CITY OF SAN ANTONIO TEXAS

WE BENEFIT TOGETHER

BENEFIT MATTERS 2021

CIVILIAN

INSIDE THIS EDITION

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- HEALTH PLANS
- HELPFUL TOOLS

WELCOME TO YOUR 2021 BENEFIT MATTERS!

If 2020 has showed us anything, it is that we are all in this together, now more than ever. With that in mind, this year's guide features pictures of City of San Antonio employees on the job serving the San Antonio community.

The information in this guide serves as a resource for you as you prepare to select the best benefit choices for you and your family. From medical 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 you and your family might have unique circumstances, so feel free to contact Human Resources Customer Service at 210.207.8705 or AskHR@sanantonio.gov for assistance.

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

Jonathon Guerra, Monica Vega, & Angel Vicuna,
Center City Development & Operations Department

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YOUR BENEFITS AND HOLIDAY SCHEDULE

As a City employee, your total compensation package is made up of several components, including the salary you take home every other week, your health care coverage, the 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 AskHR@sanantonio.gov, and as always, you can reach out to your department's Employee Relations team for assistance.

IN 2021

• **Bi-weekly medical plan premiums will be reduced by 10% for one year.** You can review the medical premiums on page 6.

• Employees continue to have the opportunity to choose between three (3) medical plan options - Consumer Choice PPO, Blue Essentials HMO, and New Value PPO. More information about your health care options can be found on pages 6-7.

• As required by the Affordable Care Act, the City must show the Internal Revenue Service (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 2021 Benefits Open Enrollment period, you must re-enroll yourself and your eligible dependents in a City medical plan or decline coverage. Failure to enroll in or decline the City's health care coverage will result in automatic enrollment at the employee-only level, and your dependents will not be covered in 2021.

• 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.

BENEFIT	YOUR OPTIONS
Medical	• Consumer Choice PPO • Blue Essentials HMO • 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 administrator 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 base salary at no cost to you. • You can purchase Supplemental Life Insurance for yourself. • You can purchase Dependent Life Insurance for your spouse or 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 2021. For newly-hired employees, the funds will be made available in your account following verification that the account is open. Whatever is not spent by March 15, 2022 and submitted for reimbursement by March 31, 2022 will be forfeited. • The annual contribution limit is $2,750.
Daycare/Elder Care Flexible Spending Account	• 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, 2021. You have until March 31, 2022 to submit claims for eligible services incurred from January 1 to December 31, 2021. • 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. You can also contribute to your HSA with pre-tax dollars to pay for eligible health care expenses. The account is yours to keep, and what is not used rolls over to the next year. • The City's contribution will be available in early January 2021. For newly-hired employees, the City's annual contribution will be made to your account following verification that the account is open and prorated based on your hire date. • The annual contribution limit is $3,600 for an individual and $7,200 for a family. Under the catch-up provision, employees age 55 or older can contribute an additional $1,000.

FISCAL YEAR 2021 HOLIDAY SCHEDULE

Holiday	Date
Veterans Day	Nov. 11, 2020
Thanksgiving Day	Nov. 26, 2020
Day After Thanksgiving	Nov. 27, 2020
Christmas Eve	Dec. 24, 2020
Christmas Day	Dec. 25, 2020
*City Closure (employee leave)	Dec. 28, 2020
*City Closure (employee leave)	Dec. 29, 2020
*City Closure (employee leave)	Dec. 30, 2020
Winter Holiday	Dec. 31, 2020
New Year's Day	Jan. 1, 2021
Martin Luther King Jr. Day	Jan. 18, 2021
Fiesta San Jacinto Day	April 23, 2021
Memorial Day	May 31, 2021
Juneteenth (observed)	June 18, 2021
Independence Day (observed)	July 5, 2021
Labor Day	Sept. 6, 2021

Note: City offices will close at the end of the calendar year in observance of the time period between the Christmas Eve and New Year's Day holidays from December 24 to January 1.

Employees are asked to use Annual Leave, Compensatory (Comp) Time, Incentive Leave, Family Wellness/Education Leave, Personal Leave, or Voluntary Leave Without Pay to cover December 28 to 30.

Most Pre-K 4 SA employees follow a different holiday schedule than the one above. For questions about the holiday schedule for Pre-K 4 SA, contact a member of the department's Employee Relations team.

ELIGIBILITY/DEPENDENT ELIGIBILITY

All full-time civilian City employees and their eligible dependents have the ability to participate in the Civilian Benefits Program. Part-time and temporary employees are not eligible to enroll. Employees with alternate health care coverage have the option of waiving the City's health care. Employees who choose to waive the City's health care coverage will be asked to provide information about their alternate medical care coverage.

Dependent Verification

Current full-time employees may elect health care coverage for themselves and their eligible dependents during the annual open enrollment period. New full-time employees may do so within 31 days of being hired. See the chart below for the types of documentation required to add a dependent. Contact Human Resources Customer Service at 210.207.8705 or AskHR@sanantonio.gov 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 certificate 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 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, 2021. The 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, and
- death.

You must notify the Employee Benefits Office (210.207.0073) 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.

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.

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

The City contributes $421.20 towards your total bi-weekly medical premium for Employee + Spouse/Domestic Partner), and	the City contributes $263.48 towards a total bi-weekly medical premium for Employee Only, then	$157.72 is the difference of bi-weekly income you would be taxed on.
$421.20 (Employee + Spouse/Domestic Partner)	**$263.48 (Employee Only)**	**$157.72 = ($421.20 - $263.48)**

MEDICAL PLANS AT-A-GLANCE

In 2021, you continue to have the opportunity to choose between three medical plans: **Consumer Choice PPO, Blue Essentials HMO, and New Value PPO.** All of these plans feature co-insurance, deductibles, and in-network preventive screenings covered at 100%. The Blue Essentials HMO connects you to a smaller group of qualified health care providers (Texas only), with your care being directed by a primary care physician or PCP. Being PPO health plans, Consumer Choice and New Value feature a nationwide provider network. As you see below, the coverage is the same for all three plans; however, the amount you pay out of pocket varies.

Plan Benefit	Consumer Choice (CDHP) PPO		Blue Essentials HMO		New Value PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Employee Only/Family)	$2,000/$4,000*	$4,000/$8,000	$1,500/$3,000	N/A	$1,500/$3,000	$3,000/$6,000
Co-insurance After Deductible	20% after deductible	40% after deductible	20% after deductible		20% after deductible	40% after deductible
Annual Out-of-Pocket Maximum	$4,000/$8,000**	$8,000/$16,000	$3,500/$7,000		$3,500/$7,000	$7,000/$14,000
Office Visits						
Primary Care	20% after deductible	40% after deductible	$25	N/A	$30	40% after deductible
Specialist			$45		$50	
Urgent Care			$75		$75	
Virtual Visit		N/A	$25		$30	N/A
Emergency Room		20% after deductible	$300		20% after $300 co-pay	
Preventive Screenings	Covered at 100%	40% after deductible	Covered at 100%		Covered at 100%	40% after deductible
Prescription Drug						
Tier 1 (30-day retail)	20% after deductible For IRS-approved maintenance medications, you only pay 20% of the discounted cost since these medications are not subject to the deductible. A list of these medications can be found at sanantonio.gov/employeeinformation/benefits/resources.		$10 | Diabetes Meds $0	N/A	$10 | Diabetes Meds $0	
Tier 2 (30-day retail)			$35 | Diabetes Meds $10		$35 | Diabetes Meds $10	
Specialty (30-day retail)			$100		$100	
Tier 1 (90-day mail order)			$20 | Diabetes Meds $0		$20 | Diabetes Meds $0	
Tier 2 (90-day mail order)			$70 | Diabetes Meds $20		$70 | Diabetes Meds $20	

*The maximum deductible for one individual in a family plan will be $2,800 in 2021. **For family coverage, the maximum to be paid by any one individual on the plan will not exceed $7,350 in 2021.

Bi-Weekly Health Plan Premiums

Employees Hired Before January 1, 2009			
Medical Plan	Consumer Choice PPO	Blue Essentials HMO	New Value PPO
Employee Only	$8.55	$17.10	$36.00
Employee + Child(ren)	$14.85	$39.15	$94.50
Employee + Spouse/ Domestic Partner	$43.20	$83.70	$177.75
Employee + Family	$61.20	$115.20	$240.30

Bi-Weekly Health Plan Premiums

Employees Hired After January 1, 2009			
Medical Plan	Consumer Choice PPO	Blue Essentials HMO	New Value PPO
Employee Only	$20.25	$38.25	$79.65
Employee + Child(ren)	$33.30	$79.65	$187.20
Employee + Spouse/ Domestic Partner	$94.05	$155.25	$297.90
Employee + Family	$133.20	$213.30	$399.60

LaMar Hicks, Asia Jones-Carr, & Pedro Orduno,
Solid Waste Management Department

CONSUMER CHOICE PPO, BLUE ESSENTIALS HMO, AND NEW VALUE PPO PLANS – HOW ARE THEY DIFFERENT?

Plan Feature	Consumer Choice (CDHP) PPO	Blue Essentials HMO	New Value PPO
Bi-Weekly Premiums	Low	Medium	High
Annual Deductible	High	Low	Low
Co-pay	N/A	Yes	Yes
Co-insurance (In-network)	You pay 20%, the City pays 80% (after deductible)	You pay 20%, the City pays 80% (after deductible)	You pay 20%, the City pays 80% (after deductible)
Primary Care Physician or PCP	N/A	Required; **Must select a PCP at time of enrollment**	N/A
Specialist Office Visits	No referral required	Referral from PCP required; No coverage outside of network	No referral required
Nationwide Network	Yes	No **(Texas only)**	Yes
City Contribution to Health Savings Account (HSA)	$500 - Employee Only $1,000 - Family	None	None
Annual Out-of-Pocket Maximum	High	Low	Low
Pre-Tax Health Care Savings Account Options	Health Savings Account (HSA)	Health Care Flexible Spending Account (FSA)	Health Care Flexible Spending Account (FSA)

HEALTH PLAN FEATURES

Applied Behavioral Analysis (ABA) Therapy

Applied Behavioral Analysis (ABA) Therapy is treatment for individuals who have autism spectrum disorders. It is intended to provide improvement in a variety of skill areas, including looking, listening, imitating, language, behavioral, and social.

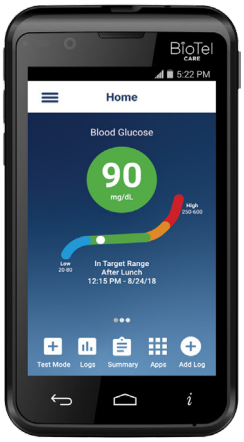
Please consult your health care professionals to determine if this treatment option is best for you. If you need assistance with finding an in-network doctor, contact the Blue Cross and Blue Shield of Texas Member Services Line at 1.800.521.2227.

Consumer Medical

The Consumer Medical benefit provides expert medical opinion and clinical advocacy to individuals diagnosed with a serious medical condition, such as cancer, or who are facing a procedure like a hip and knee replacement, hysterectomy, or lower back surgery. Through this benefit, you have access to customized, evidence-based support, educational materials, and assistance from a team of health care professionals throughout your health journey.

Questions? Contact Consumer Medical at 1.888.361.3944.

Next Generation Transform Diabetes Care



As part of the City's pharmacy benefit plan through CVS/caremark, you and your dependents have access to a new program that offers no-cost tools, services, and extra support to help you manage your diabetes. This program includes:

- individualized care management plan specific to each participant,
- two (2) diabetes monitoring visits per year at MinuteClinic to help prevent diabetes-related conditions
- a BioTel Care-connected glucose meter (with free testing supplies) to help keep track of your glucose levels for eligible employees, and
- more!

Travel & Lodging

This benefit provides reimbursement for those traveling to receive treatment for a transplant or inpatient/outpatient cancer treatments. The travel distance requirement for reimbursement is 100 miles. Eligible expenses should be compliant with IRS guidelines and are subject to a $10,000 lifetime maximum. Benefits are paid at a per diem (per day) rate of $50 per person per night. Individuals can include a person traveling with them.

To be reimbursed, you will need to submit a qualifying receipt. Examples of travel expenses include:

- airfare at coach rate,
- taxi,
- ground transportation, and
- mileage reimbursement at the IRS rate for the most direct route between the patient's home and the designated provider.

Prior authorization is not required for the travel, but would be required for any covered treatments.

For more information about this benefit, call Blue Cross and Blue Shield of Texas Member Services Line at 1.800.521.2227.

Tuberculosis Team, Health Department

BCBSTX'S BENEFIT VALUE ADVISOR AND MEMBER REWARDS PROGRAMS

Benefit Value Advisor Program

The Benefit Value Advisor (BVA) Program provides you with the opportunity to speak to a specially-trained advisor from Blue Cross and Blue Shield of Texas about your options when it comes to receiving care. A BVA can:

- help compare costs at different providers near you,
- tell you about online educational tools,
- help you identify a qualifying provider for the Member Rewards Program (see more information below),
- help you schedule your medical appointments, and much more!

To get started with your own BVA, call the Blue Cross and Blue Shield of Texas Member Services Line at 1.800.521.2227.

Jose Gutierrez & Antonia Perez, Human Services Department

Member Rewards Program: Same Procedure, Different Cost, & Potential Cash in Your Pocket!

Prices for the same quality medical services can differ by thousands of dollars within the same region and health plan network. And, through Blue Cross and Blue Shield of Texas' Member Rewards Program, administered by Vitals, you now have the opportunity to earn cash rewards when you select a lower-cost, quality provider from several possibilities. The Member Rewards Program, combined with bcbstx.com, can help you:

- compare costs and quality for numerous procedures,
- estimate out-of-pocket costs,
- earn cash while shopping for care,
- save money and make the most efficient use of your health care benefits, and
- consider treatment decisions with your doctors.

Estimated cost comparison for maternity delivery services	
Provider A: $10,696*	Provider B: $13,677*
Estimated cost comparison for a knee MRI	
Provider A: $374*	Provider B: $2,779*
Estimated cost comparison for a hip replacement surgery	
Provider A: $32,293*	Provider B: $52,307*

Note: Benefit Value Advisors offer cost estimates for various providers, facilities, and procedures. Lower pricing and cost savings are dependent on the provider or facility of your choosing.

*Cost examples are for illustration purposes only.

How Does It Work?

1. When a doctor recommends treatment, log into Blue Access for Members at bcbstx.com (or simply contact a BVA for assistance).

2. Click the Doctors and Hospitals Tab – then on Find a Doctor or Hospital – and Shop for Procedures.

3. Choose a Member Rewards eligible location, and you may earn a cash reward of up to several hundred dollars!

4. Complete your procedure and, once verified, you will receive a check within four (4) to six (6) weeks. It is easy to understand how much you could save with a reward option, based on location. After verification, Vitals will send you any earned reward check. Rewards are taxable.

You can quickly and easily find the information you need to help you choose a facility or service via your computer or mobile device.

Questions? Contact Blue Cross and Blue Shield of Texas Member Services Line at 1.800.521.2227.

TOOLS TO HELP YOU CHOOSE THE RIGHT HEALTH PLAN

We all know that making health care decisions can be difficult, and selecting the best health care plan for you and your family is no exception. When considering your health care options, there are several factors to keep in mind.

- 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?

Finding Your In-Network PCP for the Blue Essentials HMO

In 2021, you have the option of enrolling in the Blue Essentials HMO health plan. Those who select this health plan are required to designate an in-network primary care physician (PCP) at the time of enrollment. To find a list of participating PCPs go to bcbstx.com and follow the steps below.
Note: The PCP must fall under: Family Practice, Internal Medicine, OB-GYN, Pediatric, or General Medicine.

1. Click on the button for **Find a Doctor or Hospital.**
2. Click **Search as Guest.**
3. Click **Search In-Network Providers.**
4. Under "How do you get your insurance," select **Through my employer or my spouse's employer.**
5. Under "Are you a member or are you shopping for an insurance plan," select **I am a member.**
6. Under "Select type of care you are looking for," select **Medical.**
7. Under "Where do you live?" Select your state.
8. Under "Select Plan/Network," select **Blue Essentials (HMO).**
9. Enter search location (zip code or an address).
10. Click More Search Options.
11. Under "I'm searching for a," select **Primary Care Practitioners.**
12. Click on **Find a Doctor or Hospital.**

Scan me with your smartphone's camera or click on the link below to get started on finding a PCP on the Blue Essentials HMO.

Find Your Blue Essentials HMO PCP

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 2021.

A Real-life Example (In-Network Benefits)

- John Cosa, Administrative Associate, Hired After 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	ConsumerChoicePPO	Blue Essentials HMO	New Value PPO
Annual Premium	$3,196.80	$5,119.20	$9,590.40
Deductible	$1,100*	-	-
Co-insurance	-	-	-
Office Visit Co-pay	-	$250 ($25 x 10 visits)	$300 ($30 x 10 visits)
Pharmacy Co-pay	-	$100 ($10 x 10 Rx)	$100 ($10 x 10 Rx)
City-Funded Health Savings Account	($1,000)	-	-
Total Employee Cost	$3,296.80	$5,469.20	$9,990.40

*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).

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 (Crowns, Bridges, and Dentures)	Covered at 50%	Covered at 50% maximum allowed
Type D - Orthodontia (Children only)	Covered at 50%	Covered at 50% maximum allowed
Deductible (Employee Only/Family)	$50/$150	$50/$150
Annual Maximum Benefit (Per Person)	$1,200	$1,200
Lifetime Orthodontia Maximum (Per Child)	$1,500	$1,500

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 claims paperwork 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: Fluoride Treatment is specific for child up to age 19.

Bi-Weekly Dental Plan Premiums

Dental Plan	CitiDent PPO	DeltaCareDHMO
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

VISION PLANS

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.

When you shop at any Visionworks 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.

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.

Laser Vision Correction Surgery & Hearing Aid Benefits

Laser vision correction (LASIK) is a procedure that can reduce or eliminate your dependence on glasses or contact lenses. This corrective service is available to you and your eligible dependents at a special discount of up to 40% –50% OFF the national average price of traditional LASIK.

A hearing health care plan is accessible to you and your family members through your Davis Vision Plan that includes a discount of up to 40% for hearing aids.

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 Collection[1] (value up to $195) at no cost to you	Contact Lens Evaluation, Fitting, & Follow-Up Care: Once per calendar year beginning January 1 - Davis Vision Collection contact lens covered in full, including fitting fee. Fitting fee is an additional charge minus 15% discount if non Davis Vision 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

[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.

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

HEALTH SAVINGS ACCOUNTS

The ABCs of Your Health Savings Account (HSA)

Forest Hills Library, Library Department

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 deposits are 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 your HSA account with HSA Bank 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 2021. Even if you are currently enrolled in Consumer Choice and plan to continue coverage in this plan for 2021, you will still receive the City's contribution.

In 2021, the IRS maximum for HSA contributions is $3,600 for an individual and $7,200 for a family. Under the catch-up provision, employees age 55 or older can contribute an additional $1,000. The City's contributions and any funds you contribute through bi-weekly payroll deductions 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 unspent dollars in a Health Care Flexible Spending Account (FSA) from 2020, you will not have access to the 2021 HSA funds until April 1, 2021.

HSA Eligibility

You are eligible for an HSA if **all** the following are true. **You:**

- are enrolled in the Consumer Choice Plan,
- are not covered under any other medical plan, and
- are not claimed as a dependent on someone else's federal tax return.

Contact Human Resources Customer Service at 210.207.8705 or AskHR@sanantonio.gov with any questions regarding HSA eligibility.

HSAs—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 include:

- deductibles and co-insurance for medical, dental, and vision care and
- prescription medications.

Central Library, Library Department

Ineligible HSA expenses include:

- vision warranties and service contracts,
- over-the-counter medications without a prescription,
- teeth whitening, and
- cosmetic/aesthetic medical procedures.

Note: All money contributed to your HSA by the City 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 (FSA)

If you enrolled in the New Value PPO or Blue Essentials HMO health plan options or cannot open an HSA, 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. You will be provided with a debit card for your convenience. The administrator for our FSA benefit is Flexible Benefit Service Corporation (Flex).

Through your 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 2021. For newly-hired employees, the funds will be made available in your account following verification that the account is open.

- The annual contribution limit is $2,750 for an FSA.
- Only eligible expenses incurred between January 1, 2021 and March 15, 2022 may be reimbursed from your FSA. All claims for reimbursement must be filed by March 31, 2022. Any remaining money will be forfeited.

Eligible FSA expenses include:

- deductibles and co-insurance for medical, dental, and vision care and
- prescription medications.

Ineligible FSA expenses include:

- vision warranties and service contracts,
- over-the-counter medications without a prescription,
- teeth whitening, and
- cosmetic/aesthetic medical procedures.

Substantiation

The IRS has established specific guidelines that require all FSA transactions to be substantiated. This means that Flex is required to verify that purchases using the debit card are for an IRS-qualified medical expense.

If you receive a substantiation notice from Flex and do not respond with the proper documentation in a timely manner, your debit card may be suspended/locked until you do. Acceptable documentation to avoid suspension of your debit card must include:

(a) patient and provider names,

(b) date and description of service, and

(c) the amount paid.

Daycare/Elder Care FSA

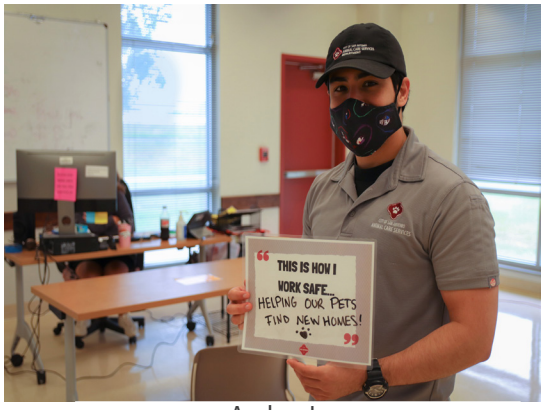
You can use the Daycare/Elder Care FSA to pay for eligible daycare expenses related to the care of or services provided to children under the age of 13, or tax dependents who are mentally or physically incapable of caring for themselves. Like with the Health Care FSA, you set aside some of your pay from each paycheck, 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. 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. The IRS requires funds to be forfeited if not used for eligible services by December 31.

Eligible Daycare/Elder Care FSA expenses include:

- babysitter,
- day camp,
- child care center, and
- 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, and
- transportation to and from a care provider.



Andew Luna,
Animal Care Services Department

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) time 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.

Tree Planing Crew,
Parks and Recreation Department

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 life coverage (annual salary x level of coverage)	Total life coverage divided / $1,000	Employee Age	Premium Multiplier	Bi-Weekly Premium
($35,000 x 2 times life coverage) = $70,000	$70,000 / $1,000 = $70	48	$0.087	$70 x $0.087 = $6.09

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 AND PAID 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, 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.

Example: (Annual Salary) $35,000 / 12 = $2,916.66 x .0021 = $6.12 (Bi-Weekly Premium for Additional Long-Term Disability Coverage)

Personal and Annual Leaves

Full-time civilian employees can accrue and take leave for vacation, illness, or to tend 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

This leave provides six (6) 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/Education Leave

This leave provides 32 hours (for most employees) of paid time off to be used for wellness visits for you and your immediate family and for attending school-related functions for your dependents. This leave can also be used for volunteering in the community with a registered 501(c)(3) organization or at a City-sponsored event and adopting a pet or taking a pet for a wellness visit. Full-time civilian employees are eligible for this leave upon hire. **Note: Due to COVID-19, this leave can be used for any purpose in FY 2021.**

PROFESIONAL DEVELOPMENT

Student Loan Payment Program

The City is proud to offer a Student Loan Payment Program to full-time employees. In partnership with our vendor, Tuition.io, those who sign up for the program will receive a $50 payment toward the principal of an eligible student loan. Payments will be made directly to your student loan account (loan servicer) directly by the City each month.

To sign up for this benefit, visit cosa.tuition.io/register. Once you have successfully registered for this program, monthly payments will be made to your eligible student loan account for as long as you are a full-time employee. Payments begin the month after you sign up.

For full details about the Student Loan Payment Program, visit sanantonio.gov/employeeinformation/benefits/otherbenefits. Here are a few things you should know.

- The City's monthly payments to your student loan account do not take the place of your regular payments. You are still responsible for making your monthly minimum student loan payments.
- Loans that qualify for this program include: U.S.-based federal and private student loans that are in your name and were used for your education. Loans for a spouse or child are not eligible for this Program.
- The City's monthly loan payment will also be reflected on your paystub and W-2.

If you have any questions about this program, payments, or setting up or managing your account, contact Tuition.io's support team at 1.855.353.9395 or support@tuition.io.

Training

Employees have access to a variety of training and development opportunities, including FREE training classes. Courses vary in length from half a day to multiple full days. These classes cover a wide variety of topics that include technical, general education, supervisory, and professional skills. To review the training catalog or enroll yourself in a class through Moodle, visit sanantonio.gov/employeeinformation/training.

Tuition Assistance Program

To assist employees with achieving their educational goals, the City makes available a Tuition Assistance Program. This Program is intended to provide financial assistance to eligible employees for some of the tuition expenses associated with their college education. Reimbursements are tied to the University of Texas at San Antonio's tuition rate for a four-year institution and the Alamo Colleges rate for a two-year institution. Some highlights of the Program are below.

Grade	% Reimbursement
A	100%
B	90%
C	75%
D	0%
F	0%

- Reimbursement is available for the High School Equivalency Exam (GED), undergraduate, graduate, and doctoral courses or career and technical school certificate programs taken from an accredited institution in a classroom or online.
- You can receive tuition reimbursement for a maximum of six (6) credit hours per enrollment period, up to a maximum of 18 credit hours per fiscal year.
- Courses or certificate programs should relate to the development of your career opportunities within the City.
- You must submit your Tuition Assistance Program Application within 45 days from the date grades are posted.

For more information, visit sanantonio.gov/employeeinformation/benefits/otherbenefits; see Administrative Directive 4.77, *Tuition Assistance Program*; or contact Human Resources Customer Service at 210.207.8705.

Director's Office, Municipal Court Department

RETIREMENT

Texas Municipal Retirement System (TMRS)

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 1.800.924.8677.

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 and Social Security benefits. Nationwide Retirement Solutions and ICMA Retirement Corporation are the City's deferred compensation vendors.

Contribution limits are set yearly by the IRS. For 2021 the maximum contribution is $19,500, and employees over age 50 could contribute an additional $6,500. City employees who wish to participate must contribute a minimum contribution of $10 per paycheck.

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 Nationwide Retirement Solutions at 1.877.677.3678 or ICMA Retirement Corporation at 1.800.669.7400.

Retiring from the City

When you are ready to retire from the City, there are a few things you will want to do to get the process started:

- Call TMRS at 1.800.924.8677 to request your personalized retirement estimate. Remember, to be eligible to retire your TMRS account, you need to have five (5) years of service at age 60 or 20 years of service at any age.
- Contact Human Resources Customer Service at 210.207.8705 or AskHR@sanantonio.gov to schedule your retirement appointment.
- Provide your department with your retirement date. This should be done in writing, and you should plan to give at least two weeks' notice.
- Contact the Social Security Administration at ssa.gov to find out when you are eligible to apply for Social Security retirement benefits.

Storm Water Crew, Public Works Department

EMPLOYEE WELLNESS

In 2021, the Employee Wellness Program will continue to help you improve your overall health by offering services focused on physical activity, mental well-being, proper nutrition, quality sleep, tobacco cessation, and more.

COSA Well

Update! Virgin Pulse Program

For the last eight (8) years, the Virgin Pulse Program has enhanced the lives of City employees through education, tools, and incentives to make long-lasting lifestyle and health improvements.

Due to current financial conditions related to COVID-19, the City has suspended the wellness contribution portion of the Virgin Pulse Program for Fiscal Year 2021. Although you will still be able to earn Virgin Pulse Points through the program, the levels will have no financial value, as of October 1, 2020 through September 30, 2021.

Being healthy is now more important than ever. We encourage City employees to prioritize their well-being by continuing their engagement with the Virgin Pulse Program for free, just as before, and to take advantage of new program features that have been added to provide additional variety and support.

If you are new to Virgin Pulse, simply register online at join.virginpulse.com/cityofsanantonio, and a free activity tracker will be shipped to your home address. You can also begin tracking your physical activity immediately upon enrollment in the program using your online account or the Virgin Pulse mobile app.

Employee Assistance Program (EAP)

Deer Oaks is the City's Employee Assistance Program (EAP) provider, offering you and members of your household up to six (6) counseling sessions per issue (unlimited issues), per year.

The EAP 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 EAP are confidential and HIPAA-compliant.

Contact the EAP at 1.866.327.2400 or visit deeroakseap.com (**username: cosa | password: cosa**). There is no cost to City employees or their household members to use these benefits.

Note: The EAP is intended for short-term counseling and assessments. For long-term treatment and support, please refer to your medical provider to access a health care provider in your area.

Wellness Education Sessions

Every month, education sessions are held online via webinar and/or 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. An archive of past online webinar sessions is currently available at sanantonio.gov/wellness.

WW (Weight Watchers)

Formerly Weight Watchers at Work, the City's WW Program is a research-proven well-being platform that offers convenient and flexible weight-loss motivation in a group setting.

Through participation in WW, you have the opportunity to be reimbursed, subject to payroll taxes, for up to 50% of the cost of participating in an eligible WW program. Reimbursement assumes a participation rate of no less than 80%.

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.

Fitness Center Discounts

As a City 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, take your employee ID as proof of employment with the City. For more information, contact 210.207.WELL (9355) or wellness@sanantonio.gov.

Health Coaching

The Employee Wellness Program offers health coaching services through Blue Cross and Blue Shield of Texas. Health coaching services are free to all full-time civilian City employees, regardless of your insurance carrier. The Health Coaches:

- Educate and assist with developing personal and measurable health behavior goals and a plan to achieve your goals.
- Provide preventive health education information based on your risk factors.
- Motivate you to adopt healthy lifestyle behaviors and make better health care decisions.
- Help you understand your wellness benefits and recommend Blue Cross and Blue Shield of Texas programs that may help improve your health and health care costs.
- Offer health and wellness classes

All information shared with the Health Coaches is strictly confidential and will not be shared with the City. This program is not a replacement for your primary care physician.

For a listing of available health coaches and their contact information, visit sanantonio.gov/wellness.

Tobacco Use and Tobacco Products

The $40 monthly fee will continue to be assessed to tobacco users. Your designation as a tobacco user or non-user will roll over into 2021.

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.

- Employee Assistance Program Resources – Through the City's EAP, you and any member of your household who would like to quit using tobacco products have access to tobacco cessation tools and resources. These resources include articles, podcasts, and webinars, which are available for both individual and group settings. For more information about these resources, contact the EAP - see page 18.
- Quit for Life Program (Quitline) – Call 1.866.784.8454 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 Prescription Medications – The City's prescription drug plan covers several effective tobacco cessation prescription medications at no cost to you.

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.

NOTES

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.

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 and do not have other medical coverage.

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.

Health Plan Types

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 Maintenance Organization (HMO) - A type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally will not cover out-of-network care except in an emergency. The CIty's Blue Essentials HMO does not provide coverage outside of Texas.

Preferred Provider Organization (PPO) - A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

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 mid-range-cost option. Consider a Tier 2 drug if no Tier 1 medication is appropriate to treat your condition.

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.

Substantiation

The process of verifying that a purchase using one's Flexible Spending Account (FSA) was for an IRS-qualified medical expense. Most FSA transactions will be auto-substantiated when the employer-sponsored plans have co-pays associated with their medical, dental, and/or vision plans. Amounts equal to a co-pay at the provider will auto-substantiate. All purchases that do not qualify for auto-substantiation must be manually substantiated with receipts or other documentation submitted for review to the FSA vendor, in the City's case, Flexible Benefit Service Corporation.

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 AND RESOURCES

Tools & Resources	What it provides	Where to find it
Blue Access for Members (BAM) Website	A secure member website that allows you to find information about your health benefits anytime, anywhere using your computer, phone, or tablet. You can check the status or history of a claim, view or print Explanation of Benefits statements, and locate an in-network doctor or hospital.	bcbstx.com/member-->Login Tab-->Register
Benefit Value Advisor	A specially-trained advisor from Blue Cross and Blue Shield of Texas who can speak with you about your options when it comes to receiving care and help schedule medical appointments.	1.800.521.2227
Consumer Medical	This benefit provides access to expert medical opinions and clinical advocacy.	1.888.361.3944
CVS/caremark Member Services Website	This member services website allows you to order refills, check drug cost and coverage, enroll in mail order and more. You will also find out about ways to save money on your prescriptions.	caremark.com
CVS/caremark Pharmacy List	A list of in-network pharmacies.	caremark.com
Tuition.io	A secure member website that allows you to sign up for the City's Student Loan Payment Program and manage your account. You also access to a variety of financial planning and student loan management tools.	cosa.tuition.io
Forms	Health-care-related forms, including: • Life Insurance Beneficiary Form • FSA Reimbursement Request Form • Dependent Care Reimbursement Form	sanantonio.gov/employeeinformation/benefits/resources --> Forms Tab
Video Library	Short videos about health-care-related topics, including: • Dental Benefits • Flexible Spending Accounts • Life and AD & D Insurance • Medical Plans • Open Enrollment • Vision Benefits	sanantonio.gov/employeeinformation/benefits/resources -->Video Library Tab

HEALTH BENEFIT 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 1.800.440.0493.

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 1.877.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 1.866.444.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 1.866.444.EBSA (3272) or
- U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services - cms.hhs.gov or 1.877.267.2323.

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.

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.

Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

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 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 HIS 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 #2020-09-17-0641).

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.

HEALTH CARE VENDOR CONTACTS

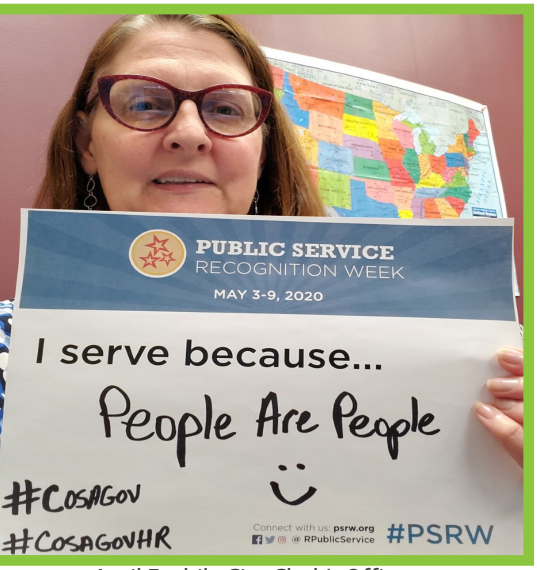
Organization	Phone	Website/Email
Human Resources Customer Service	210.207.8705	sanantonio.gov/employeeinformation AskHR@sanantonio.gov
Blue Cross and Blue Shield of Texas (Medical Plan Claims Administrator)	1.800.521.2227	bcbstx.com (Blue Choice PPO Network | Blue Essentials HMO Network)
CitiDent PPO (Dental Plan)	1.800.521.2651	deltadentalins.com/cityofsanantonio
DeltaCare DHMO (Dental Plan)	1.800.422.4234	deltadentalins.com/cityofsanantonio
Consumer Medical	1.888.361.3944	myconsumermedical.com
CVS/caremark (Pharmacy Plan Claims Administrator)	1.866.808.7470	caremark.com
Davis Vision (Vision Provider)	1.800.448.9372	davisvision.com
Dearborn National Life Insurance	1.800.778.2281	dearbornnational.com
Deer Oaks (Employee Assistance Program)	1.866.327.2400	deeroakseap.com
Flexible Benefit Service Corporation/Flex (Flexible Spending Account/FSA Customer Service)	1.888.345.7990	myflexaccount.com service@myflexaccount.com
HSA Bank (Health Savings Account/HSA Customer Service)	1.855.731.5220	hsabank.com
ICMA Retirement Corporation (Deferred Compensation Provider)	1.800.669.7400	icmarc.org
Nationwide Retirement Solutions (Deferred Compensation Provider)	1.877.677.3678	nrsforu.com
Texas Municipal Retirement System (TMRS)	1.800.924.8677	tmrs.com
Tuition.io	1.855.353.9395	cosa.tuition.io support@tuition.io

P: 210.207.8705

sanantonio.gov/employeeinformation

AskHR@sanantonio.gov

Text COSAGOVHR to 55000 to
receive employee-related messages



April Fechik, City Clerk's Office

Senior Services-Southside Lions Senior
Center Team, Human Services Department

Jesus Silvar,
Center City Development & Operations Department

Ana Villarreal, Planning Department

CITY OF SAN ANTONIO TEXAS **HUMAN RESOURCES DEPARTMENT**