

Annual Enrollment: October 14 - November 8



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Quick Look - What's New?

NON-MEDICARE RETIREES

- Beginning in 2014, you will have the option of selecting the Consumer Choice, Premier, or the New Value health plan. The Value and Standard health plans have been consolidated into the New Value health plan. More information is available on page 4.
- For those enrolled in New Value or Premier, your office visit co-pays will now count toward your out-of-pocket maximum. Note: prescription drug co-pays do not count toward the out-of-pocket maximum.
- A Premium Designation Specialist co-pay, which provides a reduced co-pay if you select an in-network specialist or specialty center from a designated group of providers who meet or exceed national industry standards, will be offered.
- Your current tobacco use status will continue in 2014. Tobacco users will be assessed a \$40 monthly fee. Find more details on page 8.

Your Health Care Plan Options

The City of San Antonio values your dedicated service and we are pleased to make available a generous retiree health care benefit program. The following pages will outline the health care plan options as well as provide details on the dental and vision plans available for all retirees.

If you have questions about the information in this guide, contact Human Resources Customer Service at 210-207-8705. Detailed instructions on how to activate your health care benefits for 2014 can be found on page 12.

Medicare Retirees

Retirees who are eligible for Medicare have the option of selecting either the Humana Medicare Advantage HMO or Humana Medicare Advantage PPO health plan for 2014. Both plans are group Medicare Advantage plans that provide you with all of the benefits of original Medicare along with access to discounts and services aimed at helping you achieve a higher quality of life. These plans provide you with comprehensive health care coverage to meet your needs.

Through MyHumana.com, you have access to online resources to help you make the best health care decisions for 2014. Detailed information about the Medicare Advantage health plans is available through Humana. Additionally, Humana offers a variety of wellness programs, including SilverSneakers® and SilverSneakers Steps, as well as health and wellness classes and education seminars. Visit Siversneakers.com and HumanaActiveOutlook.com for more information.

Medicare Retiree Contributions

Retiree contributions comprise a fraction of the actual cost of the retiree health plan. The City pays approximately 67% of the total combined cost of coverage for retiree medical coverage. In order to maintain your coverage, it is critical that retiree contributions be made promptly. Any retiree with contributions greater than 60 days past due will be subject to termination of coverage with no opportunity for re-enrollment.

Retirees participating in a Medicare retiree health plan will pay contributions directly to Humana using an automated bank draft. More information will be provided in the Humana enrollment packet you will receive in the mail from Humana.



HMO

Humana Medicare Advantage HMO participants must select a Primary Care Physician (PCP) who takes responsibility for overseeing the health care provided to you. When appropriate, the PCP makes referrals to specialists or other health care providers. HMO members must obtain a referral to specialists or other caregivers to receive the benefits of this plan. Note: The Humana Medicare Advantage network now includes the Methodist Hospital Healthcare system.

PPO

Humana Medicare Advantage PPO participants have the option of selecting health care providers in or out of the network anytime health care is needed. A PCP or referrals are not required under this plan.

Medicare Premiums (Monthly)

Years of Service	30+		25-29		20-24		19 & Under		5-9 (Hired on or after 10/1/2007)
Humana Medicare Advantage PPO									
	Retiree	City	Retiree	City	Retiree	City	Retiree	City	Retiree
Retiree Only	\$69	\$161	\$75	\$154	\$80	\$149	\$103	\$126	\$229.45
Retiree + 1	\$138	\$321	\$152	\$307	\$161	\$298	\$207	\$252	\$458.90
Retiree + 2 or More	\$207	\$481	\$227	\$461	\$241	\$447	\$310	\$378	\$688.35
Humana Medicare Advantage HMO									
Retiree Only	\$42	\$96	\$45	\$93	\$49	\$89	\$58	\$80	\$138
Retiree + 1	\$77	\$199	\$83	\$193	\$94	\$182	\$138	\$138	\$276
Retiree + 2 or More	\$115	\$299	\$124	\$290	\$141	\$273	\$195	\$219	\$414

Retiree Lunch & Learn Program

The City will continue to offer the Retiree Lunch & Learn Program in 2014. Through the Program, you will have the opportunity to learn more about topics including, health care, fitness, and wellness. Remember, the Retiree Lunch & Learn Program is open and FREE to all City of San Antonio retirees and their spouses or certified domestic partners. For more information about the Retiree Lunch & Learn Program or to suggest a topic for a future session, contact the City's Employee Wellness Program at 210-207-WELL (9355) or wellness@sanantonio.gov.



Non-Medicare Retirees

Beginning in 2014, the Value and Standard health plans will transition into one new health plan—New Value. New Value will offer the same level of coverage you have come to expect from the Value and Standard health plans. In addition to New Value, non-Medicare retirees will continue to have the option of enrolling in the Premier or Consumer Choice health plan.

Health Plans At-A-Glance

Here is a side-by-side comparison of the three health plan options available to you in 2014. As you can see in the chart below, the coverage is the same with all three plan options; however, the amount you pay out-of-pocket varies from option to option.

Plan Benefit	Consumer Choice PPO		New Value PPO		Premier PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
City Contribution to Health Savings Account (Retiree Only / Family)	\$500 / \$1,000 Health Savings Accounts are funded by City and retiree contributions. They are tax-free medical savings accounts.		N / A			
Preventive Care	100%	40% after deductible	100%	40% after deductible	100%	40% after deductible
Annual Deductible (Retiree Only / Family)	\$1,250 / \$2,500	\$2,500 / \$5,000	\$1,250 / \$2,500	\$2,500 / \$5,000	\$600 / \$1,500	\$1,200 / \$3,000
Annual Out-of-Pocket Maximum (Retiree Only / Family)	\$4,000 / \$8,000	\$8,000 / \$16,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$2,200 / \$4,400	\$3,400 / \$6,800
Co-insurance (After Deductible)	80% / 20%	60% / 40%	80% / 20%	60% / 40%	90% / 10%	60% / 40%
Office Visit Co-pays: Primary Care / Premium Designation Specialist / Urgent Care / Specialist	20% after deductible	40% after deductible	\$30 / \$35 / \$50 / \$55	40% after deductible	\$30 / \$35 / \$50 / \$55	40% after deductible
Emergency Care and Ambulance Services	20% after deductible				10% after deductible	
In-Patient Hospital Admissions, Out-Patient Surgery, Durable Medical Supplies, and Radiology	20% after deductible	40% after deductible	20% deductible	40% deductible	10% deductible	40% deductible
Physical, Occupational, & Speech Therapy	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible

Non-Medicare Retiree Contributions

Retiree contributions comprise a fraction of the actual cost of the retiree health plan. The City pays approximately 67% of the total combined cost of coverage for retiree medical coverage. In order to maintain your coverage, it is critical that retiree contributions be made promptly. Any retiree with contributions greater than 60 days past due will be subject to termination of coverage with no opportunity for re-enrollment.

Retirees participating in non-Medicare plans are required to pay using automated bank draft. Contact Human Resources Customer Service at 210-207-8705 to complete an automatic bank draft form.

Remember, City retirees and their eligible dependents are required to enroll in Medicare Parts A and B as soon as they are eligible to participate.

Non-Medicare Premiums (Monthly)

The table below features the monthly premium amounts for non-Medicare retirees for all three health care plan options. Included in this table is the amount the City contributes toward the cost of each health plan option. For example, if you select the Consumer Choice plan, are in the Retiree-Only category, and had 30+ years of service, you pay \$175 monthly and the City pays \$548 monthly to cover the total cost of the monthly premium.

Years of Service	30+		25-29		20-24		19 & Under		5-9 (Hired on or after 10/1/2007)
Consumer Choice PPO									
	Retiree	City	Retiree	City	Retiree	City	Retiree	City	Retiree
Retiree Only	\$175	\$548	\$191	\$532	\$207	\$516	\$260	\$463	\$723.10
Retiree + 1	\$350	\$1,065	\$368	\$1,047	\$407	\$1,008	\$541	\$874	\$1,414.51
Retiree + 2 or More	\$500	\$1,431	\$529	\$1,402	\$585	\$1,346	\$781	\$1,150	\$1,931.42
New Value PPO									
Retiree Only	\$237	\$577	\$263	\$551	\$284	\$530	\$344	\$470	\$813.69
Retiree + 1	\$448	\$1,136	\$481	\$1,103	\$529	\$1,055	\$667	\$917	\$1,584.45
Retiree + 2 or More	\$621	\$1,540	\$669	\$1,492	\$737	\$1,424	\$933	\$1,228	\$2,160.84
Premier PPO									
Retiree Only	\$464	\$1,249	\$506	\$1,207	\$544	\$1,169	\$606	\$1,107	\$1,713.12
Retiree + 1	\$910	\$2,441	\$1,001	\$2,350	\$1,084	\$2,267	\$1,214	\$2,137	\$3,351.18
Retiree + 2 or More	\$1,219	\$3,357	\$1,343	\$3,233	\$1,455	\$3,121	\$1,625	\$2,951	\$4,575.82

Notes

Consumer Choice, New Value, Premier - How Are They Different?

As mentioned on the previous pages, Consumer Choice will again be offered in 2014. Of our three health plan options, Consumer Choice is the only Consumer-Driven Health Plan (CDHP), which allows you to have more control over how your health care dollars are spent. Here are some key elements of Consumer Choice that make it different from New Value and Premier.

- **HEALTH SAVINGS ACCOUNT** - A Health Savings Account or HSA is a savings account that allows you to pay for qualified medical, dental, and vision out-of-pocket expenses or save for future health care expenses with money that is yours to keep. For 2014, the City will contribute \$500 (for those enrolled in a retiree-only plan) and \$1,000 (for those enrolled in a family plan) to your HSA. You own the funds in the HSA, so whatever you do not use throughout the year will automatically carry over to the next year. If you select the Consumer Choice plan, you may sign up for an HSA. If you currently have the Consumer Choice plan and select the same plan for 2014, the City will still contribute \$500 (for those enrolled in a retiree-only plan) and \$1,000 (for those enrolled in a family plan) to your HSA.
- **CO-PAYS** - There are no co-pays for health care expenses such as doctor's office visits, x-rays, or prescription medications. You are responsible for 100% of the discounted (in-network) cost of your health care services until you meet your deductible.
- **FAMILY DEDUCTIBLE** - If you and your family are enrolled in the Consumer Choice health plan, the entire family deductible, \$2,500, must be reached before co-insurance will apply. For example, for a family of five, the family deductible can be met by one family member or a combination of any of the five family members. With the Premier and New Value plans, a family would need at least two people to meet the individual deductible in order to meet the family deductible.

For example, two family members would need to reach \$1,250 each in health care expenses in order to meet the \$2,500 family deductible under the New Value or Premier plans. Under the Consumer Choice plan, an individual could alone meet the family deductible for his / her entire family.

- **PRESCRIPTION DRUG COVERAGE** - Co-pays do not exist for the Consumer Choice plan. This applies to the cost of prescription medications, too. You pay the full cost of the medications until you meet your deductible. For IRS-approved maintenance medications, such as those used to manage high blood pressure, diabetes, osteoporosis, and cholesterol, you only pay 20% of their cost since they are not subject to the deductible. A complete list of IRS-approved maintenance medications can be found online at sanantonio.gov/hr/employee_information/benefits/forms.asp. Detailed prescription drug information can be found on the next page.

Tools You Can Use

Several online tools and resources are available to you at myuhc.com to assist you with selecting your 2014 health care plan and tracking your health care costs including your medical and pharmacy claims history. [Myuhc.com](http://myuhc.com) can also be accessed on your mobile phone to review your explanation of benefits from a recent doctor's visit, find doctors, and more.

UnitedHealthcare's Health Plan Cost Estimator is once again available to assist you in selecting the best health care plan option for you and your dependents. This online tool allows you to compare the cost differences between the City's retiree health care plan options. The Health Plan Cost Estimator considers your personal health care usage and cost estimates as compared to all available options, so you can make an informed choice. It provides detailed comparisons for monthly premiums, out-of-pocket costs, deductibles, and more. To use the Health Plan Cost Estimator during 2014 Annual Enrollment, visit pcestimator.com (username: SanAntonio2014 and password: benefits) or come to one of the Retiree Annual Enrollment Meetings. For more information about tools and resources, see page 14.

Non-Medicare Prescription Drug Plan

Make sure you consider your use of prescription medications when selecting your 2014 health care plan option. The City's prescription drug benefit provides you with access to a wide variety of medications, which helps to make the ones you need more affordable. You also have access to more than 60,000 in-network pharmacies to fill your next prescription.

With the 2014 prescription drug plan, four pricing tiers, reduced co-pays for prescription medications related to diabetes, and coverage for several popular tobacco cessation medications will continue to be offered. Also, the prescription drug plan will help you manage your pharmacy costs by encouraging the use of generic equivalents, when available.

Automatic Generics Program

This Program automatically provides you with a generic equivalent to your prescription medication, when available. You do not even have to ask for it. Generic prescription drugs, which are mostly found in Tier 1, contain the same active ingredients as brand name drugs typically found in Tiers 2 and 3. The majority of brand name drugs have an available generic equivalent. You still have the option of purchasing brand name prescription drugs; however, you will pay the difference between the generic cost and the brand name co-pay. If your doctor requires that you only take brand name medications, make sure your prescription indicates "dispense as written." With "dispense as written" on your prescription, you will only pay the applicable co-pay for the brand name medication.

Value-Based Co-pays

It is important for retirees and their dependents with diabetes to follow their prescription drug regimen to effectively manage their condition. To continue assisting retirees and their eligible dependents who have diabetes with achieving a better quality of life, the City's Value-Based Co-pay plan offers prescription drugs related to diabetes at a reduced co-pay amount. For Tier 1 generic diabetes prescription drugs, there are no co-pays, and for Tiers 2 and 3, co-pays remain at their reduced prices from last year. See below.

90-day Mail Order Prescriptions

Purchasing a 90-day supply of your prescription drugs is convenient, and it saves you money on the maintenance medications you take every day. A 90-day supply costs less than buying a 30-day supply three (3) times. The best part is you can have a 90-day supply of your medication delivered to you at home through the OptumRx Mail Service Pharmacy Program.

Not only will you save yourself from having to wait in line at the pharmacy, but ordering your medications through the OptumRx Mail Service Pharmacy Program is the best way to ensure that your 90-day supply is available when you need it. To begin using mail order, visit myuhc.com.

Prescriptions and Consumer Choice

Remember, Consumer Choice does not have co-pays. You are responsible for 100% of the cost of your prescription medications until you reach your deductible. For IRS-approved preventive prescription drugs like those used to control high blood pressure, cholesterol, and diabetes, you only pay 20% of the cost since they are not subject to the deductible. A complete list of IRS-approved maintenance medications can be found online at sanantonio.gov/hr/employee_information/benefits/forms.asp.

2014 Prescription Drug Plan		
	Prescription Co-pays	Value-Based Co-pays
30-day Retail		
Tier 1	\$10	\$0
Tier 2	\$35	\$10
Tier 3	\$65	\$20
Tier 4	\$100	--
90-day or Mail Order		
Tier 1	\$20	\$0
Tier 2	\$70	\$20
Tier 3	\$130	\$40
Tier 4	\$200	--

Dental Plan for All Retirees

Because regular dental visits are a key part of maintaining your overall health, the City offers you access to dental insurance through Delta Dental.

Through the dental benefits plan administered by Delta Dental, you have access to a network of dental providers who can help you meet your oral health goals.



DeltaCare Dental HMO

The DeltaCare Dental HMO is a dental plan that provides comprehensive dental care when services are obtained from an in-network primary dentist. If this is your first time enrolling in the retiree dental care plan, during Annual Enrollment, you will need to select a participating dentist from the DeltaCare network of providers to serve as your primary dentist. The dentist should be within a 35-mile radius of your zip code.

With this plan, you are only responsible for the co-pays for any covered services you receive from your selected dentist. There are no deductibles, yearly maximums, or paperwork to file. Examples of common services and co-pays are featured in the chart below.

Description	Procedure Code	Co-pay
Office Visit	D0999	\$5
Oral Exam, X-rays, and Fluoride Treatment	--	No Cost
Prophylaxis (Teeth Cleaning Twice a Year)	D1110	No Cost
Periodontal Scaling and Root Planning, Per Quadrant	D4341	\$40
Amalgam Fillings for One Surface, Anterior	D2140	\$5
Surgical Extraction and Erupted Tooth	D7210	\$45
Root Canal-Molar (Excluding Final Restoration)	--	\$280
Crown	D2750	\$295
Orthodontics (Children and Adults)	D8070 (children) / D8090 (adults)	\$1,700 / \$1,900

Monthly Premiums

Dental Plan	DeltaCare DHMO
Retiree Only	\$13.66
Retiree + Spouse / Domestic Partner	\$25.45
Retiree + Child(ren)	\$25.45
Retiree + Family	\$38.19

Vision Plan for All Retirees

Healthy eyes and clear vision are an important part of your overall health and quality of life. Through Davis Vision, you have access to a national network of doctors and retail providers. Eye exams, eyeglasses, and contacts are available to you at only the cost of applicable co-pays.

Davis Vision Collection

To maximize your vision plan benefit, consider purchasing frames or contact lenses from The Davis Vision Collection. The Collection is available at a number of independent provider locations. Independent providers do not include retail stores such as Visionworks or Walmart. To locate a participating independent provider near you, visit davisvision.com.

Frame Benefits

Several designer and brand name frames are available to you at only the cost of applicable co-pays, through Davis Vision's Frame Collection. You are allowed \$130 retail allowance toward frames outside of the Davis Vision Frame Collection.

Contacts Benefits

Contact lenses selected from Davis Vision's Contact Lens Collection are covered in full. You are allowed a \$150 retail allowance toward contacts outside of the Davis Vision Contact Lens Collection.

Additional Vision Benefits

You also have access to additional discounts on popular lens options and coatings such as scratch-resistant coating, polycarbonate lenses, and standard progressives (no-line bifocal).

Through The Eye Health Connection Program, offered by Davis Vision, those with cataracts, diabetes, macular degeneration, and glaucoma are eligible to receive an additional eye exam during the calendar year.

For more information about additional benefits offered through Davis Vision, visit davisvision.com.

Out-of-Network Benefits

You have the option of receiving services from an out-of-network provider. When receiving services from an out-of-network provider, you must pay the provider directly for all charges and then submit a claim form for reimbursement to: Vision Care Processing Unit, P.O. Box 1525 Latham, NY 12110. The reimbursement form can be found at sanantonio.gov/hr/employee_information/benefits/forms.asp.

Vision Plan	Monthly Premium
Retiree Only	\$10.05
Retiree + Spouse / Domestic Partner	\$17.95
Retiree + Child(ren)	\$17.95
Retiree + Family	\$26.60

In-Network Benefit Summary

Comprehensive Eye Exam - \$10 co-pay, one exam per year	
Frames (in lieu of contacts)	Contacts (in lieu of eyeglasses)
Once per calendar year beginning January 1.	Once per calendar year beginning January 1.
\$130 retail allowance toward any frame from provider, plus 20% off balance ¹ .	\$150 retail allowance toward Non Collection Contact lenses, plus 15% off balance ² .
OR	OR
Any Fashion or Designer frame from Davis Vision's Collection ³ (value up to \$175).	Any contact lenses from Davis Vision's Contact Lens Collection ³ .
One-year eyeglass breakage warranty included at no additional cost.	Contact Lens Evaluation, Fitting & Follow-Up Care: Once per calendar year beginning January 1. Davis Collection contact lens covered in full, including fitting fee. Fitting fee is an additional charge minus 15% discount if Non Collection contact lens ² .
Spectacle Lenses - Once per calendar year beginning January 1. For standard single-vision, lined bifocal, or trifocal lenses.	

¹Additional discounts not applicable at Walmart or Sam's Club locations.

²For dependent children, monocular patients, and patients with prescriptions of 6.00 diopters or greater.

³Davis Vision Collection is not available at retail providers. It is only available at participating independent provider locations.

Eligibility for All Retirees / Dependents

City of San Antonio employees who leave the City with at least 20 years of service or have five years of service and are 60 years of age are eligible for City of San Antonio retiree medical benefits as follows:

- Employees with a City of San Antonio hire date prior to October 1, 2007, are eligible to enroll in a City of San Antonio retiree medical plan with a total combined premium subsidy of 67%.
- Employees with a City of San Antonio hire date on or after October 1, 2007 are eligible as follows:
 - » 5-9 years of City service are eligible to participate with no City contribution
 - » 10+ years of City service are eligible to participate with 50% City-subsidized premium



City of San Antonio retirees who meet eligibility requirements for retiree medical benefits must enroll in a City retiree medical plan within 31 days from the date of separation from service.

REVISED as of May 2014! Retirees also have the option to waive coverage. If a retiree chooses to waive coverage, they must do so at the time they separate from the City. Those who choose to waive coverage are allowed one opportunity to re-enter the plan at a later date, as long as they provide proof of continuous health insurance coverage. The continuous coverage can be a spouse's plan, employer plan, or individual plan and enrollment must be requested within 31 days of the loss of that coverage. Retirees may only enroll those dependents who were covered at the time coverage was waived and must return to the plan when you do; they will not be added to the plan at a later date.

Those who do not enroll in retiree health insurance coverage at the time of separation and do not elect to waive coverage will not be allowed on the plan at any time.

Eligible Dependents

Dependents may be enrolled in City retiree health benefits if they were covered at the time of your retirement and you enroll them at the time of your initial retiree medical election. Dependents who continue to meet eligibility requirements will remain on the plan until you remove them, cease to make the required contribution, or the dependent no longer meets the eligibility criteria. Once a dependent is removed, the dependent cannot be added back onto the health plan.

If you waived coverage at the time of separation and are eligible to come back and enroll in a City retiree medical plan, you may only enroll those dependents who were covered at the time coverage was waived. Your dependents must return to the plan when you do; they will not be added to the plan at a later date.

Making Changes During the Year

Selections made during Annual Enrollment will be effective for the upcoming plan year, January 1 through December 31, 2014. There are certain life events that can happen during the year that will allow you to change the level of coverage (retiree only, retiree plus one, or retiree plus 2 or more) for your health plan.

Those life events are:

- Divorce, Annulment, Dissolution of a Domestic Partnership
- Death of a dependent.

You must notify the Employee Benefits Office within 31 calendar days of your life event and provide all required documentation in order for the changes in your coverage to take effect during the calendar year. If you fail to notify the Employee Benefits Office within 31 calendar days, you forfeit any past premium refund.

2014 Retiree Annual Enrollment

Annual Enrollment begins October 14 and ends November 8, 2013. Selections will be effective January 1, 2014. This is the time you can choose a new plan or enroll in the retiree vision or dental plans, so be sure to review your choices and enroll by the deadline.

Selections may be changed ONLY during the Annual Enrollment period. See page 11 to learn about changing your level of coverage during the year.

Medicare Retirees		Non-Medicare Retirees	
Health Plan	<ul style="list-style-type: none"> Humana Medicare Advantage PPO Humana Medicare Advantage HMO 	Health Plan	<ul style="list-style-type: none"> Consumer Choice PPO administered by UnitedHealthcare New Value PPO administered by UnitedHealthcare Premier PPO administered by UnitedHealthcare
Vision Plan	<ul style="list-style-type: none"> Davis Vision 	Vision Plan	<ul style="list-style-type: none"> Davis Vision
Dental Plan	<ul style="list-style-type: none"> DeltaCare Dental HMO 	Dental Plan	<ul style="list-style-type: none"> DeltaCare Dental HMO

How to Enroll

Health care selections should be made carefully, and the Human Resources Department is happy to assist you. Retirees are encouraged to utilize the various online tools referenced throughout Benefit Matters to help you make the most informed decisions. You can also visit a 2014 Retiree Annual Enrollment Meeting to learn more about your options - see the next page for a schedule of the meetings.

Humana Medicare Advantage HMO and PPO Plans

You have three (3) ways to enroll in your Humana Medicare Advantage plan. Choose the option that works best for you:

- Automatic Enrollment - Your 2013 medical plan will automatically carry over to 2014 if you make no changes during Annual Enrollment.
- In-person Enrollment - If you would like to change your health plan for 2014, you can attend an Annual Enrollment Meeting.
- Phone Enrollment - You can also change your plan by contacting Humana Medicare Customer Service at 866-396-8810.

Consumer Choice, New Value, and Premier Plans

You have three (3) ways to enroll. Choose the option that works best for you:

- Automatic Enrollment - Retirees enrolled in the Consumer Choice or Premier medical plans in 2013, will have their selections automatically carry over to 2014. Those enrolled in the Value or Standard medical plans will automatically be enrolled in the New Value medical plan, unless you select a different health plan.
- Enrollment Form - Complete and return the enrollment form included with this benefit guide to the City of San Antonio’s Human Resources Department at: 111 Soledad, Ste. 100, San Antonio, TX Attn: Employee Benefits Office by November 8.
- In-person Enrollment - If you would like to discuss changes to your health plan for 2014 or would like assistance with making changes, you can attend an Annual Enrollment Meeting.

Vision and Dental Plans

Retirees who were enrolled in the dental or vision plan in 2013 will automatically have their coverage rolled over to 2014. If you were not enrolled in the dental or vision plan in 2013 but would like to enroll in either of the plans for 2014, contact Human Resources Customer Service at 210-207-8705 or hrcustomerservice@sanantonio.gov for an application.

2014 Retiree Annual Enrollment Meetings

Non-Medicare Retirees

At the Annual Enrollment Meetings, non-Medicare retirees will have the opportunity to visit one-on-one with UnitedHealthcare, Davis Vision, Delta Dental, and Employee Benefits representatives. You will also be able to obtain a seasonal flu shot.

Non-Medicare Retirees: 2014 Retiree Annual Enrollment Meetings			
Date	Time	Location	Room
Tuesday, November 5	9:30 a.m. - 3 p.m.	Central Library, 600 Soledad St., 78205	Auditorium
Thursday, November 7	9:30 a.m. - 5 p.m.	Central Library, 600 Soledad St., 78205	Auditorium

Medicare-Eligible Retirees

Medicare-eligible retirees have the opportunity to attend one of four (4) Retiree Annual Enrollment Meetings at a Humana office. At the meeting, you will receive one-on-one assistance with enrolling in your Humana Medicare Advantage plan. The schedule below outlines the dates and times for the meetings.

Medicare Retirees: 2014 Retiree Annual Enrollment Meetings			
Date	Time	Location	Room
Wednesday, October 16	1 p.m. - 4 p.m.	Humana Guidance Center 803 Castroville Rd., 78237	--
Friday, October 18	1 p.m. - 4 p.m.	Humana Office 8431 Fredericksburg Rd., 78229	Ste. 170
Wednesday, November 6	1 p.m. - 4 p.m.	Humana Guidance Center 803 Castroville Rd., 78237	--
Friday, November 8	1 p.m. - 4 p.m.	Humana Office 8431 Fredericksburg Rd., 78229	Ste. 170

Will You be Eligible for Medicare in 2014?

The City notifies Humana of all retirees and covered dependents who are eligible for the Medicare Advantage plan when they turn age 65. Humana then contacts the retirees and/or covered dependents to provide information about the Medicare Advantage plan options and offers enrollment assistance.

Contacts

Organization	Phone	Website
Human Resources Department	210-207-8705	sanantonio.gov/hr hrcustomerservice@sanantonio.gov cosaretiree@sanantonio.gov
Retiree Liaison - Ann Solis	210-207-0073	ann.solis@sanantonio.gov
Davis Vision	800-448-9372	davisvision.com
Delta Dental (DeltaCare DHMO)	800-422-4234	deltadentalins.com/cityofsanantonio/retirees.html
Humana Medicare Customer Service	866-396-8810	humana.com
ICMA Retirement Corporation	800-735-7202	icmarc.org
Medicare	800-633-4227	medicare.gov
Nationwide Retirement Solutions	877-677-3678	nrsforu.com
San Antonio Fire & Police Pension	210-534-3262	safireandpolicepension.org
Social Security Administration	800-772-1213	socialsecurity.gov
Texas Municipal Retirement System	800-924-8677	tmrs.com
UnitedHealthcare	800-996-2078	myuhc.com
UnitedHealthcare (Health Savings Account Customer Service)	800-791-9361	myuhc.com

Tools & Resources for Non-Medicare Retirees

Tool	What it provides	Where to find it
UnitedHealthcare Health Plan Cost Estimator	Helps you select the right health care plan Compares cost differences between your plan and your spouse's / domestic partner's	pcestimator.com username: SanAntonio2014 password: benefits
My Healthcare Cost Estimator	Helps you budget for a medical treatment Offers database of physicians and medical specialties Compares network and non-network cost estimates Shows how a procedure would affect your health account balances	myuhc.com
Videos	Overview of Open Enrollment and Health Spending Accounts	sanantonio.gov/hr

Glossary of Common Health Care Terms

The following is a list of health care terms that are used throughout this benefit guide. We have provided explanations for each of them so that you may better understand your benefits, how they work, and what choices will be best for you and your dependents.

Consumer Choice

Consumer-Driven Health Plan (CDHP) - A type of insurance plan in which you are responsible for most of the cost of your health care expenses until the plan's deductible and out-of-pocket maximum are reached. This type of plan has lower premiums than the other two health plans, but higher deductibles and out-of-pocket maximums.

Health Plan Features

Annual deductible - The amount you need to pay, not including co-pays, for covered health care services before the health plan pays. The annual deductible does not count toward your out-of-pocket maximum.

Co-insurance - The percentage you have to pay for health care services after you have met your annual deductible. Co-insurance amounts count toward your out-of-pocket maximum.

Co-pay - The flat fee you pay for certain services like doctor's, specialist's, or urgent care office visits or prescription drugs. Prescription drug co-pays do not count toward your out-of-pocket maximum.

Health Savings Account (HSA) - A tax-exempt savings account that can be used to help pay for current and future qualified medical expenses. You can only have an HSA if you are enrolled in a Consumer-Driven Health Plan like Consumer Choice.

Out-of-pocket maximum - The most you will pay for covered health care services in a calendar year. Once you reach it, the health care plan pays 100% of the cost of covered health care services for the remainder of the year, not including prescription drug co-pays. All covered health care expenses count toward the out-of-pocket maximum, except for deductibles, premiums, and prescription drug co-pays.

Prescription Drugs

Tier 1 (Generic) drugs - Medications that generally cost the least. They usually include the generic equivalents of brand name drugs.

Tier 2 (Preferred brand formulary) drugs -

Medications that are typically your midrange-cost option. Consider a Tier 2 drug if no Tier 1 medication is appropriate to treat your condition.

Tier 3 (Non-preferred brand) drugs - Medications that often include brand name drugs without generic versions or brand name drugs that are new to the market.

Tier 4 (Specialty) drugs - Medications that require special handling, administration, or monitoring. These drugs are often used to treat chronic illnesses such as cancer, hemophilia, multiple sclerosis, and Crohn's disease.

Provider Networks

In-network - A group of approved doctors, hospitals, and other health care professionals that provide quality care at contracted rates. These providers must pass a rigorous review of their personal history, disciplinary actions, licenses and certifications, and relevant training and experience.

Out-of-network - Doctors, hospitals, or other health care professionals that are not in the health plans' network. Service from these providers will, in many cases, cost you more than the same service from an in-network health care provider.

Types of Office Visits (Co-Pays)

Premium Designation Specialist - A visit to an in-network specialist or speciality center who is in a designated group of providers. A visit to a specialist or speciality center with the Premium Designation will result in a lower office visit co-pay than a visit to a specialist or speciality center without the designation.

These providers meet or exceed quality of care and cost efficiency standards as recognized by the United Health Premium Designation.

Primary Care - A visit to a physician, nurse practitioner, clinical nurse specialist, or physician assistant who provides, coordinates, or helps you access a range of health care services.

Specialist - A visit to a physician specialist who focuses on a specific area of medicine to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

Urgent Care - A visit to an urgent care facility to receive treatment for an illness, injury, or condition serious enough to seek care right away, but not so severe as to require a trip to the emergency room.

Health Benefits Notices for All Retirees

The City of San Antonio makes every effort to communicate regularly with retirees. Our primary method of communication is through [Retiree Matters](#), the City's newsletter for retirees. It is produced quarterly and at other times when we need to tell you about important benefit issues. [Retiree Matters](#) is mailed to your home address. Please make sure the City has your correct address at all times. If you change your address, contact Human Resources Customer Service at 210-207-8705 to update your information.

We also encourage you to visit the retiree web page at sanantonio.gov/hr/employee_information/benefits/benefits_retirees_nonmedicare.asp. Refer to it to learn more about your retiree medical benefits and to read about retiree benefit-related legislative topics the City is watching.

Health Care Reform

- Health Insurance Marketplace - Key parts of the Patient Protection and Affordable Care Act, Health Care Reform, will go into effect in January 2014. Specifically, the Health Insurance Marketplace will offer many Americans a new way to purchase health insurance.

What does this mean for you? The Health Insurance Marketplace will be open to you and all other legal residents of Texas. The Marketplace is designed to serve those who are uninsured, underinsured, or cannot obtain a health insurance plan through their employer or a low-income public program. Although you have access to comprehensive medical insurance through the City's retiree insurance program or the Humana Medicare Advantage health plans, the Marketplace may provide you with additional coverage options. This includes dental and vision health insurance options.

- Summary of Benefits and Coverage (SBC) - In addition, group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage. The new regulation is designed to help you better understand and evaluate your health care choices. Non-Medicare retirees can view a Summary of Benefits and Coverage online at sanantonio.gov/hr/employee_information/benefit/benefits_retirees_nonmedicare_summary.asp.

For more information about Health Care Reform, visit healthcare.gov or call 800-318-2596.

HIPAA Privacy Policy

The Health Insurance Portability and Accountability Act (HIPAA) details the rules the City of San Antonio will follow to safeguard the confidentiality of medical information obtained through the course of enrollment and administration of our health plans. For detailed information, visit hhs.gov/ocr/privacy.

Newborns' and Mothers' Health Protection Act

Federal Law (Newborns' and Mothers' Health Protection Act of 1996) prohibits the plan from limiting a mother's or newborn's length of hospital stay to less than 48 hours for a normal delivery or 96 hours for a Cesarean delivery, or from requiring the provider to obtain pre-authorization for a stay of 48 or 96 hours as appropriate. However, Federal Law generally does not prohibit the attending provider, after consultation with the mother, from discharging the mother or her newborn earlier than 48 hours for a normal delivery or 96 hours for a Cesarean delivery.

Summary Plan Documents/Plan Documents

This guide is intended to provide summary information about the benefit plans offered to retirees of the City of San Antonio. Complete plan details are available in the Summary Plan Documents for the New Value, Premier, and Consumer Choice PPO plans and can be obtained from the Human Resources Department. In the event of a discrepancy between this document and the official Summary Plan Document/Plan Document, the Plan Document shall govern. This document has not been reviewed by the Centers of Medicare and Medicaid Services. It is NOT an official or binding document for the Humana Medicare Advantage Plans. Humana will provide participating retirees a copy of the official Certificate of Coverage. Retirees may also request this document directly from Humana by calling 866-396-8810.

Health Benefits Notices for All Retirees

Women's Health Act

The Women's Health and Cancer Rights Act of 1998 requires that all health insurance plans that cover mastectomy also cover the following medical care:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas and mastectomy bras and external prostheses limited to the lowest cost alternative that meets the patient's physical needs.

City Retiree Medical Benefit Program Design and Funding

The City Manager, or her Designee, may be authorized to amend the City retiree medical benefits plan and set premiums for retiree and dependent coverage, so long as sufficient funds are appropriated by City Council (see ordinance 2013-09-12-0627).