



**Benefits at a Glance**  
(October 1, 2016 – September 30, 2017)

BENEFITS	WHEN ELIGIBLE	DESCRIPTION					
<p><b>Health Insurance Preferred Administrators</b></p> <p><b>Customer Service</b> 915 532-3778 Press 4 then Ext. 1529 Fax 915 298-7863</p>	<p>1<sup>st</sup> of the Month Following 30 Days of Service</p>	<p style="text-align: center;"><u>Definitions</u></p> <ul style="list-style-type: none"> <li>• <b>Co-insurance</b> – Amount you pay for covered services after your deductible is met. It is the percent of bill you pay for covered services. Not applicable to UMC/TT/EPCH. (PPO providers 30%)</li> <li>• <b>Co-pay</b> – Amount you pay out of your own pocket for most covered services before insurance starts to pay.</li> <li>• <b>Deductible</b> – A fixed dollar amount during the benefit period (Fiscal Year) that an insured person pays before the insurer starts to make payments for covered medical services.</li> <li>• <b>Max Out of Pocket</b> – A fixed dollar amount an enrollee pays when receiving services. The Plan pays 100% after Max is met each fiscal year. Includes co-insurance, deductibles, and co-pays. Does not include any non-covered expenses. Applies only to PPO providers. <b>All Medical and Pharmacy max out of pocket will be combined.</b></li> <li>• <b>Preferred Provider Organization (PPO)</b> – Providers contracted by Preferred Administrators in El Paso County and the Wrap Network (Multiplan/PHCS).</li> </ul> <p style="text-align: center;">Listing of Providers, Member Handbook, SBC and US Preventive Services Task Force – A &amp; B Recommendations are available at <a href="http://www.preferredadmin.net">www.preferredadmin.net</a></p> <p style="text-align: center;"><small><i>Note: Before receiving any services, you should always verify with Preferred Administrators that your provider is in-network.</i></small></p> <p style="text-align: center;"><b>(Refer to Member Handbook for Detailed Information)</b></p>	<p><b>Doctor Availability</b></p>	<p><b>UMC El Paso</b></p>	<p><b>Texas Tech</b></p>	<p><b>In Network PPO* Wrap Network</b></p>	<p><b>Out of Network</b></p>
			<p><b>Office Visit Co-pays*</b></p>	<p>Office Visit \$15 co-pay</p>	<p>Office Visit \$30 co-pay</p>	<p>Office Visit \$40 co-pay</p>	<p>(50%) After Deductible</p>
			<p><b>Preventive Screenings / Immunizations</b></p>	<p>You will be covered at 100% if you meet specific guidelines according to the US Preventive Services Task Force A &amp; B Recommendations</p>			<p>Not Covered</p>
			<p><b>Deductible*</b></p>	<p>Individual Family</p>	<p>\$150 \$450</p>	<p>\$1,500 \$4,500</p>	<p>\$3,500 \$10,500</p>
			<p><b>Max Out of Pocket*</b></p>	<p><small>Will include co-pays, co-insurance and deductibles for medical/prescription PPO only.</small></p>		<p>Individual \$6,850 Family \$13,700</p>	<p>Unlimited</p>
			<p><b>Hospital Availability</b></p>	<p>UMC El Paso EPCH</p>	<p>PPO/Wrap Network</p>	<p>Out of Network (Includes all Tenet Facilities)</p>	
			<p><b>In-Patient Admission</b></p>	<p>\$250 co-pay and 100% coverage After deductible is met</p>	<p>\$1,000 co-pay and 70% coverage After deductible is met</p>	<p>\$2,500 co-pay and 50% coverage After deductible is met</p>	
			<p><b>Out-Patient Surgery</b></p>	<p>\$100 co-pay and 100% coverage After deductible is met</p>	<p>\$300 co-pay and 70% coverage After deductible is met</p>	<p>\$1,000 co-pay and 50% coverage After deductible is met</p>	
			<p><b>Out-Patient Services (Lab, X-Rays, etc.)</b></p>	<p>100% After deductible is met</p>	<p>70% After deductible is met</p>	<p>50% After deductible is met</p>	
			<p><b>UMC Neighborhood Healthcare Centers</b></p>	<p style="text-align: center;"><b>Call for Appointments 915-790-5700</b> From 7:30 a.m. to 8:00 p.m. Mon. – Sat.</p> <ul style="list-style-type: none"> <li>• Over 50 Providers</li> <li>• Located in Your Neighborhood</li> <li>• Best Value: \$15.00 Copay</li> <li>• Some Open Late and Saturdays</li> </ul>			



**Benefits at a Glance**  
(October 1, 2016 – September 30, 2017)

BENEFITS	WHEN ELIGIBLE	DESCRIPTION																	
<b>Prescription Benefit Preferred Administrators</b> <b>915 532-3778</b> Fax 915 298-7863  Refill Line 915 534-5925	1 <sup>st</sup> of the Month Following 30 Days of Service	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="background-color: #e0e0e0;">UMC Pharmacies - \$50.00 Deductible</th> </tr> <tr> <td style="width: 33%;">\$5 Generic</td> <td style="width: 33%;">\$25 Brand Name</td> <td style="width: 33%;">\$50 Non Formulary</td> </tr> <tr> <th colspan="3" style="background-color: #e0e0e0;">In-Network Pharmacies (Retail) - \$100.00 Deductible</th> </tr> <tr> <td>\$30 Generic</td> <td>\$60 Brand Name</td> <td>\$80 Non Formulary</td> </tr> <tr> <td colspan="3" style="text-align: center;">Specialty Drugs and Prescriptions over \$500 Require Prior Authorization</td> </tr> </table> <p>Generic Drugs - Participant is subject to price difference if the brand name drug is chosen when a generic is available.</p> <p>Maintenance Prescriptions - 90 days for one co-pay at any UMC El Paso Pharmacy</p> <p>Specialty Drugs – \$50 co-pay and will be dispensed at a 30 day supply only at UMC or by mail order.</p> <p>You can obtain a copy of the Drug Formulary and Specialty Drug Listing at <a href="http://www.preferredadmin.net">www.preferredadmin.net</a></p>			UMC Pharmacies - \$50.00 Deductible			\$5 Generic	\$25 Brand Name	\$50 Non Formulary	In-Network Pharmacies (Retail) - \$100.00 Deductible			\$30 Generic	\$60 Brand Name	\$80 Non Formulary	Specialty Drugs and Prescriptions over \$500 Require Prior Authorization		
UMC Pharmacies - \$50.00 Deductible																			
\$5 Generic	\$25 Brand Name	\$50 Non Formulary																	
In-Network Pharmacies (Retail) - \$100.00 Deductible																			
\$30 Generic	\$60 Brand Name	\$80 Non Formulary																	
Specialty Drugs and Prescriptions over \$500 Require Prior Authorization																			
<b>Flexible Spending Accounts (FSA)</b>	1 <sup>st</sup> of the Month Following 30 Days of Service	Pre-Tax Dollars – Carry over up to \$500 of unused Medical FSA balances for plan year October 1, 2017.  <p style="text-align: center;"><b>Medical FSA - \$2,550 (Debit Mastercard)</b>  <b>Dependent FSA - \$5,000 or up to \$2,500 if married filing separately</b></p>																	
<b>MetLife -Dental Plan # 0141990</b> 800-880-1800	1 <sup>st</sup> of the Month Following 30 Days of Service	<p style="text-align: center;"><b>(Dental Managed Organization)</b> See Premium Sheet</p> <p style="text-align: center;">Reduced Fee Schedule For Services Provided By Participating Providers</p>																	
<b>Guardian -Dental Plan # 369744</b> 888-600-1600	1 <sup>st</sup> of the Month Following 30 Days of Service	<p style="text-align: center;"><b>(Dental Indemnity)</b> See Premium Sheet</p> <p style="text-align: center;">(\$50 Deductible per person / \$1,250 Max per year)            Preventative - 100% (No Deductible) / Basic – 80% / Major – 50%            Ortho Services - \$1,250 Lifetime Max - Children under the age of 19</p>																	
<b>Superior Vision Plan # 27630</b> 800-507-3800	1 <sup>st</sup> of the Month Following 30 Days of Service	<p style="text-align: center;">See Premium Sheet</p> <p style="text-align: center;">Eye Exam \$10 co-pay            Lenses/Frames \$25 co-pay            \$120 Contact Lens Allowance / \$100 Frame Allowance</p>																	
<b>Term Life Insurance UNUM -572064</b> 800-421-0344	1 <sup>st</sup> of the Month Following 30 Days of Service	<p style="text-align: center;">Provided at no cost</p> <p style="text-align: center;">Up to one time your annual salary to a maximum of \$50,000 provided at no cost.</p>																	
<b>Supplemental Life Insurance UNUM-572064</b> 800-421-0344	1 <sup>st</sup> of the Month Following 30 Days of Service	<p style="text-align: center;">Cost based on age category and annual salary (see UNUM Packet for premium calculation form)</p> <p style="text-align: center;">Up to five times your annual salary to a maximum of \$750,000.</p>																	
<b>Non Smoker Life Insurance UNUM -572064</b> 800-421-0344	1 <sup>st</sup> of the Month Following 30 Days of Service	<p style="text-align: center;">Provided at no cost</p> <p style="text-align: center;">\$10,000 provided at no cost.</p>																	
<b>Dependent Life Insurance UNUM - 572064</b> 800-421-034	1 <sup>st</sup> of the Month Following 30 Days of Service	<p style="text-align: center;">.55 per pay period (for Spouse, Children or Both)</p> <p style="text-align: center;">Spouse: \$5,000            Children: \$2,000</p>																	
<b>Accidental Death &amp; Dismemberment Insurance UNUM-572064</b> 800-421-0344	1 <sup>st</sup> of the Month Following 30 Days of Service	<p style="text-align: center;">Provided at no cost</p> <p style="text-align: center;">Up to two times your annual salary to a Maximum of \$100,000 provided at no cost.</p>																	



**Benefits at a Glance**  
(October 1, 2016 – September 30, 2017)

BENEFITS	WHEN ELIGIBLE	DESCRIPTION	
<b>Voluntary Long Term Disability</b> UNUM - 292380 800-321-3889	1 <sup>st</sup> of the Month Following 30 Days of Service	Cost is based on Associate's age category, salary and plan coverage selection.	
<b>Hospital Long Term Disability</b> UNUM-338459	After 180 Days of Service	Provided to Exempt Associates at no cost.	
<b>Executive Long Term Disability</b> UNUM	Eligible once Evidence of Insurability is processed and approved	Provided to Physicians at no cost.	
<b>World Wide Emergency Travel Assist</b> 800-872-1414	1 <sup>st</sup> of the Month Following 30 Days of Service	Provided at no cost.	
<b>PTO (Paid Time Off)</b>	Accrues Immediately	<u>Exempt</u> 8.31 hours per pay period Eligible to use immediately	<u>Non Exempt</u> 6.77 hours per pay period Eligible to use after 90 day waiting period
<b>PTO Buy Back</b>	Twelve Months	Payout: December	
<b>PTO Donation</b>	After 90 Days	Receive PTO Donation hours from fellow Associates.	
<b>EIL (Extended Illness Leave)</b>	Accrues Immediately	2.46 per pay period Eligible to use after 90 day waiting period 720 Maximum Accrual	
<b>Other Leaves</b>	Please Refer to Policy Guidelines	Funeral Leave Jury Duty/Subpoena Leaves of Absence (FMLA/Medical/Military/Personal)	
<b>Texas County District Retirement System (TCDRS)</b> 800-823-7782	Immediately "Defined Benefit"	<ul style="list-style-type: none"> <li>5% mandatory contribution (Based on IRS Compensation Limits)</li> <li>Vested after eight years</li> <li>Earn 7% compounded interest (Beginning 2<sup>nd</sup> year of Employment)</li> <li>Fund matches at 180% at time of retirement</li> <li><b>Pension for Life!</b></li> </ul>	
<b>VOYA Financial 403(b) and 457(b) Plans</b>	Immediately	Invest up to \$18,000 per account	
<b>Education Bank</b>	Immediately	Varies by Department (Fulltime Only)	
<b>Tuition Reimbursement</b>	After 6 Mo.	\$1,200 per Fiscal Year (Fulltime Only)	
		25% of Associate's Annual Salary 40% of Associate's Annual Salary 50% of Associate's Annual Salary After 90 days of consecutive illness or disability.	
		60% of Associate's monthly earnings to a maximum monthly benefit of \$5,000. Maximum earnings: \$100,000 After 60 days of consecutive illness or disability.	
		60% of Associate's monthly earnings to a maximum monthly benefit for earnings <u>above</u> \$100,000. After 60 days of consecutive illness or disability.	
		When traveling for business or pleasure, in a foreign country or just 100 miles or more away from home, you and your family can count on getting help in the event of a medical emergency.	
		Paid Time Off to be used for vacation, holidays, sick days, personal time, etc. Associates employed less than 90 days will be paid PTO for Hospital recognized holidays if the department is closed for the holiday.	
		Can sell up to maximum of 40 hours / minimum of 10 hours. Must have used 80 PTO hours in the previous year and leave balance of 40 hours.	
		Provides assistance to eligible Associates who have experienced a catastrophic medical or other critical need.	
		Extended illness leave to be used only for Associate's own illness. First 3 days to be used from PTO Bank.	
		Funeral Leave/Jury Duty/Subpoena – Refer to Manager Leaves of Absence – Refer to Occupational Health	
		<u>Retirement Age Options:</u> 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	
		Pre Tax - Tax Deferred Voluntary Retirement Plans VOYA Representative (915) 543-4902	
		Continuous educational development.	
		Pre-approved courses related to current position or any other career available in the Hospital.	



**Benefits at a Glance**  
(October 1, 2016 – September 30, 2017)

BENEFITS	WHEN ELIGIBLE	DESCRIPTION	
<b>Sun City Employee Assistance Program (EAP)</b> 915-351-4680	Immediately	Provided at no cost	Provides all Associates and family members short term counseling. (8 free sessions per year) Offers various discount services via a referral letter. <a href="http://www.suncitybehavioral.org">www.suncitybehavioral.org</a>
<b>My Health Folders</b>	1 <sup>st</sup> of the Month Following 30 Days of Service	Provided at no cost	Secure and confidential web-based tool that tracks your family's health information. <a href="http://www.myhealthfolders.com">www.myhealthfolders.com</a> code: T17884
<b>Benefit Information</b>	UMC Intranet Home Page	Select "Benefits" Select "Benefit Type"	Norma Gonzalez, Benefits Specialist (915) 521-7580 <a href="mailto:ngonzalez@umcelpaso.org">ngonzalez@umcelpaso.org</a> Marcos Rey, HR Auditing Generalist (915) 521-7950 <a href="mailto:mrey@umcelpaso.org">mrey@umcelpaso.org</a>

**Benefit Premiums (Biweekly)**

		Associate Only	Associate + Spouse	Associate + Child(ren)	Associate + Family
<b>Medical Plan – Preferred Administrators</b>	Full-Time Status	31.38	93.30	73.33	102.67
	Part-Time Status	52.31	155.50	122.22	171.12
<b>Dental DMO – MetLife</b>		4.19	6.99	8.39	13.63
<b>Dental Indemnity – Guardian</b>		11.41	22.10	29.52	40.32
<b>Vision Plan - Superior Vision</b>		4.28	8.92	7.60	12.91
<b>Supplemental Life – UNUM</b>		Based on Associate's age category and annual salary. (See UNUM packet for premium calculation form)			
<b>Dependent Life – UNUM</b>		.55	.55	.55	.55
<b>Hospital LTD – UNUM</b>		Provided by the Hospital (Exempt Associates)			
<b>Voluntary LTD – UNUM</b>		Based on Associate's age category and plan selection of coverage level. (See UNUM packet for premium calculation form)			

*Mandatory participation in the Health Risk Assessment (HRA) program is a requirement for eligibility on the health plan.*