



UNIVERSITY MEDICAL CENTER
OF EL PASO

Welcome



Open Enrollment - Benefits Presentation

*Plan Year 2023
(Effective 10/1/2022)*

SUMMARY OF BENEFITS

UNIVERSITY MEDICAL CENTER OF EL PASO OFFERS OUTSTANDING BENEFITS!

- Major Medical
- Dental
- Vision
- Outpatient Clinics (NHC)
- Basic Life Insurance
- Non-Smoker Life Insurance
- AD&D Insurance
- Supplemental Life Insurance
- (FSA) Flexible Spending Accounts
- Long Term Disability
- CARES Programs
- Retirement Program – TCDRS
- (VOYA) Retirement Plans
403 b and/ or 457 b
- PTO -Paid Time Off
- PTO Buy Back Program
- (EIL) Extended Illness Leave
- Leaves of Absence
- (EAP) Employee Assistance Program
- Associate Gymnasium
Open 4 a.m. to Midnight with badge access. Must attend orientation.
- UMC Deal Spot

Benefits

BENEFITS PLAN BASICS

Medical, Dental, Vision,
Basic and Supplemental Life Insurance
AD&D and 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.

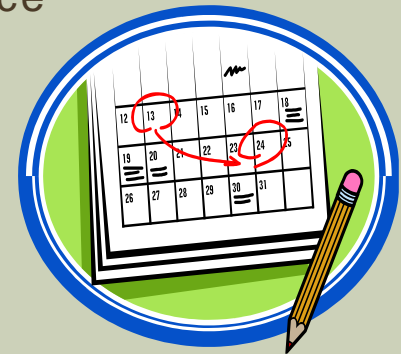
Termination of Benefits

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)





UNIVERSITY MEDICAL CENTER
OF EL PASO

Outpatient
Clinics



CALL FOR APPOINTMENTS 790-5700

UMC East and West are open on Saturdays!

**Six
Sites**

Located at UMC West

Employee Clinic

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

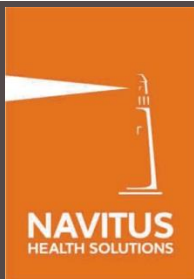
ONE DYNAMIC PLAN

	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 \$9,100			Unlimited
Family	Family \$18,200			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



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) <i>Members are subject to the price difference if they choose a brand name when a generic is available.</i>	\$60.00 (Brand Name) <i>Members are subject to the price difference if they choose a brand name when a generic is available.</i>
	\$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
Specialty drugs: Will process at a \$150 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 Lumicera RX 855-847-3553. Specialty Drugs and Prescriptions over \$500.00 (Authorization Required)		
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)		

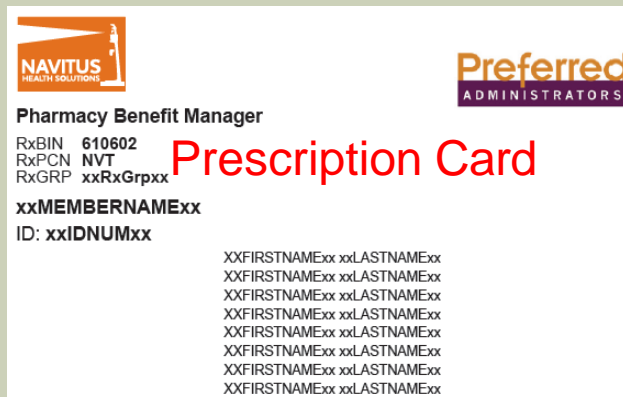
MEDICAL/PHARMACY ID CARDS



Medical Insurance Cards

Will be mailed out to YOU and Each Dependent.

Call Preferred Administrators at 915-532-3778 for inquiries or issues.



Navitus (Prescription) Pharmacy Cards

Contact Navitus if you need a replacement card.

Call Navitus at 855-673-6504 for inquiries or issues.

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.

MEMBERS RESIDING OUTSIDE 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.

EL PASO REGIONAL AREA



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.

Anthony, Texas

Canutillo, Texas

Clint, Texas

El Paso, Texas

Fabens, Texas

Fort Hancock, Texas

Horizon City, Texas

San Elizario, Texas

Socorro, Texas

Tornillo, Texas

Vinton, Texas

Anthony, NM

Berino, NM

Fairacres, NM

La Mesa, NM

Las Cruces, NM

Mesquite, NM

Santa Teresa, NM

Sunland Park, 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 800-578-7427 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.



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.



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).

NO SURPRISE ACT (NSA) PROHIBITION ON BALANCE BILLING

- Effective October 1, 2022, Preferred Administrators will comply with No Surprises ACT (NSA). It was designed to provide protection from patients being surprised by bills for health care and excessive patient cost-sharing payment obligations. NSA applies to several classes of out of network to include the following:
 - Air Ambulance Services(except for ground ambulances)
 - Emergency Services
 - Services provided to stabilize a patient post-trauma
 - Out of network services at an in network facility if the provider didn't notify the patient that the services were out of network and obtain approval.

TYPES OF PROVIDERS IN EMERGENCY SETTING THAT CANNOT BALANCE BILL

- You are protected from balance billing under NSA from these types of specialty providers during an emergency service.
 - Emergency Medicine
 - Anesthesia
 - Pathology
 - Radiology
 - Laboratory
 - Neonatology
 - Assistant Surgeon
 - Hospitalists
 - Intensivist

EMERGENCY CARE BENEFITS



Fast 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

“No Balance Billing”

Non Contracted
Providers

“No Balance Billing”

Facility

Professional

Facility

Professional

Facility

Professional

100% of Amount

100% of Amount

100% of Amount

100% of Amount

100% of Amount

100% of Amount

after co-pay of \$200

after co-pay of \$200

after co-pay of \$200

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: Preventive vaccines provided by medical providers and Retail Pharmacies.	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
Well Baby and Well Child Preventative Care and annual physical exams and routine immunizations recommended by the CDC for covered participants. Routine Immunizations include: Diphtheria, Hepatitis B, Rotavirus, Haemophilus Influenzae Type B (Hib), Pneumococcal, Pediarix, Measles, Mumps, Rubella, Pertussis, Polio, Tetanus, and Varicella. Tetanus -- After age 11 and boosters no more than every 10 years or unless medically necessary. Hepatitis A	100%	100%	100%	Not Covered

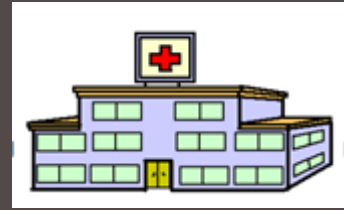


SCHEDULE OF WELLNESS BENEFITS



WELLNESS BENEFITS Benefit Description: Preventive vaccines provided by medical providers and Retail Pharmacies.	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



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

SCHEDULED INPATIENT ADMISSIONS AND 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

Preferred Administrators has excellent Case Managers readily available to assist Members when situations emerge such as:

- Complex medical care needs
- Potentially high cost medical services
- Catastrophic medical illness or injuries
- Out of area medical services

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.

EXAMPLE COST OF HAVING A BABY AT UMC

GLOBAL MATERNITY CARE

(B R E A S T P U M P B E N E F I T)

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 \$580

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 \$4,478

****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.****

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.





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 **\$2,850** 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 - \$570 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 REMINDERS

**FSA PLANS MUST BE RESTARTED
EVERY PLAN YEAR!**

- The run-out period for this Fiscal Year is November 30, 2022. **Please submit your receipts for reimbursement no later than November 30, 2022.** You can only get reimbursed for claims incurred during the October 1, 2021 to September 30, 2022 Plan Year.
- You will be required to elect the Medical FSA plan for the upcoming 2022-2023 plan year during the Open Enrollment window in order to carry-over funds from the previous year.
- You can carry over any amount under \$570.00 or less. Any balance in excess of \$570.00 will be forfeited.

Important Note: If you do not elect the Medical FSA Plan for the 2023 plan year, your carry-over amount will be forfeited.

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:



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)
 - **Contact Lens Fitting (\$25)**
 - Frames and/or Eyeglass Lenses (\$25)
- Allowance: Frames: **\$120** or Contacts: **\$140**
- 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:

- 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

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) (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 2023 –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 2023

(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

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!

■ TCDRS: 800-823-7782 memberservices@tcdrs.org

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

YOU MUST SET UP YOUR ACCOUNT – ADD BENEFICIARY INFORMATION



Registering is easy and secure. All that you need is your TCDRS account number. To obtain it, please call TCDRS Member Services at 800 -823-7782.

Once you obtain your TCDRS account number, log into TCDRS.org/OwnIt to set up your account.

Your TCDRS Dashboard will give you access to your account balance, retirement eligibility, beneficiaries and more!

A screenshot of the TCDRS online account setup page. The page has a white background with blue text. At the top, it says 'Welcome to TCDRS!'. Below that, a message says 'Thank you for registering for online account access. This will only take a few minutes and give you access to your account balance, benefit estimates, and more.' A progress bar shows four steps: 1 (active), 2, 3, and 4. Step 1 is 'Enter your Social Security number' with a text box containing 'XXXX-XX-XXXX'. Step 2 is 'Enter your date of birth' with a text box containing 'mm/dd/yyyy'. Below the date of birth field is a checkbox labeled 'I agree to the Terms of Use'. At the bottom are two buttons: 'CANCEL' and 'NEXT ->'.

Welcome to TCDRS!

Thank you for registering for online account access. This will only take a few minutes and give you access to your account balance, benefit estimates, and more.

Let's find your account

1 2 3 4

Enter your Social Security number ⓘ

XXXX-XX-XXXX

Enter your date of birth

mm/dd/yyyy

☐ I agree to the [Terms of Use](#)

CANCEL NEXT →

Your UMC Voluntary Retirement Programs

- 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	\$20,500 IRS Maximum (2022)	\$20,500 IRS Maximum (2022)
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 8.62 PTO hours per pay period 224 hrs annually Max accrual is 448 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 7.08 hrs per pay period 184 hrs annually Max accrual is 368 hrs 5+ Years or more <ul style="list-style-type: none"> Accrues at 8.62 hrs per pay period 224 hrs annually Max accrual is 448 hrs 	<ul style="list-style-type: none"> Eligible after 90 days of employment Must work a minimum of 20 hours per week <ul style="list-style-type: none"> Accumulates based on hours paid Max accrual is 2Xs annual rate

HOW MUCH EIL CAN I EARN?

ACCRUING EXTENDED ILLNESS LEAVE



	Full Time	Part-Time
Exempt and Non-Exempt EIL To be used for Associates only	<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



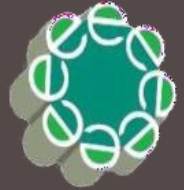
- **Opting for a PTO Buy Back**
 - Requires one year of service and at least 80 hours of PTO used in the prior year
 - Payouts are in November
 - PTO time paid based on hourly salary calculation (not overtime)
 - Maximum Buy Back of PTO is 40 hours
 - Must have minimum remaining balance of 40 hours after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

UMC DEALSPOT

Travel / Entertainment



Home Insurance

Get quotes from multiple carriers



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Fall into an abundance of discounts on retail, travel, entertainment, appliances, cars, computers, electronics and much more!

Visit <https://UMCEIPaso.savings.Beneplace.com>



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ON-LINE ENROLLMENT (WED., SEPT 21ST – SUN., SEPT 25TH)

■ 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. (Joel Hernandez (915 543-4902))

■ 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.
- **DO NOT** share your personal User ID and password with anyone, it is against Hospital policy.

On-Line Enrollment

Hospital Intranet

“Click here for On-Line Enrollment”

**UNIVERSITY MEDICAL CENTER
OF EL PASO
INTRANET**

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CARES Programs
COVID-19 (Coronavirus)
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Joint Commission
Information
Nursing Shared
Governance
Internal Medicine
UMC Foundation
API Portal
API Portal Documentation
iNotes
Resident Competencies

Campus Map
Associate Directory
24-hour Compliance
Hotline Reporting
Basic UMC Business
Templates
Cafeteria Menus
Suggestion Box
Create Email Signature

Search Intranet Pages:

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

SAFETY ENVIRONMENT OF CARE EMERGENCY MANAGEMENT

SUGGESTIONS?
CLICK HERE

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

NEWS:

No recent posts.
View more...


ON-LINE BENEFITS ENROLLMENT
Begins: Wednesday Sept. 21st, 8am
Ends: Sunday Sept. 25th, midnight

UMC MINUTES
CLICK HERE FOR A LOOK BACK AT THE PRIOR MONTH!


UNIVERSITY MEDICAL CENTER OF EL PASO

On-Line Enrollment Lawson

Enter your Windows Username and Password



User Name *

 Required

Password *

Login

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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 address bar displays the URL </lawson/xbnnet/benannenroll.htm>. Below the address bar, the page title is "Benefits Enrollment". The main content area contains the following text:

On-Line Open Enrollment is September 21st - 25th. The new plan year is effective October 1, 2022 - September 30, 2023.

Changes to Supplemental Life, Dependent/Spouse Life, Long Term Disability or adding dependents must be made on the Enrollment Form available in Human Resources. Flexible Spending Accounts must be restarted every plan year.

A "Continue" button is located in the bottom right corner of the page.



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 Reload Home Search Favorites Print Mail News RSS Feeds

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

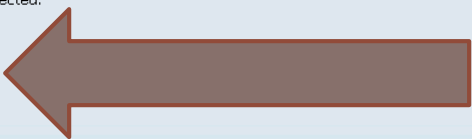
LAWSON Benefit Enrollment Welcome, Norma Gonzalez

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



On-Line Enrollment Lawson

“Print elections for your reference”

The screenshot shows a Microsoft Internet Explorer browser window displaying the Lawson Self-Service portal. The browser's address bar shows the URL: <http://lw50b0p.velocityus.com:30063/lawson/portal/index.htm>. The page title is "Lawson portal - - Microsoft Internet Explorer provided by Thomason Hospital IT Department". The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The address bar also includes a search icon, a star icon for Favorites, and a Go button. The page content shows the Lawson Self-Service portal with a navigation menu on the left and a main content area. The navigation menu includes "Home" and "Benefits". The "Benefits" menu is expanded, showing "Parent Menu" and "Benefits Enrollment". The main content area displays the "Benefit Elections As Of 10/01/2010" page. A confirmation dialog box titled "Lawson Self-Service Message -- Web Page Dialog" is overlaid on the page, asking "Do you want to print these elections for your reference?" and "You chose to keep these benefits." The dialog has "Yes" and "No" buttons. The background page shows a table of benefit elections and a "Pay Period Summary" table.

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

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

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

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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(915) 521-7580

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mrey@umcelpaso.org
(915) 521-7206