welcome



Open Enrollment - Benefits Presentation

***Plan Year 2022
(Effective 10/1/2021)***

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 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 – Spouse and Children



Effective Dates

New Hires or Newly Eligible - 1st 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 1st 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 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

- 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

Some clinics are open on Saturdays!

**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**

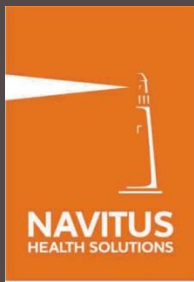
**Over 50
Providers!**

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 (NHC & EE Clinic)	\$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	\$300 (Includes UMC, EPCH, and Texas Tech)		\$1,500	\$5,000
	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	\$900 (Includes UMC, EPCH, and Texas Tech)		\$4,500	\$15,000
	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	Individual \$8,700 Family \$17,400			Unlimited
Family				Unlimited

SCHEDULE OF BENEFITS: ONE DYNAMIC PLAN

	UMC of El Paso Texas Tech EPCH	PPO Wrap Network	Out Of Area/Non-Contracted Providers to include Hospitals of Providence
Hospital Availability:	UMC of El Paso	In-Network	Out-of-Network
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/Lifetime	No Annual/Lifetime Maximum		



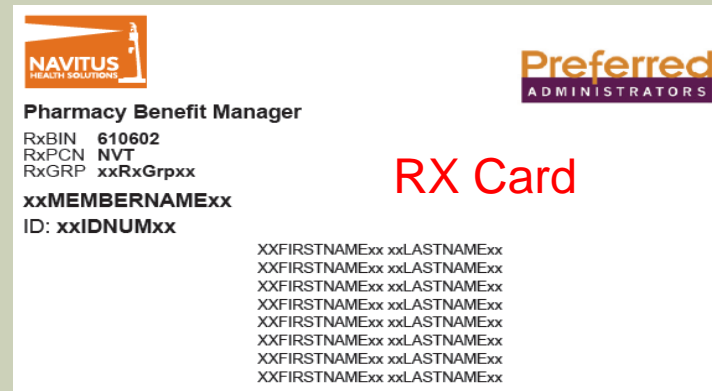
PHARMACY VENDOR PRESCRIPTION BENEFITS



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) Members are subject to the price difference if they choose a brand name when a generic is available.	\$60.00 (Brand Name) Members are subject to the price difference if they choose a brand name when a generic is available.
	\$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 \$65 co-pay and will be dispensed at a 30 day supply. These drugs must first be dispensed at a UMC Pharmacy. If not available at a UMC Pharmacy, then they must be purchased through Navitus Specialty Lumericera RX 855-847-3553. Specialty Drugs and Prescriptions over \$500.00 (Authorization Required)</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) Refill Line – 534-5925 (24 hour turnaround time)</p>		

MEDICAL/PHARMACY ID CARDS

NO NEW CARDS – UNLESS INFORMATION CHANGES



- Preferred Administrators will only mail out ID cards to new Members. If you lost your card, please contact Preferred Administrators at 915-532-3778 to request a new card.
- 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.

MEMBERS RESIDING OUTSIDE OF THE EL PASO REGIONAL AREA

- Members residing outside of the El Paso Area should utilize their local area provider network for all services, with the exception of emergency services. PPO benefits will be applied when a member receives services from a contracted provider within the (Multiplan/PHCS).
- If you plan to receive specialty care 100 miles outside of the El Paso radius, you must notify Preferred Administrators prior to receiving your services. They will assist in coordination of these services.
- Out of network benefits will be applied for services outside of Multiplan/PHCS network.
- If you have a dependent living outside the El Paso area, you must submit a Member Residing Form to Preferred Administrators. Proof of residency must be provided with the Member Residing Form.

MEMBERS RESIDING INSIDE THE EL PASO REGIONAL AREA

- Members residing inside the El Paso area should utilize their local area provider network for all services, with the exception of emergency services when traveling outside of the El Paso area. PPO benefits will be applied when member receives services from a Preferred Administrators contracted provider.
- Out of network benefits will be applied for services outside of your local network.
- **Prior Authorization will be required for Members receiving services outside of the El Paso area.** Out of network benefits will be applied for services outside of your local area, with the exception of emergency services.
- If your specialty care is not available within 100 miles of the El Paso Regional Area radius, you must contact Preferred Administrators prior to receiving your services. Preferred Administrators will help you coordinate these services.

EL PASO REGIONAL AREA



EL PASO REGIONAL AREA

<p>+</p> <p>The following cities are considered within the El Paso 100-mile Regional area. If members plan to receive specialty services outside the El Paso 100-mile Regional area, they must notify Preferred Administrators to receive care coordination.</p>
Anthony, Texas
Canutillo, Texas
Clint, Texas
El Paso, Texas
Canutillo, Texas
Clint, Texas
Fabens, Texas
Fort Hancock, Texas
Horizon, Texas
San Elizario, Texas
Socorro, Texas
Tornillo, Texas
Vinton, Texas
Santa Teresa, NM
Sunland Park, NM
Anthony, NM
Berino, NM
La Mesa, NM
Mesquite, NM
Faiacres, NM
Las Cruces, NM

For detailed benefit information, please review Plan Documents at www.preferredadmin.net

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 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 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)	
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.

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



WELLNESS BENEFITS Benefit Description:	University Medical Center of El Paso	Texas Tech Provider	PPO Wrap Network	Out of Area/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

PRIOR AUTHORIZATION



Prior authorization review is required for:

Inpatient Admissions

Acute Hospital
Hospice
Behavioral Health
Elective or Scheduled
Rehab
Hospice
Substance Abuse
Behavioral Health
Residential Center
Elective Admissions/Surgery
Psychiatric

Outpatient

Physical Therapy
Speech Therapy
Occupational Therapy
Chiropractic
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 Surgical Procedure

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)
- Transplants with Out of Network (To include evaluation services by Transplant Facility)

PRIOR AUTHORIZATION UPDATES

- **No authorization requirements for the following services effective October 1, 2021**

-Outpatient Behavioral Health Services

-In Office Podiatry Surgical Procedures

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.**
- **Prior authorization is not required for Emergent Medical or Behavioral Health Admissions. Notification of admission is required within one (1) business day.**

COORDINATION OF BENEFITS

Do you have one more health insurance plan?

- Obtain the Coordination of Benefits Form at 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:	\$300
Specialist copayment;	\$30
Hospital coinsurance:	\$0
Other coinsurance:	\$0

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

Having a Baby at PPO Hospital (Normal Delivery)

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

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

****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
 - Prescription from OB provider
 - Receipt

For more information about this benefit, please contact Preferred Administrators at 915-532-3778.

PHYSICAL THERAPY, SPEECH THERAPY & OCCUPATIONAL THERAPY BENEFITS

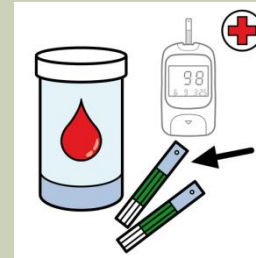
- Co-pays apply to initial evaluations and re-evaluations.
- After initial evaluation and re-evaluations for above services, a pre-authorization is required for treatment.
- Approval based on medical necessity.



OTHER SERVICES AVAILABLE ONLY AT UMC

■ Diabetes Education

- (Deductible does not apply)



■ Smoking Cessation



■ Wellness Program

- Lunch and Learn – Healthy Lifestyle
- Small Changes Program Personalize your meals (Realistic Options)
 - Not a diet based on calories
 - 16 Week Program





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 - \$550 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.**



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, 2021. **Please submit your receipts for reimbursement no later than November 30, 2021.** You can only get reimbursed for claims incurred during the October 1, 2020 to September 30, 2021 Plan Year.
- You will be required to elect the Medical FSA plan for the upcoming 2021-2022 plan year during the Open Enrollment window in order to carry-over funds from the previous year.
- You can carry over any amount under \$550.00 or less. Any balance in excess of \$550.00 will be forfeited.

Important Note: If you do not elect the Medical FSA Plan for the 2022 plan year, your carry-over amount will be forfeited.

DEPENDENT CARE – FSA

CHILD AND DEPENDENT CARE EXPENSES

- Great news!!! You can carry over all your Dependent Care balance into the new plan year.

- 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:

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
- 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:



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



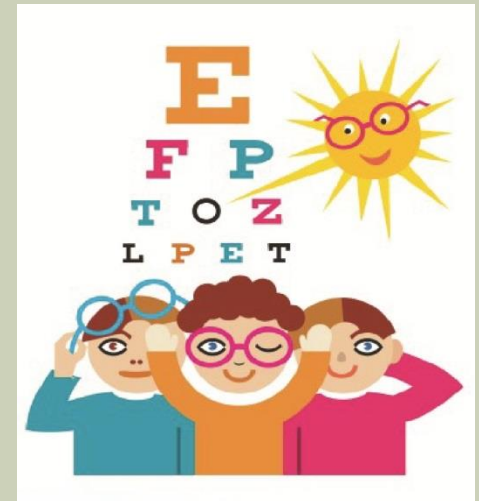
■ Flexibility of In/Out of Network

■ 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)





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 (.55 cents per pay period)
 - Children Coverage -Benefit \$2,000 (.55 cents per pay period)
 - Family Coverage - Spouse \$5,000 & Children \$2,000 (.55 cents per pay period)

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 2022 – 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 2022

(Monthly)

	Retiree Only	Retiree + Spouse	Retiree + Child(ren)	Retiree + Family
<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

TCDRS.org

800-823-7782
(M–F 7:30 a.m.–6:00 p.m.)

memberservices@tcdrs.org

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 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
		\$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	\$19,500 IRS Maximum (2021)	\$19,500 IRS Maximum (2021)
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

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
<p>Exempt and Non-Exempt</p> <p>EIL</p> <p>To be used for Associates only</p>	<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

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 to the associate
 - **Catastrophic Medical Situation or Other Critical Need-** is an acute or prolonged illness or injury that is considered life-threatening or may lead to a serious residual disability which results in the employee's inability to work.
 - 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) EMERGENCY 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...

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*

WELCOME TO UMC DEALSPOT



UNIVERSITY
MEDICAL CENTER
OF EL PASO



SHOP ONLINE

Visit 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!



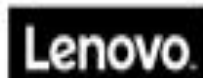
SAVE MONEY

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

UMC OF EL PASO BENEFITS ON THE INTRANET



Need more benefits information

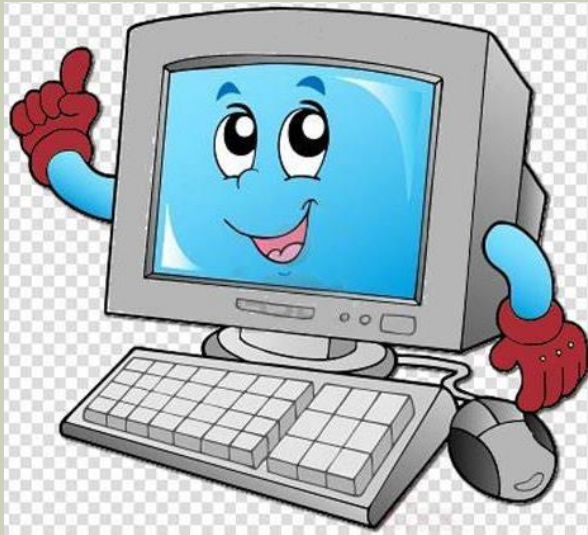
- Go to the UMC of El Paso Intranet Home Page
- Select “Benefits”

A screenshot of the University Medical Center of El Paso Intranet Home Page. The page has a brown header with the UMC logo and the text 'UNIVERSITY MEDICAL CENTER OF EL PASO INTRANET'. Below the header is a navigation menu on the left with links such as 'Home', 'COVID-19 (Coronavirus)', 'Resources', 'About Us', 'Applications', 'Procurement Manual', 'Center Soarian Integration', 'Outpatient Clinics', 'Departments', 'Benefits', 'Rewards & Recognition', 'SIS Online', 'E-Learning', 'IT Training & Development', 'Classes', 'Policies & Procedures', 'Patient Education', 'Physician Education', 'Medical Interpreting Program', 'The Joint Commission', 'E-dition', 'Joint Commission Information', 'Nursing Shared Governance', 'Internal Medicine', 'UMC Foundation', 'API Portal', 'API Portal Documentation', 'Notes', 'Resident Competencies', 'Associate Directory', and '24-hour Compliance'. The main content area features a 'Current Hospital Security Level is Green' notification with a progress bar and buttons for 'SAFETY', 'ENVIRONMENT OF CARE', and 'EMERGENCY MANAGEMENT'. Below this is a 'SUGGESTIONS? CLICK HERE' button with a hand cursor icon. Further down is a 'NEWS' section with a link to 'NURSING INFORMATICS NEWSLETTER-AUGUST-2021' and 'NURSING INFORMATICS UPDATE-JUNE 2021'. At the bottom is a purple banner for 'ON-LINE BENEFITS ENROLLMENT' with a green checkmark icon, stating 'Begins: Wednesday Sept. 22nd, 8am' and 'Ends: Sunday Sept. 26th, midnight'.

- 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 22nd – Sun., Sept. 26th)



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

Computer Assistance by Appointment:

Date	Time	Contact Person
September 23 rd (Thur.)	7:30 am – 4:30 pm	Norma Gonzalez – 521-7580
September 24 th (Fri.)	8:00 pm – 5:00 pm	Marcos Rey – 521-7206

ON-LINE ENROLLMENT

(WED., SEPT 22ND – SUN., SEPT 26TH)

■ 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 26th.**
- **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
COVID-19 (Coronavirus)
Resources
About Us
Applications
Procurement Manual
Cerner Soarian Integration
Outpatient Clinics
Departments
Benefits
Rewards & Recognition
SDS Online
E-Learning
IR Training & Development
Classes
Policies & Procedures
Patient Education
Physician Education
Medical Interpreting
Program
The Joint Commission
E-dition
Joint Commission
Information
Nursing Shared
Governance
Internal Medicine
UMC Foundation
API Portal
API Portal Documentation
iNotes
Resident Competencies

Associate Directory
24-hour Compliance

Current Hospital Security Level is Green
Click here for specific security level information

SAFETY ENVIRONMENT OF CARE EMERGENCY MANAGEMENT

SUGGESTIONS?
CLICK HERE

IT Helpdesk Support: (915) 521-7941

NEWS:


NURSING INFORMATICS NEWSLETTER-AUGUST-2021
NURSING INFORMATICS UPDATE-JUNE 2021

View more...


ON-LINE BENEFITS ENROLLMENT
Begins: Wednesday Sept. 22nd, 8am
Ends: Sunday Sept. 26th, midnight

On-Line Enrollment Lawson

Enter your Windows Username and Password



User Name *

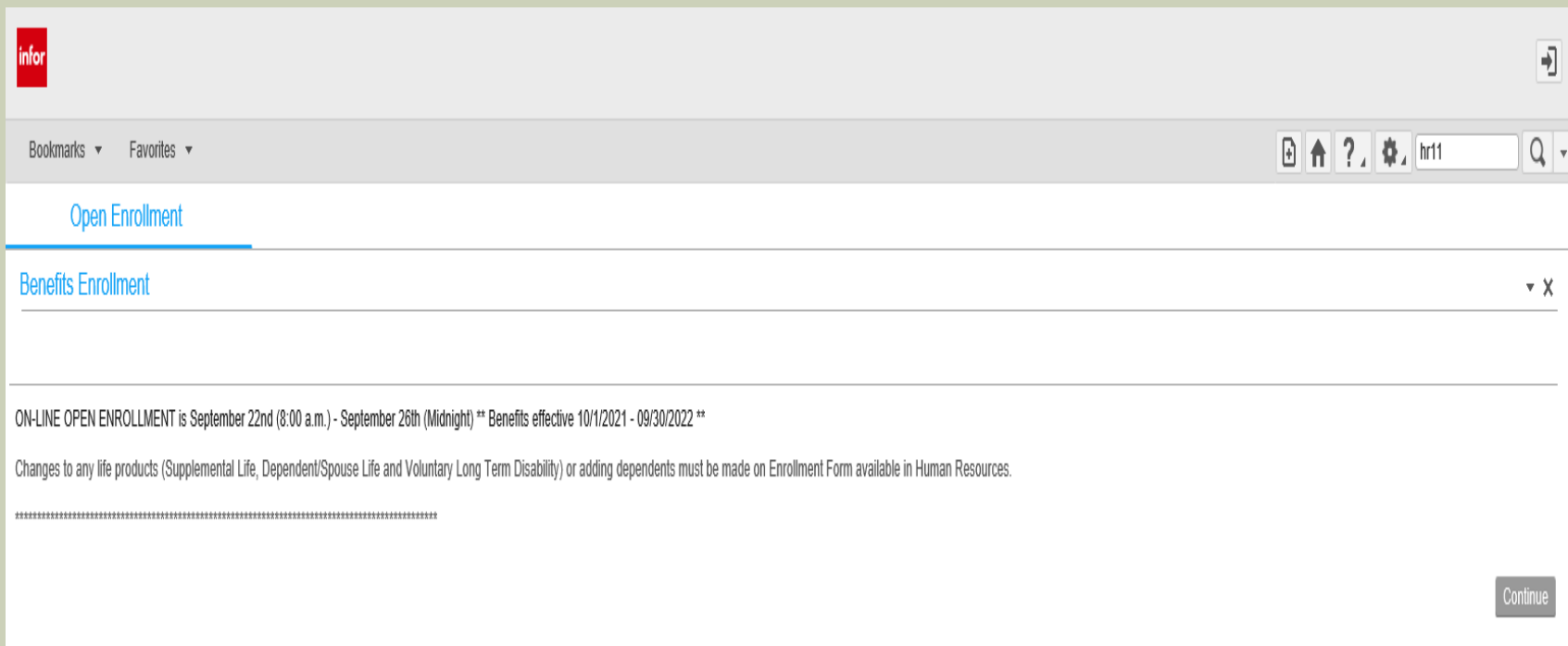
 Required

Password *

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www.infor.com

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 contains "hr11". The page title is "Open Enrollment". Below the title, there is a "Benefits Enrollment" link with a dropdown arrow and an "X" icon. The main content area contains the following text:

ON-LINE OPEN ENROLLMENT is September 22nd (8:00 a.m.) - September 26th (Midnight) ** Benefits effective 10/1/2021 - 09/30/2022 **

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.

In the bottom right corner of the page, there is a "Continue" button and a blue circular button with a white left-pointing arrow.

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." At the bottom of the page, there are buttons for "Update", "Make Changes", and "Exit". 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. Wait for the print box. After that, choose **Continue** to exit. Save your confirmation!

Questions????



Norma Gonzalez, Benefits Specialist
ngonzalez@umcelpaso.org
(915) 521-7580

Marcos Rey, HR Auditing Generalist
mrey@umcelpaso.org
(915) 521-7206