

BENEFIT

Matters

It's Your Choice



INSIDE THIS EDITION

2017 Premiums
Health Plans
Helpful Tools



210.207.8705

UNIFORM-POLICE

**WELCOME TO YOUR
BENEFIT MATTERS.**

The information provided in this guide will serve as a resource for you as you prepare to select the best benefit choices for you and your family. Complete details about your health care plans can be found in your Collective Bargaining Agreement.

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.

HIGHLIGHTS:

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.

You now have the opportunity to choose between two medical health care plan options - Police - CDHP, which is a Consumer-Driven Health Plan, and Police - Value. Detailed information about your medical health care plan options is included in this guide - see pages 5 - 6.

For those employees who enroll in Police - CDHP, you can save for eligible out-of-pocket health care expenses through a Health Savings Account or HSA. The City will contribute \$1,500 to this account - see page 7.

If you enroll in Police - Value or Police - CDHP but are not eligible to have an HSA because you have other medical coverage, then you can open a Health Care Flexible Savings Account or FSA to save for your eligible out-of-pocket health care expenses - see page 8.

You can also sign up for a Daycare/Elder Care FSA to assist you with paying for out-of-pocket dependent care expenses - see page 8.

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

Table of Contents

Your Benefits	3
Bi-Weekly Premiums and Tax Implications	4
Medical Plans At-A-Glance	5
Your Health Plan Options	6
Health Savings Accounts	7
Flexible Spending Accounts	8
Tools to Help You Choose	9
Prescription Drug Plan	10
Life Insurance and Retirement	11
Eligibility	12
Glossary	13
Tools & Resources	14
Health Benefits Notices	15

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
Boon-Chapman (Group Dental and Vision Plan)	800-936-7689	boonchapman.com
CVS/caremark (Pharmacy Plan Claims Administrator)	coming soon*	coming soon*
Flexible Spending Account (FSA) Customer Service	coming soon*	coming soon*
HSA Bank (Health Savings Account (HSA) Customer Service)	coming soon*	coming soon*
ICMA Retirement Corporation (Deferred Compensation Provider)	800-735-7202	icmarc.org
Nationwide Retirement Solutions (Deferred Compensation Provider)	877-677-3678	nrsforu.com
San Antonio Fire & Police Pension Fund	210-534-3262	safppf.org
SAPOA Claims Advocate	210-822-4428	rosie@sapoa.org velia@sapoa.org

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



Your Benefits



The City of San Antonio is pleased to offer two medical health care plan options and pharmacy benefits to its Uniform - Police employees. This guide provides you with an overview of these benefits. Please refer to your Collective Bargaining Agreement for complete details about your health plan options.

If you have questions about the information in this guide, contact Human Resources Customer Service at 210-207-8705 or hrcustomerservice@sanantonio.gov.

FOR 2017

Uniform - Police employees will be provided with two medical health care plan options: Police - CDHP and Police - Value. More information about these plans can be found on pages 5 - 6.

- Employees who enroll in the Police - CDHP plan have the opportunity to sign up for a Health Savings Account, while individuals who select Police - Value can have a Health Care Flexible Spending Account.
- During the Open Enrollment period, you must re-enroll your dependents to ensure that they have health care coverage.

EASY REFERENCE

Below is an easy-to-understand reference table that provides a brief snapshot of your City-sponsored health care benefits.

Benefit	Your Options
Medical	<ul style="list-style-type: none"> • Police - CDHP PPO • Police - Value PPO <p>The City and employees share in the cost of this coverage.</p>
Basic Life Insurance	<ul style="list-style-type: none"> • The City provides Basic Life Insurance and Accidental Death & Dismemberment Insurance equal to one (1) time your annual salary.
Flexible Spending Account (Health Care FSA)	<ul style="list-style-type: none"> • You can contribute to the Health Care FSA with pre-tax dollars to pay for eligible out-of-pocket health care expenses. 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. <p>The new annual contribution limit is \$2,550.</p>
Daycare / Elder Care Flexible Spending Account (Dependent Care FSA)	<ul style="list-style-type: none"> • 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. <p>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.</p> <p>The annual contribution limit is \$5,000.</p>
Health Savings Account (HSA)	<ul style="list-style-type: none"> • With enrollment in the Police - CDHP medical health care plan option, you will receive a City contribution of \$1,500 to your HSA and can also contribute to your HSA with pre-tax dollars to pay for eligible health care expenses. <p>This account earns interest, you own it, 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).</p> <p>The annual contribution limit is \$3,400 for an individual and \$6,750 for a family.</p>



Bi-Weekly Medical Health Care Plan Premiums

Medical Health Care Plan		
Police - CDHP		
	City	Employee
Employee Only	\$355.70	\$0
Employee + Child(ren)	\$461.10	\$0
Employee + Spouse / Domestic Partner	\$624.75	\$0
Employee + Family	\$770.69	\$0
Police - Value		
Employee Only	\$392.60	\$0
Employee + Child(ren)	\$483.93	\$25
Employee + Spouse / Domestic Partner	\$652.05	\$37.50
Employee + Family	\$788.13	\$62.50

Note: While you receive 26 paychecks, your medical health care plan premiums are only deducted from 24 of them.

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 (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 a Uniform - Police employee, who selected the Police - Value medical health care plan option with employee plus spouse/domestic partner coverage. The City understands this is a complex issue. Please consult your personal tax advisor for assistance.

The City contributes \$652.05 towards your total bi-weekly medical premium for Employee + Spouse / Domestic Partner, and	the City contributes \$392.60 towards a total bi-weekly medical premium for Employee Only, then	\$259.45 is the difference of bi-weekly income you would be taxed on.
\$652.05 (Employee + Spouse / Domestic Partner)	\$392.60 (Employee Only)	\$259.45 = (\$652.05 - \$392.60)

Notes



Medical Plans At-A-Glance



For 2017, you can choose between two medical health care plan options - Police CDHP or Police - Value. Both plans feature co-insurance, deductibles, and in-network preventive screenings covered at 100%. They are PPO plans, meaning that 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 health 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. Refer to your Collective Bargaining Agreement for full details.

Plan Benefit	Police - CDHP PPO		Police - Value PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Employee Only / Family)	\$3,000 / \$6,000	\$4,500 / \$9,000	\$500 / \$1,000	\$1,500 / \$3,000
Annual Out-of-Pocket Maximum (Employee Only / Family)	\$3,000 / \$6,000	\$4,500 / \$9,000	\$1,500 / \$3,000	\$3,000 / \$6,000
Co-insurance (member share)	0% once deductible is met	0% once deductible is met	20% after deductible	40% after deductible
Office Visits: Primary Care Specialist Urgent Care	0% once deductible is met	0% once deductible is met	\$25 co-pay \$50 co-pay \$50 co-pay	40% after deductible
Emergency Room Facility Charges	0% once deductible is met	0% once deductible is met	\$250 co-pay, then 20% co-insurance, co-pay waived if admitted	\$250 co-pay, then 20% co-insurance, co-pay waived if admitted
Emergency Room Physician Charges	0% once deductible is met	0% once deductible is met	20% after deductible	20% after deductible
Immunizations	0%	0% after deductible	0%	40% after deductible
Dependent Children Well Visits	0% birth to age 2 with no annual \$ limit	0% after deductible up to \$300 per year	0% birth to age 2 with no annual \$ limit	40% after deductible up to \$300 per year
Routine Physical Exams (annual for age 2 years and up)	0%	0% after deductible to \$300 per year	0%	40% after deductible up to \$300 per year
Pap Smear/Mammogram/PSA Exams	Covered at 100%, annually, age, and gender appropriate	0% after deductible	Covered at 100%, annually, age and gender appropriate	40% after deductible
Chiropractic	0% once deductible is met	Not covered	20% after deductible	Not covered
Serious Mental Health Physician Services - Office Visits	Full Mental Health Parity - covered same as any illness			
Occupational, Speech, and Therapy	No annual limit *speech includes child born under the plan with developmental disorder or birth defects			
Contributions to Health Savings Account (HSA)	Funded by a \$1,500 City contribution and employee payroll deductions		N / A	
Flexible Spending Account (FSA)	Health Care FSA - For those enrolled in Police - CDHP 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 Daycare / Elder Care FSA - Funded by employee pre-tax payroll deductions	



Police - CDHP and Police - Value Plans - How Are They Different?



Plan Feature	Police - CDHP PPO	Police - Value PPO
Health Savings Account (HSA)	Allows you to pay for qualified out-of-pocket health care expenses or save for future 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 \$1,500. 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 Police - CDHP but cannot enroll in HSA due to other medical coverage or covered by a non-City of San Antonio Consumer-Driven Health Plan. Whatever is not spent by March 15, 2018 and submitted for reimbursement by March 31, 2018 will be forfeited. 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 account 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. 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.
Co-pays	Does not apply.	Co-pays apply in the amounts of \$25 (primary care) and \$50 (specialist and urgent) based on the type of provider you select. These amounts go toward the out-of-pocket maximum.
Family Deductible	The family deductible means that, once the sum of the family deductible has been satisfied by the cumulative Covered Medical Expenses of the eligible employee and one (1) or more of his eligible dependents in a calendar year, no further deductible need be satisfied in that calendar year for any other eligible member of the family.	The family deductible means that, once the sum of the family deductible has been satisfied by the cumulative Covered Medical Expenses of the eligible employee and one (1) or more of his eligible dependents in a calendar year, no further deductible need be satisfied in that calendar year for any other eligible member of the family.
Out-of-Pocket Maximum	Your out-of-pocket maximum includes your deductible and applicable prescription co-pays.	Your out-of-pocket maximum includes your deductible, co-pays, and co-insurance.
Prescription Drug Coverage	In-network Affordable Care Act Preventive Drugs are covered at 100%. Non-Affordable Care Act Preventive Drugs are subject to the co-pays in the amounts of \$10 (or prescription cost, whichever is less), \$25, and \$40 based on the tier of medication you need. All other prescription medications are covered at 100% once deductible is met.	In-network Affordable Care Act Preventive Drugs are covered at 100%. Co-pays apply in the amounts of \$10 (or prescription cost, whichever is less), \$25, and \$40 based on the tier of medication you need.

Note: Refer to your Collective Bargaining Agreement for full plan details.

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. With the HSA, you will be issued a debit card from HSA Bank that will allow you to access your funds.

To help you get started, the City will contribute \$1,500 to an HSA for those enrolled in the Police - CDHP medical health care plan option. These funds will be available in January 2017. In 2017, the IRS maximum for HSA contributions is \$3,400 for an individual and \$6,750 for a family. The City's contributions and any funds you contribute through bi-weekly payroll deductions 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 FSA. HSA funds will be available for use as they are deposited into your account.

HSA Eligibility

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

- Are enrolled in the Police-CDHP plan
- Are not covered by any other medical plan (such as 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.

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 and Ineligible HSA Expenses

The purpose of an HSA is to pay for current or save for future qualified health care expenses for you and your family. Below are a few of the expenses that are considered eligible and ineligible with an HSA.

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

For more information about eligible and ineligible HSA expenses, please refer to IRS Publications 969 and 502.

Note: Uniform police employees who are dependents in the Police - CDHP medical plan are eligible for the City's \$1,500 HSA contribution. Please be aware that if two uniform police employees are married to each other and have previously maintained single coverage, but one of them is now being enrolled as a spouse, they will need to provide proof of marriage to the Employee Benefits Office. This is the same process followed when any employee adds dependents to the plan. Contact the Employee Benefits Office for assistance.



Flexible Spending Accounts

An Overview of Your Health Care Flexible Spending Account



If you are enrolled in the Police - Value medical health care plan; Police - CDHP, but not eligible for an HSA because of other medical coverage; or a non-City of San Antonio Consumer-Driven Health Plan, 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 health care 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. The annual contribution limit is \$2,550. Funds are available to use on the first payday in January 2017.

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

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 an FSA claim paper form. For a Daycare / Elder Care FSA, the annual contribution limit is \$5,000. 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. Enroll in the FSA when you select your 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 Dependent Care Claim Form at sanantonio.gov/employeeinformation/benefits/resources.aspx.

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

FSA SAVINGS EXAMPLE

With FSA		Without FSA
\$67,928	Annual Gross Income	\$67,928
-\$2,550	Annual FSA Deposit	-\$0
\$65,378	Taxable Gross Income	\$67,928
-\$16,344.50	*Taxes	-\$16,982
\$49,033.50	Annual Net Income	\$50,946
-\$0	Cost of Expenses	-\$2,550
\$49,033.50	Spendable Income	\$48,396

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 \$637.50.

*Example based upon a 25% tax rate (25% federal) 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?

For assistance with reviewing your medical health care claims history or selecting a health care plan option, contact your SAPOA Claims Advocate at 210-822-4428. You can also call Human Resources Customer Service at 210-207-8705 for general questions about open enrollment or your medical health care plan options.



A Real-life Example (In-Network Benefits)

- Jane Cosa, Police Officer
- Employee Only
- Gross Medical Expenses of 10 Primary Care Physician Visits * Per Year with a Generic Antibiotic Prescribed at Each Visit

Plans	Police - CDHP	Police - Value
Annual Premium	\$0	\$0
Deductible	*\$1,100	\$0
Co-insurance	\$0	\$0
Office Visit Co-pay	\$0	\$250
Pharmacy Co-pay	\$0	\$100
City-Funded Health Savings Account (HSA)	- \$1,500	\$0
Total Employee Cost	\$0 (employee will have \$400 left in HSA)	\$350

Most Cost Effective Plan: Consumer Choice

*Assumes 10 office visits at \$80 per visit (\$25 co-pay for Police - Value plan) and 10 antibiotics at \$30 per prescription (\$10 co-pay for Police - Value plan)

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 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. Please see your Collective Bargaining Agreement for full plan details.

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.

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.



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.

Prescriptions and Police - CDHP

Remember, you are responsible for 100% of the discounted cost of your medication until you reach your deductible. Affordable Care Act Preventive Drugs are covered at 100%, with all other preventive drugs being subject to the same co-pay structure as the Police - Value medical health plan shown below.

A complete list of these medications can be found at sanantonio.gov/employeeinformation/benefits/resources.aspx.

Prescription Drug Coverage

Police - CDHP	Co-pays (In-Network)
Affordable Care Act Preventive Drugs	Covered at 100%
Non-Affordable Care Act Preventive Drugs	Subject to the same co-pay structure as the Police - Value plan shown below
All Other Medications	Subject to the calendar year deductible
Police - Value PPO	Co-pays (In-Network)
Affordable Care Act Preventive Drugs	Covered at 100%
30-day Retail	
Tier 1	\$10 (or prescription cost, whichever is less)
Tier 2	\$25
Tier 3	\$40
90-day Retail/Mail Order	
Tier 1	\$20
Tier 2	\$50
Tier 3	\$80

Note: For the Police - Value plan, there is a \$100 separate in-network brand drug deductible per person.

Eligibility / Dependent Eligibility



The City of San Antonio's Uniform - Police Benefit Program is open to all full-time uniform Police employees and their eligible dependents.

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 health care coverage.

Eligible Dependents

You may elect medical 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: <ul style="list-style-type: none"> • Copy of marriage license OR Declaration of Informal Marriage, AND • Properly completed enrollment form
Domestic Partner (Same gender or opposite gender)	The City requires: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Properly completed enrollment form In addition, one (1) of the following supporting documents is also required: <ul style="list-style-type: none"> • 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
- Change in your child's eligibility for benefits
- 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. See your Collective Bargaining Agreement to review a full listing of definitions related to your health care plans.

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. Police - CDHP is an example of this type of health plan.

Health Plan Features

Annual deductible - The amount of covered medical expenses a covered person must incur and pay each calendar year before benefits are payable under the plan.

Co-insurance - The covered person's obligation to pay a percentage of the costs of care in accordance with the terms and provisions of this Plan Document. For example, if the health plan option provides for payment of 80% of eligible medical expense, the remaining 20% is the employee's obligation, and is referred to as co-insurance.

Co-pay - The fixed dollar amount (or in some cases, a percentage) that you must pay to a health care provider in order to receive a specific service or benefit covered under this Plan.

Flexible Spending Account (FSA) - A tax-favored account that allows eligible employees to be reimbursed for qualified medical expenses. FSAs are funded through voluntary salary reduction agreements. No employment or federal income taxes are deducted from the contribution.

Health Savings Account (HSA) - A tax-exempt trust or custodial account you set up with a qualified HSA trustee to pay or reimburse certain medical expenses you incur. The employee must be an eligible individual to qualify for an HSA.

Out-of-pocket maximum - The sum of all member cost expenses including deductibles, co-pays, and co-insurance under the Plan Document. It does not include any applicable employee contributions. When the out-of-pocket maximum is reached, covered expenses that are incurred during the plan year will be paid at 100%.

Provider Networks

In-network - The Preferred Provider Network of hospitals, physicians, and other providers that are contracted to furnish, at negotiated costs, medical care for City employees and their dependents. The use of a Preferred Provider may result in reduced out-of-pocket expenses to the covered person.

Out-of-network - Hospitals, physicians, and other providers that are not in the Preferred Provider Network.

Types of Office Visits

Emergency Room Care - Emergency services you get in an emergency room.

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.

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 Notice of Privacy Practices, please visit sanantonio.gov/employeeinformation/benefits/resources.aspx.

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

This guide is intended to provide summary information about the benefit plans offered to Uniform - Police 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 UNDER THE CITY'S INSURANCE OR SELF FUNDED PROGRAMS ARE SUBJECT TO CHANGE AS DETERMINED BY THE CITY COUNCIL IN ANY BUDGET YEAR, OR BY AMENDMENT OR OTHER LAWFUL CHANGE TO THE APPLICABLE BARGAINING AGREEMENTS.

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
- Prosthesis 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



Follow us on

