CITY OF SAN ANTONIO EMPLOYEE BENEFIT GUIDE

BENEFIT Matters

It's Your Choice

INSIDE THIS EDITION

- 2017 Premiums
- Health Plans
- Helpful Tools

210.207.8705

CIVILIAN

www.sanantonio.gov/employeeinformation

WELCOME TO YOUR 2017 BENEFIT MATTERS.

The information provided in this guide will serve as a resource tool for you as you prepare to select the best benefit choices for you and your family. From health care plan options to information about the City's vision and dental plans and Employee Wellness Program, you will find answers to many of your benefits questions within these pages.

We understand that you might have circumstances unique to you and your family, so at any time, feel free to contact the Human Resources Department at 210-207-8705 or hrcustomerservice@sanantonio.gov for assistance.

You may also contact your department's dedicated Employee Relations team.

HIGHLIGHTS FOR 2017:

As of January 1, 2017, Blue Cross and Blue Shield of Texas and CVS/caremark will serve as our third-party administrators who process our medical and pharmacy claims. Our plans and coverage remain the same and the Consumer Choice and New Value PPO medical plan options will still be offered - see pages 4-6.

In 2017, HSA Bank will be the provider for Health Savings Accounts, but you will still be able to access funds in your Optum account - see page 7.

Also in 2017, the Health Care Flexible Spending Account limit remains at $2,550 - see page 8.

Remember, your current tobacco user status remains in 2017, so if you are still a tobacco user, you will continue to incur the $40 monthly fee. For information about our Tobacco Cessation Program - see page 15.

ICON LEGEND	
	Important Information Up Ahead
	Money-Saving Opportunity
NEW	New Information
	Good News

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Contacts

Organization	Phone	Website/Email
Human Resources Customer Service	210-207-8705	sanantonio.gov/employeeinformation hrcustomerservice@sanantonio.gov
Blue Cross and Blue Shield of Texas (Medical Plan Claims Administrator)	coming soon*	bcbstx.com (Blue Choice PPO Network)
CitiDent PPO (Dental Plan)	800-521-2651	deltadentalins.com/cityofsanantonio
DeltaCare DHMO (Dental Plan)	800-422-4234	deltadentalins.com/cityofsanantonio
CVS/caremark (Pharmacy Plan Claims Administrator)	coming soon*	coming soon*
Davis Vision (Vision Provider)	800-448-9372	davisvision.com
Deer Oaks (Employee Assistance Program)	210-615-8880	deeroakseap.com
Flexible Spending Account (FSA) Customer Service	855-731-5220	bcbstx.com
HSA Bank (Health Savings Account (HSA) Customer Service)	855-731-5220	bcbstx.com
ICMA Retirement Corporation (Deferred Compensation Provider)	800-669-7400	icmarc.org
Nationwide Retirement Solutions (Deferred Compensation Provider)	877-677-3678	nrsforu.com
Texas Municipal Retirement System (TMRS)	800-924-8677	tmrs.com

*Please check the Human Resources website for updated contact information for our new medical health care providers.

Your Benefits

As a City employee, your total compensation package is more than just the salary you take home every other week. It is made up of several components including your health care, Employee Wellness Program, retirement, paid leave, and holiday benefits. This guide provides you with an overview of these benefits.

If you have questions about the information in this guide, contact Human Resources Customer Service at 210-207-8705 or your department's Employee Relations team.

IN 2017

- Employees will be provided with two medical care plan options - the Consumer Choice plan and the New Value plan. More information can be found on pages 4-6.
- As required by the Affordable Care Act, the City must show the IRS that employees were offered essential and affordable health care coverage for the next calendar year. In order to comply with this federal requirement, during the Open Enrollment period, you must re-enroll yourself and your dependents in a City medical health care plan or decline coverage. Failure to enroll or decline will result in automatic enrollment in the Consumer Choice plan with employee-only coverage, and your dependents will not be covered in 2017. For newly hired employees, if you do not select a medical plan option, you will be auto-enrolled in Consumer Choice at the employee-only level.
- Maintenance drugs are not subject to the deductible under the Consumer Choice plan. A list of all maintenance drugs can be found at sanantonio.gov/employeeinformation/benefits/resources.

EASY REFERENCE

Below are two reference tables that outline the 2017 benefits as well as the Fiscal Year 2017 Holiday Schedule.

Benefit	Your Options
Medical	• Consumer Choice PPO • New Value PPO • Blue Cross and Blue Shield of Texas serves as the claims administrator for these plans.
Pharmacy	• CVS/caremark serves as the pharmacy claims administrator.
Dental	• CitiDent PPO • DeltaCare DHMO • Delta Dental serves as the claims adminstrator for these plans.
Vision	• Davis Vision serves as the claims administrator for this plan.
Basic Life, Accidental Death & Dismemberment Insurance	• The City provides Basic Life Insurance and Accidental Death & Dismemberment Insurance equal to one (1) time your annual salary. • You can purchase Supplemental Life Insurance for yourself. • You can purchase Dependent Life Insurance for your spouse / children.
Flexible Spending Account (Health Care FSA)	• You can contribute to the Health Care FSA with pre-tax dollars to pay for eligible out-of-pocket health care expenses for you and your family. The funds are available to use the first payday in January 2017 (or for new employees, your first payday), but whatever is not spent by March 15, 2018 and submitted for reimbursement by March 31, 2018 will be forfeited. The annual contribution limit is $2,550.
Daycare / Elder Care Flexible Spending Account (Dependent Care FSA)	• You can contribute to the Daycare / Elder Care FSA with pre-tax dollars to pay for eligible out-of-pocket daycare / elder care expenses. The funds will be available to you as they are deposited into your account. Your Daycare / Elder Care FSA plan year ends on December 31, 2017; however, you have until March 15, 2018 to submit claims for eligible services incurred from January 1 to December 31, 2017. The annual contribution limit is $5,000.
Health Savings Account (HSA)	• With enrollment in the Consumer Choice health plan, you will receive a City contribution ($500 for employee-only plan / $1,000 for family plan) to your HSA, and can also contribute to your HSA with pre-tax dollars to pay for eligible health care expenses. You own this account, and what is not used rolls over to the next year. The City's contribution will be available on the first payday in January 2017 (or for new employees, your first payday) provided you don't have a balance in an FSA. The annual contribution limit is $3,400 for an individual and $6,750 for a family.

FISCAL YEAR 2017 HOLIDAY SCHEDULE

Holiday	Date
Veterans Day	November 11, 2016
Thanksgiving Day	November 24, 2016
Day After Thanksgiving	November 25, 2016
Christmas Eve (observed)	December 26, 2016
Christmas Day (observed)	December 27, 2016
Winter Holiday	December 28, 2016
Winter Holiday	December 29, 2016
New Year's Day (observed)	December 30, 2016
Martin Luther King, Jr. Day	January 16, 2017
Fiesta San Jacinto Day	April 28, 2017
Memorial Day	May 29, 2017
Independence Day	July 4, 2017
Labor Day	September 4, 2017

Note: City offices will close at the end of the calendar year in observance of the time period between the Christmas and New Year's Day holidays from December 26 - December 30. This year, employees will not need to take leave on any of the days during the Winter Holiday.

Note: Most Pre-K 4 SA employees will follow a different holiday schedule. For questions about your Pre-K 4 SA holiday schedule, contact the department's Employee Relations Business Partner.

Bi-Weekly Health Plan Premiums

Health Plan	Hired Before 01/01/09		Hired After 01/01/09	
Consumer Choice				
	City	Employee	City	Employee
Employee Only	$206.70	$8.50	$194.70	$20.50
Employee + Child(ren)	$340.49	$15.00	$321.49	$34.00
Employee + Spouse / Domestic Partner	$359.78	$43.00	306.78	$96.00
Employee + Family	$482.03	$61.00	$407.03	$136.00
New Value				
Employee Only	$280.06	$36.00	$235.06	$81.00
Employee + Child(ren)	$428.09	$94.00	$331.09	$191.00
Employee + Spouse / Domestic Partner	$415.55	$176.00	$288.05	$303.50
Employee + Family	$559.54	$238.00	$390.04	$407.50

Bi-Weekly Vision Plan Premiums

Vision Plan	Premium
Employee Only	$3.92
Employee + Child(ren)	$7.01
Employee + Spouse / Domestic Partner	$7.01
Employee + Family	$10.38

Bi-Weekly Dental Plan Premiums

Dental Plan	CitiDent PPO	DeltaCare HMO
Employee Only	$16.50	$6.83
Employee + Child(ren)	$24.50	$12.73
Employee + Spouse / Domestic Partner	$24.50	$12.73
Employee + Family	$36.50	$19.10

Domestic Partner Tax Implications

When you enroll your domestic partner or your domestic partner's child in one of the City's health plans, the IRS considers the City's contribution toward their coverage as income for federal tax purposes. This income is the amount the City contributes towards the cost of coverage for your domestic partner and/or your partner's child.

The amount of this income depends upon the plan in which you are enrolled and the level of your coverage. This income increases your taxable gross income for federal income taxes and FICA (Social Security and Medicare). Taxes are withheld from your paycheck and will be reported on your annual W-2 form. More details are available in the Domestic Partner Enrollment Packet, which can be found on the COSAweb or at sanantonio.gov/employeeinformation/benefits/health/eligibility.

Below is a simplified example of how this income is calculated for an employee hired before 2009, who selected the New Value health plan option with employee plus spouse / domestic partner. The City understands this is a complex issue. Please consult your personal tax advisor for assistance.

The City contributes $415.51 towards your total bi-weekly medical premium for Employee + Spouse / Domestic Partner), and	the City contributes $280.04 towards a total bi-weekly medical premium for Employee Only, then	$135.47 is the difference of bi-weekly income you would be taxed on.
$415.51 (Employee + Spouse / Domestic Partner	$280.04 (Employee Only)	$135.47= ($415.51 - $280.04)

Notes

Medical Plans At-A-Glance

For 2017, you will continue to have the option of selecting one of two medical care plans - Consumer Choice or New Value. Both plans feature co-insurance, deductibles, and in-network preventive screenings covered at 100%. Both plans are PPO plans, meaning they offer you the freedom to select your health care providers from a nationwide network.

Below is a side-by-side comparison of both medical care plan options. As you can see, the coverage is the same for both plans; however, the amount you pay out-of-pocket varies between the two plans.

Plan Benefit	Consumer Choice (CDHP) PPO		New Value PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Employee Only / Family)	$1,300 / $2,600	$2,600 / $5,200	$1,250 / $2,500	$2,500 / $5,000
Annual Out-of-Pocket Maximum (Employee Only / Family)	$4,000 / $8,000*	$8,000 / $16,000	$3,000 / $6,000	$6,000 / $12,000
Co-insurance After Deductible	80% / 20%	60% / 40%	80% / 20%	60% / 40%
Preventive Screenings	Covered at 100%	60% after deductible	Covered at 100%	60% after deductible
Office Visits: Primary Care Specialist Urgent Care	20% after deductible	40% after deductible	$30 $55 $50	40% after deductible
Emergency Care and Ambulance Services	20% after deductible			
In-Patient Hospital Admissions, Out-Patient Surgery, Durable Medical Supplies, and Radiology	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Physical, Occupational, and Speech Therapy	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Contributions to Health Savings Account (HSA)	Funded by a City contribution of $500 for employee only or $1,000 for family, employee payroll deductions, and rewards earned through participation in Employee Wellness Program		N / A	
Flexible Spending Account (FSA)	Health Care FSA - For those enrolled in Consumer Choice but not eligible for an HSA because of other medical coverage Daycare / Elder Care FSA - Funded by employee payroll deductions		Health Care FSA - Funded by employee pre-tax payroll deductions and rewards earned by participating in the Employee Wellness Program Daycare / Elder Care FSA - Funded by employee payroll deductions	

*For family coverage, the maximum to be paid by any one individual on the plan will not exceed $7,150 in 2017.

Consumer Choice and New Value Plans - How Are They Different?

Plan Feature	Consumer Choice (CDHP) PPO	New Value PPO
Health Savings Account (HSA)	Allows you to pay for qualified medical, dental, and vision out-of-pocket expenses or save for future health care expenses with pre-tax dollars. Money contributed to your account is yours to keep, whether you remain a City employee or not, and it rolls over from year to year. City will contribute $500 for an employee-only plan and $1,000 for a family plan. Funds are only available to you as money is contributed to the account.	Does not apply.
Flexible Spending Account (FSA)	Health Care FSA applies to employees enrolled in Consumer Choice, but who cannot enroll in an HSA due to other medical coverage. Daycare / Elder Care FSA - Contribute to the Daycare / Elder Care FSA with pre-tax dollars to pay for eligible out-of-pocket dependent care expenses. Your Daycare / Elder Care FSA plan year ends on December 31, 2017; however, you have until March 15, 2018 to submit claims for eligible services incurred from January 1 to December 31, 2017	Health Care FSA allows you to set aside pre-tax dollars to pay for qualified out-of-pocket health care expenses. Money contributed to your acount is available to you beginning January 1, 2017. Whatever is not spent by March 15, 2018 and submitted for reimbursement by March 31, 2018 will be forfeited. Day Care / Elder Care FSA - Contribute to the Daycare / Elder Care FSA with pre-tax dollars to pay for eligible out-of-pocket dependent care expenses. Your Daycare / Elder Care FSA plan year ends on December 31, 2017; however, you have until March 15, 2018 to submit claims for eligible services incurred from January 1 to December 31, 2017.
Co-pays	Does not apply.	Co-pays apply in the amounts of $30, $50, and $55 based on the type of provider you select.
Family Deductible	The family deductible can be met by one family member or a combination of family members. For example, for a family of five, the family's $2,600 deductible can be met by one family member or a combination of any of the five family members.	A combination of family memebers can satisfy the family deductible; however for a two-member family, each person would need to reach $1,250 each in health care expenses in order to meet the $2,500 family deductible.
Out-of-Pocket Maximum	Your out-of-pocket maximum includes your deductible and co-insurance. For 2017, an individual on a family plan cannot exceed $7,150 in out-of-pocket costs.	Your out-of-pocket maximum includes your deductible, co-pays, and co-insurance.
Prescription Drug Coverage	You are responsible for 100% of the discounted cost of your prescription medications (from in-network providers) 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.	Co-pays apply in the amounts of $10, $35, $65, and $100 based on the tier of medication you need. For those managing diabetes through medication, the City's Value-based Co-pay Program offers $0 co-pay for Tier 1 medications, $10 for Tier 2, and $20 for Tier 3.

Health Savings Accounts

The ABCs of Your Health Savings Account

A Health Savings Account (HSA) is a bank account that is owned and managed by the account holder - YOU. The funds in the account are to be used for the sole purpose of paying for qualified health care expenses and saving for future eligible health care (medical, dental, vision, and pharmacy) expenses.

Like your personal checking or savings account, your HSA is held at a bank, HSA Bank. Yes, the bank where your HSA funds are held is called HSA Bank. HSA Bank will open a Health Savings Account for you and will issue you a debit card that will allow you to access your funds.

To help you get started, the City will contribute $500 to an HSA for those enrolled in the Consumer Choice health plan option at the employee-only level or $1,000 for those enrolled at the family level. These funds will be available in January 2017. Even if you are currently enrolled in Consumer Choice and plan to continue coverage in this plan for 2017, you will still receive the City's contribution. In 2017, the IRS maximum for HSA contributions is $3,400 for an individual and $6,750 for a family. The City's contributions, any funds you contribute through bi-weekly payroll deductions, and any rewards earned through participating in the Employee Wellness Program's Virgin Pulse Program are used to apply to this maximum.

Your account balance in the HSA is yours to keep and is not forfeited even if you leave employment. Any funds unused at the end of the year will roll over to the next year. You can also change the amount you contribute through bi-weekly payroll deductions. If you have an HSA, you cannot also have a Health Care Flexible Spending Account (FSA). HSA funds will be available for use as they are deposited into your account.

Note: If you have dollars in a Flexible Spending Account (FSA) available from 2016, you will not have access to the 2017 HSA funds until you have exhausted your FSA account.

HSA Eligibility

You are eligible to open and contribute to an HSA if all the following are true. You:

- Are enrolled in the Consumer Choice plan
- Are not covered by any other medial plan (such as VA, TRICARE, or a spouse's / parent's plan)
- Are not claimed as a dependent on someone else's federal tax return

Note: As mentioned above, you are not eligible for an HSA if you have any other medical plan coverage nor are you eligible to receive any rewards through participation in the Virgin Pulse Program; however, you do have the option of opening a Flexible Spending Account (FSA).

Health Care Savings Accounts—A Triple Tax Advantage

In addition to providing you with a way of paying for your current qualified health care expenses and saving for your future health care needs, an HSA provides you with a triple tax advantage. The funds in an HSA: 1) are not taxable when they are deposited, 2) accrue interest tax-free, and 3) are not taxable when being withdrawn to cover eligible medical expenses.

YOU, not the City, are responsible for maintaining records (receipts, explanation of benefits, etc.) of how you spent the funds in your HSA to provide to the IRS in the event of an IRS audit.

Eligible HSA expenses for you and your family include:

- Deductibles and co-insurance for medical, dental, and vision care and services
- Prescription medications

Ineligible HSA expenses for you and your family include:

- Insurance premiums
- Vision warranties and service contracts
- Over-the-counter medications without a prescription
- Teeth whitening
- Cosmetic / aesthetic medical procedures

Note: All money contributed to your HSA by the City, including funds earned through your participation in the City's Employee Wellness Program, is subject to a 6% withholding for your Texas Municipal Retirement System (TMRS) account.

Flexible Spending Accounts

An Overview of Your Health Care Flexible Spending Account

If you enrolled in the New Value medical care plan or cannot open a Health Savings Account, you can open a Health Care Flexible Spending Account (FSA) to help cover the cost of eligible health care expenses. With each paycheck, you set aside some of your pay, before taxes, to use for eligible expenses.

- The annual contribution limit is $2,550 for a Health Care FSA.
- Only eligible expenses incurred between January 1, 2017 and March 15, 2018 may be reimbursed from your FSA. All claims for reimbursement must be filed by March 31, 2018. Any remaining money will be forfeited.

With a Health Care FSA, you can get reimbursed for out-of-pocket health care expenses incurred by you or your IRS Tax Dependents, whether or not you or your dependent is covered by the City's health plans. Funds are available to use on the first payday in January 2017 (or for new employees, your first payday).

Eligible Health Care FSA expenses include:

- Deductibles, co-pays, and co-insurance for medical, dental, and vision care and services
- Prescription medications

Ineligible Health Care FSA expenses include:

- Insurance premiums
- Over-the-counter medications without a prescription
- Vision warranties and service contracts
- Teeth whitening

Note: All Wellness money contributed to your FSA by the City is subject to a 6% withholding for your Texas Municipal Retirement System (TMRS) account.

Daycare / Elder Care FSA

You can use the Daycare / Elder Care FSA to pay for eligible day care expenses related to the care of or services provided to children under the age of 13, or tax dependents who are mentally or physically incapable of caring for themselves. Like with the Health Care FSA, each paycheck you set aside some of your pay, before taxes, to use for eligible expenses. Daycare / Elder Care claims are submitted using a paper reimbursement form available at sanantonio.gov/employeeinformation/benefits/resources.aspx. The annual contribution limit is $5,000 for Daycare / Elder Care FSA. Funds will be available to you as they are deposited into your account each payday.

Eligible Daycare / Elder Care FSA expenses include:

- Babysitter
- Day camp
- Child care center
- Adult care center

Ineligible Daycare / Elder Care FSA expenses include:

- Expenses you claim under the Federal Dependent Care Tax Credit
- Health care expenses you pay for your dependents
- Clothing for your dependents
- Transportation to and from a care provider

How it Works

1. Estimate your out-of-pocket medical expenses for the year and decide how much money to set aside ($2,550 maximum).

2. Enroll in the FSA when you select your 2017 benefits.

3. The total amount will be divided by 24 bi-weekly paychecks.

4. When you have expenses, you can use the money in your FSA to reimburse yourself. Your Health Care FSA comes with a Consumer Accounts Card from Blue Cross and Blue Shield of Texas. For daycare / elder care reimbursement, complete the Reimbursement Request Form at sanantonio.gov/employeeinformation/benefits/resources.

Learn more - view the FSA video in the City's benefit information video library on the Human Resources Department's website.

HEALTH CARE FSA SAVINGS EXAMPLE

With FSA		Without FSA
$31,000	Annual Gross Income	$31,000
-$2,550	Annual FSA Deposit	-$0
$28,450	Taxable Gross Income	$31,000
-$9,289	*Taxes	-$10,122
$19,161	Annual Net Income	$20,878
-$0	Cost of Expenses	-$2,550
$19,161	Spendable Income	$18,328

By using an FSA to pay for anticipated expenses, you can convert the money you save in taxes to additional spendable income. The example above reflects a potential annual savings of $833.

*Example based upon a 32.65% tax rate (25% federal and 7.65% Social Security) calculated on a calendar year.

Tools to Help You Choose the Right Health Plan

Making health care decisions can be difficult, and selecting the best health care plan is no exception. When considering your health care options, there are several factors to keep in mind, including:

- Your family's and your health care needs for the upcoming year. Do you expect any major medical expenses?
- The amount you pay out-of-pocket for health care. Do you normally meet your deductible?
- Your use of maintenance prescription drugs. How much do you pay for prescription medications annually?
- The cost of having a health care plan, whether you use it or not. How much will I pay just to have coverage, even if I do not use or need it?

Looking for an In-Network Doctor?

Do you need help with locating an in-network doctor or provider? If you already have a primary care physician or medical health care provider that you love, do you want to make sure that he or she is still in the network? No problem! With the help of the online Provider Finder® tool, you can do just that by following a few easy steps:

- Visit bcbstx.com
- Click on the button for the Provider Finder® tool
- Select "Texas" in the drop-down menu for the first question, then hit "Start Search"
- Choose the "Plan Networks" button and "Blue Choice PPO" from the drop-down menu
- Enter your search criteria, then hit "Search"
- Review and filter the results until you find the information that you want

Need Help?

Refer to the example below and plug in your own family's amounts to see which plan might be the best choice for you in 2017.

A Real-life Example (In-Network Benefits)

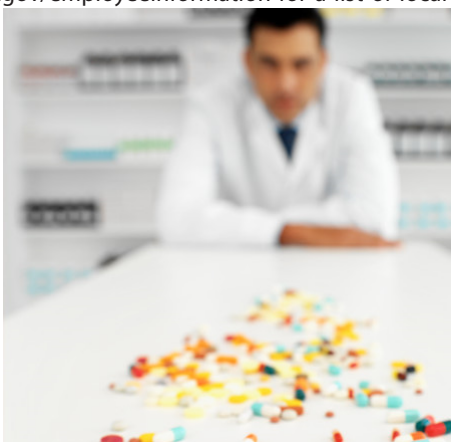
- Joe Cosa, Maintenance Worker, Hired Before January 1, 2009
- Employee + Family Coverage
- Gross Medical Expenses of 10 Primary Care Physician Visits * Per Year with a Generic Antibiotic Prescribed at Each Visit

Plans	Consumer Choice	New Value
Annual Premium	$1,464	$5,712
Deductible	$1,100*	-
Co-insurance	-	-
Office Visit Co-pay	-	$300 ($30 x 10 visits)
Pharmacy Co-pay	-	$100 ($10 x 10 Rx)
City-Funded Health Savings Account	($1,000)	-
Total Employee Cost	$1,564	$6,112
Most Cost Effective Plan: Consumer Choice		

*Assumes 10 office visits at $80 per visit ($80 x 10 = $800) and generic antibiotics at retail are estimated at $30 per prescription ($30 x 10 = $300).

Prescription Drug Plan

When considering your health plan options, it is important to consider your prescription needs. The City's prescription drug benefit, which is administered by CVS/caremark, provides you with access to a wide variety of drugs while helping to make the medications you need more affordable. You also have access to a large group of in-network pharmacies to fill your next prescription, including CVS, H-E-B, and Walgreen's. Please visit sanantonio.gov/employeeinformation for a list of local in-network pharmacies.



Automatic Generics Program

This program automatically provides you with a generic equivalent to your prescription medication, when one is 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 and formulary drugs.

You still have the option of purchasing brand name medications; however, you will pay the difference in cost between the generic and brand name drug plus the co-pay. If your doctor requires that you only take brand name medications, make sure your prescriptions indicate "dispense as written." With this instruction written on your prescription, you will only pay the applicable co-pay for the brand name medication.

Value-Based Co-pay Program

It is important for employees and their dependents with diabetes to follow their prescription drug regimen to effectively manage their health. In support of this, the City's Value-Based Co-pay Program continues in 2017. The plan offers prescription drugs related to diabetes at reduced co-pay amounts.

90-Day Mail Order Prescriptions

Purchasing a 90-day mail order supply of your prescription drugs saves you money on the maintenance medications you take every day. In addition to saving money, it is convenient to have your medications delivered to you at home through the Mail Order Pharmacy Program. This is the best way to ensure your medication is available when you need it. To begin receiving a 90-day mail order supply of your maintenance medications, visit the Human Resources website for updated contact information for CVS/caremark.

Prescriptions and Consumer Choice

Remember, you are responsible for 100% of the discounted cost of your medication until you reach your deductible. For IRS-approved maintenance medications, you only pay 20% of the discounted cost since these medications are not subject to the deductible. A complete list of these medications can be found at sanantonio.gov/Portals/0/Files/EmployeeInformation/Benefits/CDHPMaintenanceMeds.pdf.

2017 Prescription Drug Coverage

New Value PPO Only	Co-pays	Value-Based Co-pays (Diabetes Prescription Drugs)
	30-day Retail	
Tier 1 (generics)	$10	$0
Tier 2 (preferred brand formulary)	$35	$10
Tier 3 (non-preferred brand)	$65	$20
Tier 4 (specialty)	$100	N / A
	90-day Mail Order	
Tier 1 (generics)	$20	$0
Tier 2 (preferred brand formulary)	$70	$20
Tier 3 (non-preferred brand)	$130	$40

Dental Plans

Regular dental visits can do more than keep your smile attractive, they can tell dentists a lot about your overall health, including whether or not you may be developing a disease like diabetes.

Through Delta Dental, you have the choice between two dental plan options, both of which provide you and your dependents with access to a national network of dental providers.

In addition to the information provided below, you can watch the dental benefits video in the City's benefits information video library for more details. The video library can be found on the Human Resources Department's website at sanantonio.gov/employeeinformation/benefits/resources.

CitiDent PPO

The CitiDent PPO is a dental PPO plan that allows you to obtain care per the chart below from the dentist of your choice. Obtaining services from an in-network provider will lower your out-of-pocket costs.

Coverage Type	In-Network	Out-of-Network
Type A - Preventive Care (Cleanings and Oral Exams)	Covered at 100%	Covered at 100% maximum allowed
Type B - Basic Care (Fillings, Simple Extractions, and Periodontics)	Covered at 80%	Covered at 80% maximum allowed
Type C - Major Care (Bridges, Dentures, and TMJ)	Covered at 50%	Covered at 50% maximum allowed
Type D - Orthodontia (Children only)	Covered at 50%	Covered at 50% maximum allowed
Deductible (Individual / Family)	$50 / $150	$50 / $150
Annual Maximum Benefit (Per Person)	$1,200	$1,200
Lifetime Orthodontia Maximum (Per Child)	$1,500	$1,500
Lifetime TMJ Maximum (Per Person)	$500	$500

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. During enrollment, select a participating dentist to serve as your primary dentist. 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 claims to file. Examples of common services and co-pays are listed below.

Description	Procedure Code	Co-pay
Office Visit	D0999	$5
Oral Exam, X-rays, and Fluoride Treatment*	N/A	No Co-pay
Prophylaxis (Teeth Cleaning Twice a Year)	D1110	No Co-pay
Periodontal Scaling and Root Planing, Per Quadrant	D4341	$40
Amalgam Fillings for One Surface, Anterior	D2140	$5
Surgical Extraction and Erupted Tooth	D7210	$45
Root Canal – Endodontic Therapy, molar (excluding final restoration)	D3330	$280
Crown	D2750	$295
Orthodontics (Children and Adults)	D8070 (children) / D8090 (adults)	$1,700 / $1,900

*Note: Flouride Treatment is specific for child up to age 19.

Vision Plan

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 to help you care for your eyes. Eye exams, eyeglasses, and contacts are available to you at the cost of applicable co-pays. For vision plan details, watch the vision benefits video in the City's benefits information video library on the Human Resources Department's website at sanantonio.gov/employeeinformation/benefits/resources.

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 participating 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 a $130 retail allowance toward frames outside the Davis Vision Frame Collection.

NEW

New for 2017, when you shop at any Visionwork store location, you will receive a $155 retail allowance toward any frame. As a Davis Vision member, you have access to great in-network benefits at provider locations nationwide, including over 700 Visionworks stores, which offer the largest in-store frame assortment in the industry. With an average of 2,000 frames per store, you'll find the right shape, style, color and brand for you. Visionworks also has the largest children's frame assortment, making it the perfect one-stop shop for your family's eyewear needs.

Contact Lens 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 the Davis Vision Contact Lens Collection.

Additional Vision Benefits

Davis Vision offers a 25% discount off of a provider's Usual and Customary fees, or 5% off any advertised specials, whichever is lower, for laser vision correction surgery. The Eye Health Connection Program, offered by Davis Vision, provides enhanced services and benefits to those with cataracts, diabetes, macular degeneration, and glaucoma. If you have one of these conditions, you are eligible to receive an additional eye exam during the calendar year. You can even sign up to receive educational emails at DavisVision.com.

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[3].	$150 retail allowance toward Non Collection contact lenses, plus 15% off balance[1].
OR	**OR**
Visionworks Frame Allowance: $155 retail allowance toward any frame from a Visionworks provider, plus 20% off balance.	Any contact lenses from Davis Vision's Contact Lens Collection[2].
OR	
Any fashion, designer or Premier frame from Davis Vision's Collection1 (value up to $195).	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].
One year eyeglass breakage warranty included at no additional cost.	
Spectacle Lenses - Once per calendar year beginning January 1. For standard single-vision, lined bifocal, or trifocal lenses.	

Additional Discounted Lens Options and Coatings		
Most Popular Options	**Without Davis Vision**	**With Davis Vision**
Scratch-Resistant Coating	$45	$0
Polycarbonate Lenses	$64	$0[2] - $40
Standard Anti-Reflective (AR) Coating	$62	$40
Standard Progressives (no-line bifocal)	$154	$65
Plastic Photosensitive (Transitions[3])	$123	$90

[1]For dependent children, monocular patients, and patients with prescriptions of 6.00 diopters or greater.

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

[3]Additional discounts not applicable at Walmart or Sam's Club locations.

Out-of-Network Vision Benefits

Although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network, 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 online at sanantonio.gov/employeeinformation/benefits/resources.

Life Insurance

One of the most important things about life insurance is the financial peace of mind it gives your loved ones. The City provides all full-time employees with Basic Life and Accidental Death & Dismemberment Insurance in the amount of one (1) times your annual salary, for each. This insurance is provided at no cost to you.

You also have the option of purchasing Supplemental Life Insurance of up to five (5) times your annual base salary (not to exceed $900,000). The cost of coverage is based on your age and amount of coverage you are selecting. Coverage amounts are reduced at age 70. New employees may enroll in up to two (2) times their annual salary or $200,000 in Supplemental Life Insurance without answering any medical questions during their first 31 days of hire. Enrollment after that time may be requested during the annual Open Enrollment period upon successful completion and approval of an Evidence of Insurability Questionnaire. Coverage requested in excess of two (2) times your annual salary cannot be guaranteed. Please see the example below and use the employee age and premium multiplier calculation table to determine your bi-weekly premium cost.

Dependent Life Insurance is available to you at a bi-weekly premium cost of $2 regardless of the number of covered dependents. The plan will pay $25,000 for a spouse/domestic partner and/or $10,000 for each dependent child through age 26, in the event of death.

Note: Life insurance benefits for you and your dependents expire upon separation from the City.

Supplemental Life Insurance Bi-Weekly Premium Rate Tables

Amount of total live coverage (Annual salary x level of Coverage)	Total live coverage divided x $1,000	Employee Age	Premium Multiplier	Bi-Weekly Premium
($35,000 x 3 times life coverage) = $105,000	$105,000 / $1,000 = $105	48	$0.087	$105 x $0.087 = $9.14

Employee Age	Premium Multiplier
Under 30	$.022
30 - 34	$.032
35 - 39	$.037
40 - 44	$.050
45 - 49	$.087
50 - 54	$.135
55 - 59	$.234
60 - 64	$.388
65 - 69	$.592
70 - 74	$1.076

Disability & Leave

Short-Term Disability

The City offers, at no cost to eligible, full-time employees, a disability program with sick leave benefits for non-job-related illnesses or injuries. This program provides employees with a percentage of their salary based on years of service for a maximum of 26 weeks if unable to work as a result of a non-work related disability.

Long-Term Disability

The City provides, at no cost to eligible, full-time employees, a long-term disability program for those who are unable to work as a result of a non-work related disability. Total benefits are calculated at 40% of salary, minus offsets (i.e. Social Security, other coverage, etc.). Benefits may begin after 26 weeks of short-term disability benefits. During the annual Open Enrollment period, employees have the option of purchasing an additional 20% of long-term disability coverage at their expense.

Personal and Annual Leave

Full-time civilian employees can accrue and take leave for vacation, illness, or to attend to personal matters.

- Personal Leave accrues on a quarterly basis and must be used by the end of the calendar year.
- Annual Leave accrues on a monthly basis on an employee's anniversary date following the first six (6) months of employment. Unused Annual Leave may be carried over to the next calendar year up to a maximum accrual of 400 hours.

Parental Leave NEW

This new leave provides six weeks of paid leave to the birthing and non-birthing parent after the birth or placement of a child for adoption or foster care. Full-time civilian employees are eligible for this leave upon hire.

Family Wellness Leave NEW

This new leave provides 24 hours of leave to be used for wellness visits for the employee and immediate family and for attending school-related functions for the employee or for his/her dependents. Full-time civilian employees are eligible for this leave upon hire.

Employee Wellness Program

In 2017, the Employee Wellness Program will continue to help you improve your overall health by offering services focused on physical activity, proper nutrition, and tobacco cessation.

Virgin Pulse Program

By participating in the Virgin Pulse Program, full-time civilian employees enrolled in a City medical health care plan can earn contributions, up to $500, to their FSA / HSA in 2017 by becoming or remaining active throughout the year. Physical activity and program participation are tracked through a pedometer and online account.

Awards are earned on a quarterly basis and deposited in your HSA or FSA at the end of each quarter. For those employees who waived medical coverage or do not have an FSA, one will be opened for you once your initial quarterly payout is processed. Employees who are enrolled in Consumer Choice, but do not have an HSA could still receive these funds through an FSA - please see page 8 to determine if you're eligible for this option.

Here is how it works: If you are currently enrolled in Virgin Pulse, your game re-sets on January 1, 2017 for Quarter 1 (January 1 – March 31). Participants will have three months to progress through four levels. Payouts for completing Levels 1 - 4 will be paid in April. Quarter 2 will be April 1 – June 30 under the same format. Employees can earn $125 each quarter, for a maximum payout of $500 by the end of the year.

If you are new to Virgin Pulse, you can begin tracking immediately upon enrollment and will still have the opportunity to earn money towards your HSA or FSA by reaching the quarterly milestones still remaining within the calendar year.

You can earn points in several ways: tracking daily activity, participating in health challenges, attending and participating in Employee Wellness Program events, and by tracking your important health numbers.

To enroll in the Virgin Pulse Program, simply register online at join.virginpulse.com/cityofsanantonio.

All money deposited into your FSA/HSA by the City is subject to a 6% contribution to your Texas Municipal Retirement System (TMRS) account. Because the City's contribution is recognized as income, it is subject to the deduction just like your bi-weekly earnings.

Employee Assistance Program

Deer Oaks is the City's Employee Assistance Program provider. The City offers you and members of your household up to six (6) counseling sessions per issue (unlimited issues), per year. There is no cost to use these benefits.

The Employee Assistance Program provides counseling services for work, personal, marriage and family issues; one (1) free consultation with an attorney per year; and financial and management counseling. All services provided by the Employee Assistance Program are confidential and HIPAA-compliant. Contact the Employee Assistance Program at 210-615-8880 or visit deeroakseap.com (username and password: cosa).

Weight Watchers at Work

The Weight Watchers at Work Program is a proven program that offers convenient and flexible weight-loss motivation in a group setting.

Through the City's Weight Watchers at Work Program, you have the opportunity to be reimbursed, subject to payroll taxes, for up to 50% of the cost of participating in a Weight Watchers at Work group. Reimbursement is based on completing 80% of the Weight Watchers at Work Program. If you are interested in joining an existing group or would like to start a group at your worksite, contact the Employee Wellness Program at 210-207-WELL (9355) or wellness@sanantonio.gov.

Employee Wellness Education Sessions

Every month, education sessions are held at various City worksites. The topics change each month and feature expert speakers from throughout the local health care community. These sessions make it convenient for employees to receive valuable information that can help them achieve and maintain a healthy lifestyle.

Fitness Center Discounts

As a City of San Antonio employee, you receive discounted rates at some local health clubs / fitness centers. The rates apply to new members only, unless otherwise stated. A full list of centers can be found at sanantonio.gov/employeeinformation/wellness/programs. Please contact the centers directly for more detailed information on family rates. To enroll at any fitness center, please take your employee ID for proof of employment with the City of San Antonio. For more information, contact 210-207- WELL (9355) or wellness@sanantonio.gov.

Tobacco Use and Tobacco Products

The $40 monthly fee will continue to be assessed to tobacco users in 2017. Your designation as a tobacco user or non-user will roll over into 2017.

The City defines a tobacco user as someone who has used tobacco products anytime within the last 60 days. If your tobacco user status changes within the year, it is your responsibility to notify the City's Employee Benefits Office. Remember, failure to truthfully disclose your tobacco user status is a violation of the City's Code of Ethics and disciplinary action could be taken.

Tobacco products include but are not limited to: cigarettes, cigars, pipes, all forms of smokeless tobacco (chewing tobacco, snuff, dip, or any other product that contains tobacco), clove cigarettes, or any other smoking devices that use tobacco such as hookahs. E-cigarettes are also included in the definition of a tobacco product.

City's Tobacco Cessation Program

Recognizing that quitting tobacco is hard, the City is committed to supporting those employees and their spouses / domestic partners who would like to make tobacco use a thing of the past. Listed below are the tobacco cessation programs available to you through the City:

- Quit for Life Program (Quitline) – Call 866-784-8454 to enroll in the Quit for Life Program to receive one-on-one, personalized telephonic coaching, quitting aids, a quit guide, and access to a variety of online resources.
- Tobacco Cessation Classes – Through the City's Employee Assistance Program, employees and their spouses / domestic partners can attend FREE group tobacco cessation classes. Classes are held from noon to 1 p.m. once a week, and they last for four (4) weeks. Contact the Employee Wellness Program at 210-207-WELL (9355) or wellness@sanantonio.gov to find out when the new classes begin.
- Tobacco Cessation Prescription Medications – The City's prescription drug plan covers several effective tobacco cessation prescription medications. These medications include, Buproban, which is a Tier 1 prescription medication, and Chantix, Nicotrol, and Zyban, which are Tier 3 prescription medications.

I Quit Using Tobacco, So What is Next?

You may stop the monthly fee by completing a tobacco cessation program. Once you have successfully remained tobacco-free for 60 consecutive days, complete and submit a new Tobacco Declaration Form certifying that you are no longer a tobacco user and proof of program completion to the Human Resources Department. You can obtain the form through your department's Employee Relations team. After you have submitted your new Tobacco Declaration Form, it will take up to two (2) pay periods to process the change. Note, you will not be refunded for any amount you have paid prior to the new Tobacco Declaration Form being processed.

Retirement

Texas Municipal Retirement System

The City participates in the Texas Municipal Retirement System (TMRS). Employees contribute 6% of their salary, and the City contributes two (2) times the employee contribution (12%). Employees become vested after five (5) years of service. Criteria for retirement is five (5) years of service at age 60 or 20 years of service at any age. Specific details about TMRS benefits, including benefit estimates, may be obtained at the TMRS website at tmrs.com or by calling TMRS at 800-924-8677.

457 Deferred Compensation Program

The City of San Antonio provides part-time and full-time employees an additional way to save for retirement through a 457 Deferred Compensation Plan, administered through two providers. The plan is designed to supplement an employee's TMRS benefits and Social Security benefits. Nationwide Retirement Solutions and ICMA Retirement Corporation are the City's deferred compensation vendors. Representatives from these companies are on-site in the Human Resources Department weekly. Contribution limits are set yearly by the IRS.

For 2016, the maximum contribution was $18,000, and employees over age 50 could contribute an additional $6,000. City employees who wish to participate must contribute a minimum contribution of $10 per paycheck. Once the 2017 maximum contribution amounts are determined, they will be available online at sanantonio.gov/employeeinformation/benefits/retirement.

As long as an employee elects to participate in a 457, a deduction will be taken from each of the 26 paychecks per year. You may stop deductions at any time by contacting the retirement plan provider or the Employee Benefits Office.

Eligibility / Dependent Eligibility

All full-time civilian City of San Antonio employees and their eligible dependents have the ability to participate in the Civilian Benefits Program. Part-time and temporary (seasonal) employees who work less than 30 hours per week are not eligible to enroll.

Employees with alternate health care coverage have the option of waiving the City's health care coverage during Open Enrollment. If this is the case, employees will be asked to provide information about their alternate medical care coverage.

Eligible Dependents

You may elect health care coverage for you and your eligible dependents during the annual Open Enrollment period. See the chart below for the types of documentation required to add a dependent. Validation information is subject to change. Please contact Human Resources Customer Service at 210-207-8705 for more information.

Adding a Dependent - Required Information	
Type of Eligible Dependent	The following is a list of information required by the City to add a dependent. Additional information may be requested to complete your enrollment.
Spouse / Common Law Spouse	The City requires: • Copy of marriage license OR Declaration of Informal Marriage, AND • Properly completed enrollment form
Domestic Partner (Same gender or opposite gender)	The City requires: • An Affidavit of Domestic Partnership, AND • Properly completed enrollment form In addition, two (2) of the following supporting documents with both your names are also required: • Joint lease or mortgage, OR • Joint bank account, OR • Joint credit card/billing statement, OR • Jointly paid household expense (ex: utility bill) OR • Beneficiary of life insurance or will, OR • Power of attorney
Dependent Child up to age 26 (Biological child, stepchild, adopted child, Domestic Partner child, or foster child)	The City requires: • Properly completed enrollment form In addition, one (1) of the following supporting documents is also required: • Copy of birth certificate OR Verification of Birth of Newborn Facts, OR • Copy of adoption agreement, OR • Copy of Qualified Medical Child Support Order, OR • Copy of court custody or guardianship documents

Making Changes During the Year

Elections made during Open Enrollment will be effective for the upcoming plan year, January 1 through December 31, 2017. The Internal Revenue Service (IRS) requires that your benefit elections remain in effect for the entire calendar year, unless you experience a Qualifying Life Event.

Qualifying Life Events may include:

- Marriage
- Establishment of a Domestic Partnership
- Divorce, Annulment, Dissolution of a Domestic Partnership
- Birth or Adoption of a child
- Change in you or your spouse's / domestic partner's work status (full-time or part-time) that affects benefits eligibility
- Death

You must notify the Employee Benefits Office within 31 calendar days of your Qualifying 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 days, you must wait until the next Open Enrollment period to change your benefit elections.

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-Driven Health Plan

Consumer-Driven Health Plan (CDHP) - A type of medical insurance plan in which you are responsible for 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 other traditional health plans, but slightly 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 counts 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, urgent care office visits, or prescription drugs. Prescription drug and office visit co-pays 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. All covered health care expenses count toward the out-of-pocket maximum, except for premiums.

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)

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.

Tools & Resources

Tool	What it provides	Where to find it
Provider Finder®	An online tool that can help you find in-network doctors, hospitals, or health care providers in your area.	bcbstx.com
Video: Medical Plans Comparison	This six-minute video will explain the differences between the Consumer Choice and New Value plans, so you can choose the plan that is best for you and your family.	sanantonio.a.guidespark.com/videos/4037 sanantonio.gov/employeeinformation/benefits/resources
Video: Flexible Spending Accounts (FSA)	This six-minute video explains how you can get the most out of your FSA.	sanantonio.a.guidespark.com/videos/4029 sanantonio.gov/employeeinformation/benefits/resources
Video: Life and AD&D Insurance	This four-minute video provides an overview of the City's Life and Accidental Death & Dismemberment insurance policies.	sanantonio.a.guidespark.com/videos/4030 sanantonio.gov/employeeinformation/benefits/resources
CVS/caremark Pharmacy List	A list of local in-network pharmacies	sanantonio.gov/employeeinformation

Notes

Health Benefits Notices

Below are summaries of important health benefits notices. Visit the Human Resources Department's website at sanantonio.gov/employeeinformation/benefits/resources for complete information on each of the notices.

Children's Health Insurance Plan (CHIP)

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP) - If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, Texas may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit healthcare.gov.

If you or your dependents are already enrolled in Medicaid and you live in Texas, you may be eligible for assistance paying your employer health plan premiums. To find out if premium assistance is available, visit gethipptexas.com or call 800-440-0493.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP and you think you or any of your dependents might be eligible for either of these programs, contact the Texas Medicaid or CHIP office, dial 877-KIDS-NOW (543-7669), or visit insurekidsnow.gov to find out how to apply.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at askebsa.dol.gov or call 866-444-EBSA (3272).

For more information on special enrollment rights, contact either:

- The U.S. Department of Labor , Employee Benefits Security Administration - dol.gov/ebsa or 866-444-EBSA (3272) or
- The U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services - cms.hhs.gov or 877-267-2323, Menu Option 4, Ext. 61565.

Notice of Privacy Practices

The City of San Antonio takes the privacy and security of your confidential health information seriously. Health information about you is protected and will be shared only with other covered entities for treatment, payment, and health care operation activities. Additionally, you have the right to obtain copies of your health record (medical claims and enrollment records), request a correction, restrict communications, request a copy of our Privacy Practices Policy, authorize someone to represent you or file a complaint if you believe your privacy rights have been violated. For detailed information regarding the City of San Antonio Privacy Policy, please visit sanantonio.gov/Portals/0/Files/EmployeeInformation/Benefits/privacy.pdf.

Summary Plan Documents / Summary of Benefits & Coverage (SBC)

This guide is intended to provide summary information about the benefit plans offered to the civilian employees of the City of San Antonio. Complete plan details are included in the Summary Plan Documents and Summary of Benefits & Coverage available from the Human Resources Department. In the event of any discrepancy between this document and the Summary Plan Documents, the Summary Plan Documents shall govern. Visit sanantonio.gov/employeeinformation/benefits/health.aspx to view the Summary Plan Documents.

ANY BENEFITS AND CONTRIBUTIONS UNDER THE CITY OF SAN ANTONIO'S INSURANCE OR SELF-FUNDED PROGRAMS ARE SUBJECT TO CHANGE AS DETERMINED BY THE CITY COUNCIL IN ANY BUDGET YEAR, OR BY ORDINANCE OR AMENDMENT.

THE CITY MANAGER, OR HER DESIGNEE, MAY BE AUTHORIZED TO AMEND THE CITY EMPLOYEE HEALTH BENEFITS PLAN AND SET PREMIUMS FOR EMPLOYEE AND DEPENDENT COVERAGE, SO LONG AS SUFFICIENT FUNDS ARE APPROPRIATED BY CITY COUNCIL (SEE ORDINANCE #2016-09-15-0694).

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 breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications of 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.

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 preauthorization for a stay of 48 hours 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 normal delivery or 96 hours for a cesarean delivery.

CITY OF SAN ANTONIO

HUMAN RESOURCES DEPARTMENT

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