

Open Enrollment Benefits Presentation 2024 Plan Year (Effective 10/1/23)

Norma Gonzalez
Benefits Specialist



Comparison of Medical Plan Changes – 2024 Plan Year

| 2023 Plan Year (Oct 1, 2022 – Sept 30, 2023) | | | | | 2024 Plan Year (Oct 1, 2023 – Sept 30, 2024) | | | | |
|--|---|---|------------------------|---|--|---|---|------------------------|---|
| Doctor Availability | UMC of El Paso | Texas Tech | In Network | Out of Network | Doctor Availability | UMC of El Paso | Texas Tech | In Network | Out of Network |
| Office Visit (Co-pays) | \$15.00 | \$30.00 | \$40.00 | Deductible (50%) | Office Visit (Co-pays) | \$15.00 | \$30.00 | \$40.00 | (50%) After Deductible |
| Individual Deductible | \$300 | | \$1,500 | \$5,000 | Individual Deductible | \$300 | | \$1,500 | \$5,000 |
| Maximum Family Deductible Limit | \$900 | | \$4,500 | \$15,000 | Maximum Family Deductible Limit | \$900 | | \$4,500 | \$15,000 |
| Maximum Out of Pocket Will include co-pays, co-insurance and deductible for Medical and Pharmacy PPO only. | | \$9,100 | | Unlimited | Maximum Out of Pocket Will include co-pays, co-insurance and deductible for Medical and Pharmacy PPO only. | | \$9,450 | | Unlimited |
| Maximum Family Out of Pocket - FY | \$18,200 | | | Unlimited | Maximum Family Out of Pocket - FY | \$18,900 | | | Unlimited |
| Wrap Network: Out of area benefits will be covered for emergency services only. PPO benefits will be applied if the provider/facility is participating with our out of area network within Multiplan/PHCS network. Elective and non-emergency services will be paid as out of network. Members living outside the area must provide proof of residency. | | | | | Wrap Network: Out of area benefits will be covered for emergency services only. PPO benefits will be applied if the provider/facility is participating with our out of area network within Multiplan/PHCS network. Elective and non-emergency services will be paid as out of network. Members living outside the area must provide proof of residency. | | | | |
| Flexible Spending Accounts | Medical: \$2850 | Dependent Care: \$5000 | | Rollover: \$570 | Flexible Spending Accounts | Medical: \$3050 | Dependent Care: \$5000 | | Rollover: \$610 |
| Hospital Availability | UMC of El Paso/EPCH | In Network (PPO) | | Out of Network | Hospital Availability | UMC of El Paso/EPCH | In Network (PPO) | | Out of Network |
| In-Patient Admission | 100% After \$250 co-pay once deductible is met | 70% After \$1,000 co-pay once deductible is met | | 50% After \$2,500 co-pay once deductible is met | In-Patient Admission | 100% After \$250 co-pay once deductible is met | 70% After \$1,000 co-pay once deductible is met | | 50% After \$2,500 co-pay once deductible is met |
| Out-Patient Surgery | 100% After \$100 co-pay once deductible is met | 70% After \$300 co-pay once deductible is met | | 50% After \$1000 co-pay once deductible is met | Out-Patient Surgery | 100% After \$100 co-pay once deductible is met | 70% After \$300 co-pay once deductible is met | | 50% After \$1000 co-pay once deductible is met |
| Out-Patient Services (Lab, X-rays, etc...) | 100% After deductible is met | 70% After deductible is met | | 50% After deductible is met | Out-Patient Services (Lab, X-rays, etc...) | 100% After deductible is met | 70% After deductible is met | | 50% After deductible is met |
| Urgent Care Visits | UMC: N/A EPCH N/A | \$40.00 Office Visit and then 70% After deductible is met | | 50% After deductible is met | Urgent Care Visits UMC – Not Available | EPCH \$50 Office Visit and covered at 100% after \$300 Deductible | \$50.00 Office Visit and then 70% After deductible is met | | 50% After deductible is met |
| Emergency Room Visits | \$200.00 Copay No Balance Billing | \$200.00 Copay No Balance Billing | | \$200.00 Copay No Balance Billing | Emergency Room Visits | \$200.00 Copay No Balance Billing | \$200.00 Copay No Balance Billing | | \$200.00 Copay No Balance Billing |
| Prescription Plan (Plan Year 2023) | | | | | Prescription Plan (Plan Year 2024) | | | | |
| In-House | | Retail | | | In-House | | Retail | | |
| Deductible: \$50.00 | | Deductible: \$100.00 | | | Deductible: \$50.00 | | Deductible: \$100.00 | | |
| \$5.00 Generic | | \$30.00 Generic | | | \$10.00 Generic | | \$40.00 Generic | | |
| \$25.00 Brand Name | | \$60.00 Brand Name | | | \$30.00 Brand Name | | \$65.00 Brand Name | | |
| \$50.00 Non Formulary | | \$80.00 Non Formulary | | | \$60.00 Non Formulary | | \$90.00 Non Formulary | | |
| Maintenance Prescriptions | 90 Day Supply | | 30 Day Supply | | Maintenance Prescriptions | 90 Day Supply | | 30 Day Supply | |
| Prescriptions over \$500 Authorization Required | Co-Payments Apply | | 50% | | Prescriptions over \$500 Authorization Required | Co-Payments Apply | | 50% | |
| Specialty Drugs | Will process at \$150.00 co-pay and will be dispensed at a 30-day supply. | | | | Specialty Drugs | Will process at \$150.00 co-pay and will be dispensed at a 30-day supply. | | | |
| Benefit Premiums (Biweekly) – Plan Year 2023 | | | | | Benefit Premiums (Biweekly) – Plan Year 2024 | | | | |
| | Associate Only | Associate and Spouse | Associate and Children | Associate and Family | | Associate Only | Associate and Spouse | Associate and Children | Associate and Family |
| Medical Plan - Full-time | \$34.27 | \$114.24 | \$83.65 | \$123.41 | Medical Plan - Full-time | \$35.98 | \$119.95 | \$87.83 | \$129.58 |
| Medical Plan – Part-time | \$56.03 | \$181.73 | \$135.15 | \$198.08 | Medical Plan - Part-time | \$58.83 | \$190.82 | \$141.91 | \$207.98 |



Summary of Benefits

- Medical, Dental & Vision
- Life Insurance - Hospital Paid and Optional Supplemental
- FSA - Flexible Spending Accounts
- LTD - Long Term Disability
- TCDRS - Retirement Program
- VOYA - Voluntary Retirement Plans
- EAP - Employee Assistance Program
- UMC Deal Spot
- CARES Programs
 - Pull-OPP - 1 Year
 - Home Loans - 1 Year
 - Student Loan - 3 Months
- Associate Gym
 - Open 4am to Midnight
 - Badge Access
 - Must attend rehab orientation



Benefits Plan Basics

Medical, Dental, Vision, Basic & Supplemental Life Insurance, AD&D, and Long Term Disability

Coverage Options for FT & PT Associates

Effective 1st of the month after 30 days of service

- 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

Qualifying Life Events (QE)

Marriage, Birth of a Child, New Employment Status, Divorce, Death, etc

Annual Benefits Open Enrollment

In September to be effective on October 1st of every year.

Termination of Benefits

Coverage ends the day of termination at 12:00 midnight



Schedule of Benefits

Physician Visits

UMC and Texas Tech

- Co-Pays: UMC \$15.00 and Texas Tech \$30.00
- Deductible \$300.00 Individual / \$900.00 Family (EE must meet deductible)

PPO/Wrap Network

- Co-Pays: PPO \$40.00
- Deductible \$1500.00 Individual / \$4,500.00 Family (EE must meet deductible)

Out of Network

- Co-Pays: 50% after deductible is met
- Deductible \$5000.00 Individual / \$15,000.00 Family (EE must meet deductible)

Max Out of Pocket

- Individual \$9,450.00 / Family Max \$18,900.00



Schedule of Benefits

Hospital Visit

IN Patient Admission

UMC and Children's Hospital

- Co-Pay: \$250.00 and 100% Coverage after deductible

PPO/Wrap Network

- Co Pay: \$1,000.00 and 70% Coverage after deductible

OUT Patient Services

UMC, Texas Tech, Children's Hospital

- Co-Pays: \$100.00 and 100% Coverage after deductible

PPO Wrap Network

- Co Pay: \$300.00 covered at 70% after deductible



Schedule of Benefits

Out Patient Services

(Labs, Radiology, etc.)

UMC, Texas Tech and Children's Hospital

- 100% Coverage after deductible (\$300/\$900) is met

PPO/Wrap Network

- 70% Coverage after deductible





UNIVERSITY MEDICAL CENTER
OF EL PASO

Outpatient
Clinics



| | |
|-------------|---------------------|
| UMC-EAST | 1521 Joe Battle |
| UMC-WEST | 6600 N. Desert Blvd |
| UMC-DIETER | 1485 George Dieter |
| UMC-YSLETA | 300 S. Zaragosa |
| UMC- FABENS | 101 Potassio |

Call 915-790-5700 for Appointments
Over 50 Different Providers



Navitus- Pharmacy Vendor



UMC Pharmacies

- \$50.00 Deductible Per Year
- Co-Pay \$10.00 Generic, \$30.00 Brand Name, \$60.00 Non-Formulary

Other Pharmacies

- \$100.00 Deductible per Year
- Co-Pay \$40.00 Generic, \$65.00 Brand Name \$90.00 Non-Formulary

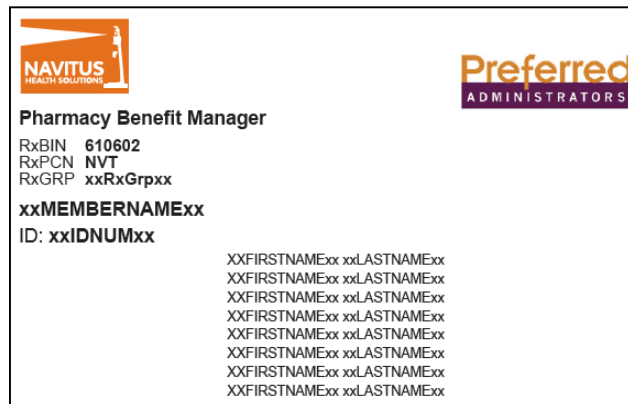


Benefit ID Cards



Medical Insurance Card

- Will be mailed out to YOU for Each Covered Dependent
- Preferred Administrators 915-532-3778
 - Monday – Friday 8am to 5pm (MST)
 - www.preferredadmin.net



Prescription Pharmacy Card

- Only New Subscribers will receive two pharmacy cards.
- Additional cards, please contact Navitus at 855-673-6504



Members Residing INSIDE the El Paso Regional Area

Member residing INSIDE the El Paso area should utilize the local area provider network for all services. Out of network benefits will be applied for services outside of your local area, with the exception of emergency services.

Members Residing OUTSIDE the El Paso Regional Area

Receiving Specialty Care 100 miles outside of El Paso, must notify Preferred Administrators for assistance. Prior Authorization will be required.

PPO Benefits will be applied for providers within the Multiplan/PHCS network.

Out of Network Benefits will be applied for services outside of the Multiplan/PHCS network

Out of Country Exclusions

Covered for treatment of injury or sudden acute illness while traveling for period not to exceed 90 days.

Dependent Student attending Full Time an accredited school abroad

Non-Coverage Options

Non-Emergency or Routine Medical Care

Out of the Country longer 90 days



No Surprise Act (NSA)

Prohibition of 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.



Ground Ambulance Services



| <u>Non-Contracted Ambulance</u> City of El Paso – 911 | <u>Contracted Ambulance</u> Dominion & Life Ambulance |
|--|--|
| 70% Coverage (Balance Billing) | 70% Coverage (No Balance Billing) |

Emergency Room Care Benefits

UMC/EPCH, PPO/Wrap Network, Non-Contracted Providers

Facility and Professional Services

- Covered 100% after \$200 Co-Pay

Warning: “In-Patient” benefits apply if admitted into the hospital.



Urgent Care Centers

U CARE

3051 N. Zaragoza Rd

915-213-7222

13472 Eastlake Blvd

915-465-3363

1618 N Lee Trevino Dr, Ste D

915-221-1270

Paseo Nuevo Urgent Care

12350 Paseo Nuevo Drive

915-225-4470

EPCH Urgent Care

3260 N. Zaragoza Ave

Building D, Suite 407

915-242-8406

Part of the PPO/Wrap Network

- **\$50.00 Co Pay**
- 70% Co-Insurance
- After \$1500 Deductible

NEW - EPCH Urgent Care

- **\$50.00 Co Pay**
- **Covered at 100% after \$300 Deductible**



Schedule of Wellness Benefits

Examples of 100% Covered Services under UMC, Texas Tech and PPO/Wrap Network

- Shingrix (Shingles)
- Well Adult Recommended Immunization
- Well Baby and Well Child Preventative Care
- Mammograms
- Men's Wellness
- Flu Shots



Example Cost of Having a Baby at UMC

Global Package/Free Breast Pump

UMC

(C-Section/Normal Delivery)

| | |
|----------------------------|--------------|
| Plan's overall deductible: | \$300 |
| Specialist copayment; | \$30 |
| Hospital coinsurance: | \$0 |
| Other coinsurance: | \$0 |

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**

PPO Hospital

(Normal Delivery)

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

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**



Coordination of Benefits

Do you have more than one health insurance plan?

- Complete the Coordination of Benefits Form
- Obtain at www.preferredadmin.net
- Call Member Services 915-532-3778



Physical Therapy / Speech Therapy / Occupational Therapy Benefits

- **Co-pays apply to Initial Evaluations and Re-Evaluations.**
- **A pre-authorization is required for all re-evaluations**
- **Approval based on Medical Necessity.**



Prior Authorization

- Required for all inpatient admissions and outpatient procedures.
- Not required for medical emergency admission or mental health crisis.
 - Notification must be sent within 1 business day



Preferred Administrators Case Management

Can assist with:

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



Medical FSA – Flexible Spending Account

Covers out-of-pocket qualified medical costs:

- Contribute up to **\$3050**

Use it for:

- Co Pays, Prescriptions, eligible over the counter medications, eye glasses, contact, etc
- Can be used for your dependents medical costs
- **\$610** or less can carry over at the end of the plan year

Your contribution amount is linked to your debit card.



Dependent Care FSA – Flexible Spending Account

Contribute up to \$5000 or \$2,500 if married and filing separately

Use it for:

- Care for your child who is under age 13
- Daycare, nursery school and pre-school
- Before and after-school care
- Care for your Spouse or a relative who is physically or mentally incapable of self-care and lives in your home

* *Requires completion of a Reimbursement Claim form * *



FSA-Medical and FSA-Dependent Care

Enrollments **MUST** be done every year.

\$610 Carry-over of unused FSA-Medical balance if you enroll into the FY24 plan.
If you do not elect the FSA-Medical Plan for FY2024, your carry-over amount will be forfeited.

Valid (un-expired) FSA-Medical Debit cards will be re-loaded with your new election amount.

The current plan year must be used by September 30, 2023.

All claims must be submitted to Preferred Administrators no later than November 30, 2023.

FSA Member Portal - gives you quick access to your FSA Medical and Dependent Account Information.

Go to <https://preferredadmin.wealthcareportal.com> to set up your account.



METLIFE - Dental Option #1 / DHMO

In-Network Dentists ONLY

- Offers **Discounts** with in-network providers
- You must select a general dentist
- Call MetLife at 1-800-880-1800 once selected or to switch
- Your card will be mailed



METLIFE - Dental Option #2 / PPO

IN/OUT of Network Providers (annual deductible)

\$50.00 single / **\$150** for family

Preventative Care

Covered 100% Semi-Annually

Basic Restorative covered at 80%

Major Restorative covered at 50%

Orthodontia for Adults & Children

\$1,250 Lifetime Max

Annual Max

\$1,250 for all services combined



Superior Vision



In-Network Provider Co-Pays

\$10 – Eye exam

\$25 – Contact lens fitting

\$25 – Frames and/or eyeglass lenses

Allowance

\$120 for frames or \$140 for contacts



Life Insurance Coverage



Basic Term Life Insurance (Free)

One times your annual salary up to a maximum of \$50,000 for FREE!

and

Non-Smoker Term Life Insurance (Free)

\$10,000 Life Insurance for FREE!
for a total of **\$60,000**

Supplemental Term Life Coverage (Cost depends on your salary and age)

- Self Coverage - 1x's to 5x's your Annual Salary Benefit up to a max of **\$750,000**
EOI Required for 3 to 5x's coverage
- Spouse Coverage - Benefit payout is \$5,000 coverage (.55 per pay period)
- Children Coverage - Benefit payout is \$2,000 coverage (.55 per pay period)
Age 19-26 Proof of Student Status is required.
- Family Coverage - Spouse \$5,000 & Children \$2,000 (.55 per pay period)

Accidental Death and Dismemberment – AD&D (Free)

Up to \$100,000 AD&D coverage for FREE!



Long Term Disability (*Non-Exempt Associates*)



If you are unable to work for more than 90 days due an eligible covered injury or illness.

Coverage Levels

- 25%, 40% or 50% replacement of associates salary
- Maximum monthly benefit is \$5,000

*Plan cost is based on your age and annual salary



Long Term Disability (*Exempt Associates*)



If you are unable to work for more than 60 days due an eligible covered injury or illness.

Coverage Level

- 60% of Associate's monthly earnings up to a maximum monthly benefit of \$5,000
- Provided at no cost
- May use after 180 days of service



Benefit Premiums

| Bi-Weekly Rates 2024 Plan Year | Associate Only | Associate + Spouse | Associate + Child(ren) | Associate + Family |
|---|---|-----------------------|---------------------------|-----------------------|
| Medical - Full-time | 35.98 | 119.95 | 87.83 | 129.58 |
| Medical - Part-time | 58.83 | 190.82 | 141.91 | 207.98 |
| Dental #1 - MetLife / DHMO | 4.19 | 6.99 | 8.39 | 13.63 |
| Dental #2 - MetLife / PPO | 10.74 | 20.79 | 27.77 | 37.92 |
| Vision - Superior Vision | 4.28 | 8.92 | 7.60 | 12.91 |
| Supplemental Life Insurance For Self Lincoln Financial Group | Purchase up to 5x's annual salary Rates based on Associate's age and annual salary. | | | |
| Supplemental Life Insurance Spouse/Child Life Lincoln Financial Group | .55 | | | |
| Hospital LTD - Exempt Associates Lincoln Financial Group | Provided by the hospital | | | |
| Voluntary LTD – Non-Exempt Associates Lincoln Financial Group | Based on Associate's age category and plan coverage selection. (ie. 25%, 40% or 50%) | | | |



UMC Retiree Requirements

Medical/RX, Dental and Vision Benefits

- Must be 60 years of age with 20 years of service at UMC, El Paso Health of UMC Foundation
- Coverage up to age 65 (Medicare eligible)
- Retirees may enroll their eligible spouse and dependents:
 - When retiree coverage expires COBRA will be offered to spouse and dependents for 36 months.
- Eligible for retirement according to TCDRS (Texas County and District Retirement System) 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.



TCDRS - Texas County and District Retirement System

- Full-time and part-time associates
- 5% mandatory contributions begins immediately
- Vested after 8 years of employment
- Fund matches at 200% per dollar contributed at retirement



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

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)



UNIVERSITY
MEDICAL CENTER
OF EL PASO

TCDRS - 7% compound interest at year 2

| 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 |



Texas County and District Retirement System (TCDRS)

Call 800-823-7782 to obtain your Account Number

Log into TCDRS.org/OwnIt to set up your account

See your account balance and retirement eligibility

Important:
Set up your beneficiaries ASAP

Welcome to TCERS!

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 ?

XXX-XX-XXXX

Enter your date of birth

mm/dd/yyyy

☐ I agree to the [Terms of Use](#)

CANCEL

NEXT →



VOYA - Voluntary Retirement Program

403(b) and 457(b) Plans for Full & Part Time

Contribution IRS Limit - \$22,500

Over age 50 Catch Up - \$7,500

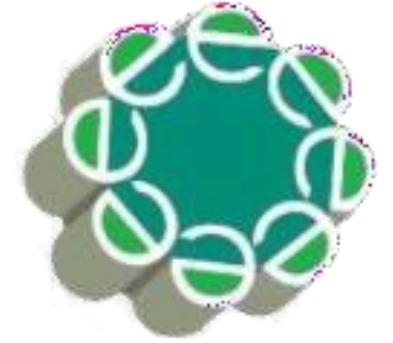
Contributions

May be a % or Flat Dollar Amount (min is \$10)

Representative Joel Hernandez 915-543-4902



EAP - Employee Assistance Program via Emergence Health Network



8 FREE Counseling Sessions

For all associates and immediate family members under our medical plan

- No waiting period
- Counseling services offered for:
Personal problems, financial difficulties, marital problems, mental health disorders, substance abuse issues



UMC - DealSpot



The Exclusive Savings Marketplace for UMC-El Paso Associates



UNIVERSITY
MEDICAL CENTER
OF EL PASO

UMC CARES Programs



CARES Student Loan Assistance program

- Will pay your monthly student loan payment up to \$437.50 for qualifying undergraduate degrees.
- Min. 3 months employment & 1 year retention agreement

CARES PULL –Opp program

- UMC covers tuition cost for healthcare related degree
- Work part-time at full-time rate
- Min. 12 months employment & 4 yr retention agreement



CARES Home program

- \$8,000 towards closing cost and down payment
- Min. 12 months employment & 4 year retention agreement

Hospital Intranet – Link to Open Enrollment Portal



UNIVERSITY MEDICAL CENTER OF EL PASO INTRANET

- Home
- CARES Programs
- COVID-19 (Coronavirus)
- Resources
- About Us
- Applications
- Procurement Manual
- Cerner Soarian Integration
- Outpatient Clinics
- Departments
- Benefits
- Rewards & Recognition
- Chemical Safety Data Sheets
- E-Learning
- HR Training & Development Classes
- Policies & Procedures
- Patient Education

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:

UMC EL PASO NURSING VOLUNTARY PARTICIPATION in RES...



Adding NEW Dependents and/or Spouse

You **MUST** complete the Benefits Enrollment Form in HR to add them into Lawson prior to the OE Window.

If adding a spouse (opposite or same sex) please submit your common-law certificate or marriage license. If adding dependent children please submit their birth certificates.

ON Line Enrollment

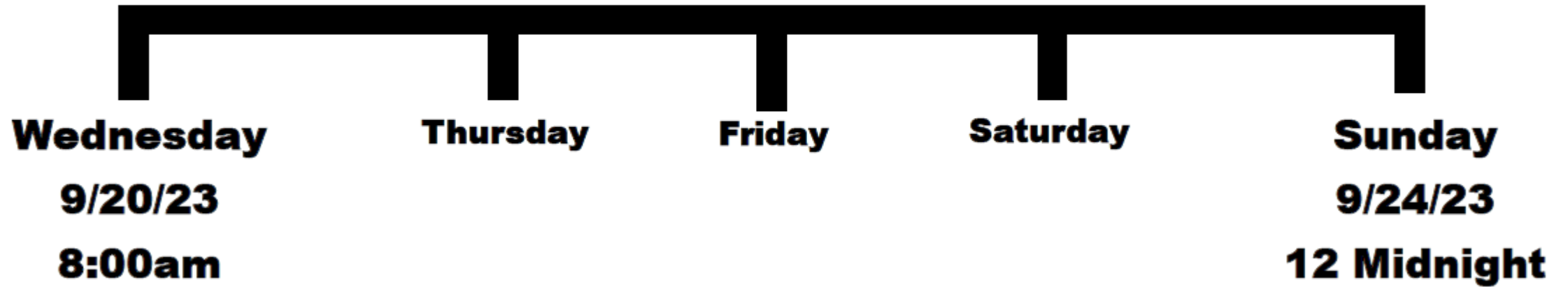
If you are not making changes to your Medical, Dental, Vision and Life Insurance coverage they will carry over to the new fiscal year.



Open Enrollment Window

On-Line Accessibility (Lawson - will need Windows username and password)

5 DAYS



Computer Assistance By Appointment Only

| | | |
|------------------|------------------|-----------------------------------|
| 9/21/23 Thursday | 8:00am to 5:00pm | El Paso Health / Preferred Admin. |
| 9/21/23 Thursday | 7:00am to 4:00pm | UMC/HR Norma Gonzalez |
| 9/22/23 Friday | 8:00am to 5:00pm | UMC/HR Marcos Rey |



Questions



Norma Gonzalez, Benefits Specialist

ngonzalez@umcelpaso.org

(915) 521-7580

Marcos Rey, HR Generalist / Auditor

mrey@umcelpaso.org

(915) 521-7206



UNIVERSITY
MEDICAL CENTER
OF EL PASO