

# 2014 Benefit



# Civilian Matters

City of San Antonio Employee Benefits Guide

## Roadmap to Your 2014 BENEFITS



**INSIDE  
this  
EDITION »**

**2014  
Premiums**

**New  
Value  
Health  
Plan**

**Helpful  
Tools**

**How to  
Enroll**

**W**elcome to your 2014 Benefit Matters. Whether you are a City of San Antonio employee selecting your annual benefits or are a new employee reviewing your benefits for the first time, the following pages will serve as the roadmap to your benefits. This guide contains useful information that will help you make the best benefit choices for you and your family. From health care plan options to information about vision, dental, life insurance coverage, and wellness, you will find answers to many of your benefits questions within these pages.

We understand you may have circumstances unique to you and your family, so at any time, please feel free to reach out to Human Resources through our Customer Service number, 210-207-8705 or via e-mail at [HRCustomerService@sanantonio.gov](mailto:HRCustomerService@sanantonio.gov).

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

**NEW FOR 2014:**

- The Premium Designation Specialist co-pay.

Find out more on page 2.

- The New Value plan health care option will be available to employees along with the Consumer Choice and Premier plans.

See pages 4 & 5 for details.

- For those who enroll in the New Value or Premier plan, your office visit co-pay will now be applied towards your out-of-pocket maximum.

**QUICK LOOK:**

- Attend an Open Enrollment Fair from October 18 - 31 and get your annual flu shot. You also have the opportunity to donate blood and earn four (4) hours of Incentive Leave at select Open Enrollment Fairs.

Learn more on page 16.

- Remember, your current tobacco use status remains in 2014, so if you are still a tobacco user, you will continue to incur the \$40 monthly fee.

More information on page 13.

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

Learn more on page 18.

## Table of Contents

Your 2014 Benefits	2
Premiums and Tax Implications	3
Health Plans At-A-Glance	4
Your Health Plan Options	5
Health Savings Accounts	6
Prescription Drug Plan	7
Dental Plans	8
Vision Plan	9
Flexible Spending Accounts	10
Tools	11
Life Insurance	12
Disability	12
Retirement	13
Wellness	13-14
Eligibility / Dependent Eligibility	15
How to Enroll and Open Enrollment Fairs	16
Glossary of Common Health Care Terms	17
Health Benefit Notices	18

## Contacts

Organization	Phone	Website/Email
Human Resources Customer Service	210-207-8705	<a href="http://sanantonio.gov/hr">sanantonio.gov/hr</a> <a href="mailto:hrcustomerservice@sanantonio.gov">hrcustomerservice@sanantonio.gov</a>
CitiDent PPO (Dental Plan)	800-521-2651	<a href="http://deltadentalins.com/cityofsanantonio/">deltadentalins.com/cityofsanantonio/</a>
DeltaCare DHMO (Dental Plan)	800-422-4234	<a href="http://deltadentalins.com/cityofsanantonio/">deltadentalins.com/cityofsanantonio/</a>
City Employee Health + Wellness Center	210-921-COSA (2672)	<a href="http://gonzaba.com/location/downtown-clinic/">gonzaba.com/location/downtown-clinic/</a>
Davis Vision (Vision Provider)	800-448-9372	<a href="http://davisvision.com">davisvision.com</a>
Dearborn National Life Insurance	800-778-2281	<a href="http://dearbornnational.com">dearbornnational.com</a>
Deer Oaks (Employee Assistance Program)	210-615-8880	<a href="http://deeroaks.com">deeroaks.com</a>
Flexible Spending Account (FSA) Customer Service	866-755-2648	<a href="http://myuhc.com">myuhc.com</a>
Health Savings Account (HSA) Customer Service	800-791-9361	<a href="http://myuhc.com">myuhc.com</a>
ICMA Retirement Corporation (Deferred Compensation Provider)	800-735-7202	<a href="http://icmarc.org">icmarc.org</a>
Nationwide Retirement Solutions (Deferred Compensation Provider)	877-677-3678	<a href="http://nrsforu.com">nrsforu.com</a>
Texas Municipal Retirement System (TMRS)	800-924-8677	<a href="http://tmrs.com">tmrs.com</a>
UnitedHealthcare (Health Plan & Pharmacy Provider)	800-996-2078	<a href="http://myuhc.com">myuhc.com</a>

## Your 2014 Benefits

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

If you have questions about the information in this guide, contact Human Resources Customer Service at 210.207.8705 or your department’s Employee Relations Team. Detailed instructions on how to activate your health care benefits for 2014 during Open Enrollment, October 14 - November 8, can be found on page 16.

### NEW FOR 2014

- Employees will be provided with three health care plan options. The Consumer Choice plan and the Premier plan will still be offered as they were last year. However, the Value and Standard health plans will be transitioned into one new health plan called the “New Value” plan. This plan will offer the same level of coverage that you have come to expect from Value and Standard. More information can be found on pages 4 & 5.
- The Premium Designation Specialist co-pay will be introduced. UnitedHealthcare has identified a group of physicians and speciality centers that meets or exceeds quality of care and cost efficiency standards as recognized by the UnitedHealth Premium Designation. If you select a provider or facility from this in-network group, you will pay a reduced co-pay. You can locate a Premium Designation Specialist at [myuhc.com](http://myuhc.com).

### EASY REFERENCE

Below are two reference tables that outline the 2014 benefits as well as the 2013/2014 Holiday Schedule.

Benefit	Your Options
Medical	<ul style="list-style-type: none"> <li>• Consumer Choice PPO</li> <li>• New Value PPO</li> <li>• Premier PPO</li> </ul> All plans administered by UnitedHealthcare.
Dental	<ul style="list-style-type: none"> <li>• CitiDent PPO</li> <li>• DeltaCare DHMO</li> </ul> Both plans administered by Delta Dental.
Vision	Vision plan administered by Davis Vision.
Basic Life, Accidental Death & Dismemberment Insurance	<ul style="list-style-type: none"> <li>• You are automatically provided with Basic Life Insurance and Accidental Death &amp; Dismemberment Insurance equal to one (1) times your annual salary.</li> <li>• You can purchase Supplemental Life Insurance for yourself.</li> <li>• You can purchase Dependent Life Insurance for your spouse / children.</li> </ul> Insurance provided through Dearborn National Life Insurance.
Flexible Spending Account (Health Care FSA)	<ul style="list-style-type: none"> <li>• 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 use or lose, and whatever is not spent by the end of the calendar year will be forfeited.</li> </ul>
Child / Elder Care Flexible Spending Account (Dependent Care FSA)	<ul style="list-style-type: none"> <li>• You can contribute to the Child / Elder Care FSA before taxes to pay for eligible out-of-pocket dependent care expenses.</li> </ul>
Health Savings Account (HSA)	<ul style="list-style-type: none"> <li>• With enrollment in the Consumer Choice health plan, you will receive a City contribution (\$500 for employee-only plan / \$1,000 for family plan) to your HSA and can also contribute to your HSA with pre-tax dollars to pay for eligible health care expenses. This account earns interest, you own the account, and what is not used rolls over to the next year.</li> </ul>

FY 2013/2014 Holiday Schedule	
Holiday	Date
Veteran’s Day	November 11, 2013
Thanksgiving Day	November 28, 2013
Day After Thanksgiving	November 29, 2013
Winter Holiday	December 23, 2013
Christmas Eve	December 24, 2013
Christmas Day	December 25, 2013
Winter Holiday	December 26, 2013
*City Closure (Employee Leave)	December 27, 2013
*City Closure (Employee Leave)	December 30, 2013
*City Closure (Employee Leave)	December 31, 2013
New Year’s Day	January 1, 2014
Martin Luther King, Jr. Day	January 20, 2014
Fiesta San Jacinto Day	April 25, 2014
Memorial Day	May 26, 2014
Independence Day	July 4, 2014
Labor Day	September 1, 2014

\*Not official holidays, but the City will be closed. Employees are asked to use Personal Leave, Annual Leave, Comp Time, or Voluntary Leave Without Pay to cover these three days.

### Bi-Weekly Health Plan Premiums

Health Plan	Hired Before 01/01/09		Hired After 01/01/09	
	City	Employee	City	Employee
<b>Consumer Choice</b>				
Employee Only	\$143.68	\$0	\$143.68	\$0
Employee + Child(ren)	\$229.33	\$8	\$221.33	\$16
Employee + Spouse/ Domestic Partner	\$245.92	\$23	\$222.92	\$46
Employee + Family	\$330.07	\$32.50	\$297.57	\$65
<b>New Value</b>				
Employee Only	\$290.74	\$20	\$269.24	\$41.50
Employee + Child(ren)	\$460.80	\$52.50	\$416.30	\$97
Employee + Spouse/ Domestic Partner	\$483.59	\$98	\$427.59	\$154
Employee + Family	\$651.61	\$132.50	\$577.11	\$207
<b>Premier</b>				
Employee Only	\$350.08	\$107	\$307.58	\$149.50
Employee + Child(ren)	\$548.92	\$218.50	\$473.92	\$293.50
Employee + Spouse/ Domestic Partner	\$573.54	\$298.50	\$488.04	\$384
Employee + Family	\$773.86	\$408.50	\$649.86	\$532.50

### Bi-Weekly Vision Plan Premiums

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

### Bi-Weekly Dental Plan Premiums

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

## Domestic Partner Tax Implications

When you enroll your domestic partner or your domestic partner's child in one of the City's health plans, the IRS considers the City's contribution toward the additional 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/hr/employee\\_information/benefits/benefits\\_civ.asp](http://sanantonio.gov/hr/employee_information/benefits/benefits_civ.asp).

This monthly income must be added to your gross taxable income per IRS Code. The City understands that this is a complex issue. Please consult your personal tax advisor for assistance.

Below is a simplified example of how this income is calculated for an employee hired before 2009, who selected the New Value plan with employee plus family coverage.

If the City contributes \$651.61 towards your total bi-weekly medical premium for Employee + Family (Domestic Partner and Domestic Partner child), and	If the City contributes \$290.74 towards a total bi-weekly medical premium for Employee Only, then	\$360.87 is the difference of bi-weekly income you would be taxed on.
<b>\$651.61</b> (City contribution)	<b>\$290.74</b> (City contribution)	<b>\$360.87 =</b> <b>(\$651.61 - \$290.74)</b>

Notes

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## Health Plans At-A-Glance

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

Plan Benefit	Consumer Choice (CDHP) PPO		New Value PPO		Premier PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Employee Only / Family)	\$1,250 / \$2,500	\$2,500 / \$5,000	\$1,250 / \$2,500	\$2,500 / \$5,000	\$600 / \$1,500	\$1,200 / \$3,000
Annual Out-of-Pocket Maximum (Employee Only / Family) Excludes Deductible	\$4,000 / \$8,000	\$8,000 / \$16,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$2,200 / \$4,400	\$3,400 / \$6,800
Co insurance (After Deductible)	80% / 20%	60% / 40%	80% / 20%	60% / 40%	90% / 10%	60% / 40%
Preventive Screenings	Covered at 100%	40% after deductible	Covered at 100%	40% after deductible	Covered at 100%	40% after deductible
Office Visits: Primary Care Premium Designation Specialist Specialist Urgent Care	20% after deductible	40% after deductible	\$30 \$35 \$55 \$50	40% after deductible	\$30 \$35 \$55 \$50	40% after deductible
Emergency Care and Ambulance Services	20% after deductible				10% after deductible	
In-Patient Hospital Admissions, Out-Patient Surgery, Durable Medical Supplies, and Radiology	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible
Physical, Occupational, and Speech Therapy	20% after deductible	40% after deductible	20% after deductible	40% after deductible	10% after deductible	40% after deductible
City Contribution to Health Savings Account (HSA)	Funded by City contribution (\$500 for employee only / \$1,000 for family), employee payroll deductions, and participation in Employee Wellness Program		N / A			
Flexible Spending Account (FSA)	N / A		Funded by employee payroll deductions and participation in Employee Wellness Program			



## Health Savings Accounts

### The ABCs of Your City-Funded Health Savings Account

A Health Savings Account (HSA) is a savings 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, and vision) expenses. Like your personal checking or savings account, your HSA is held at a bank, OptumHealth Bank. A partner of UnitedHealthcare, OptumHealth Bank focuses solely on health care banking. With the HSA, you will be issued a Health Savings Account card from UnitedHealthcare that will work as a debit card.

To help you get started, the City will contribute \$500 for an employee-only plan and \$1,000 for a family plan to your HSA. These funds will be available in January 2014. Even if you are currently enrolled in the Consumer Choice plan and select this plan again for 2014, you will still receive the City's contribution in 2014. The deposit from the City, plus any additional funds you choose to contribute on a pre-tax basis through bi-weekly payroll deductions, as well as contributions earned through participating in the 2014 Employee Wellness Program, can all be used to pay for your family's and your health-related expenses. The IRS maximum in HSA contributions for 2014 is \$3,300 for an employee-only plan and \$6,550 for a family plan.

You own the funds in the HSA, including any interest; therefore, whatever you do not use throughout the year automatically rolls over to the next year AND it remains available to you when you leave the City. You can also change the amount you contribute through bi-weekly payroll deductions as often as you like. If you have an HSA, you cannot also have a Health Care Flexible Spending Account. HSA funds will be available to you as they are deposited into your account.



### HSA Eligibility

You are eligible to open and contribute to an HSA if you:

- Are enrolled in the Consumer Choice plan
- Are not covered by any other ineligible plan (plan that is not a Consumer-Driven Health Plan)
- Are not entitled to Medicare, TRICARE, or TRICARE for Life health plans
- Are not claimed as a dependent on someone else's federal tax return
- Are not covered by a Health Care FSA (also applies to your spouse)

### 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
- Teeth whitening
- Over-the-counter medications without a prescription
- Teeth whitening

Please note that all money contributed to your HSA by the City is subject to a 6% withholding for your Texas Municipal Retirement System (TMRS) account.

## Prescription Drug Plan

When considering your health plan options, it is important to consider your family's use of prescription drugs. The City's prescription drug benefit, administered by UnitedHealthcare, provides you with access to a wide variety of drugs while helping to make the medications you need more affordable. You also have access to more than 60,000 in-network pharmacies to fill your next prescription.



### 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 drugs typically found in Tiers 2 and 3.

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

### Value-Based Co-pay Program

It is important for employees and their dependents with diabetes to follow their prescription drug regimen to effectively manage their condition. In support of those employees and dependents with diabetes, the City's Value-Based Co-pay Program continues in 2014. The plan offers prescription drugs related to diabetes at reduced amounts.

### 90-Day Mail Order Prescriptions

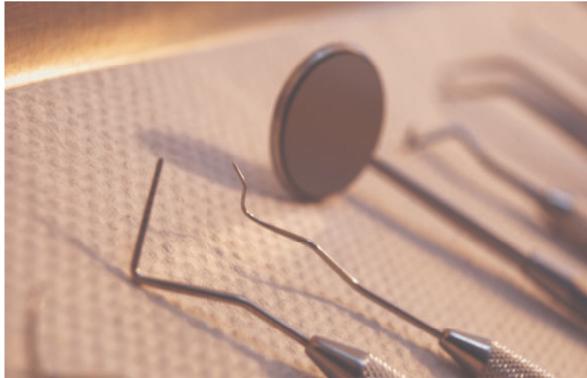
Purchasing a 90-day mail order supply of your prescription drugs is convenient, and it saves you money on the maintenance medications you take every day. A 90-day mail order supply costs less than buying a 30-day supply three (3) times. In addition to saving money, it is convenient to have your medications delivered to you at home through the OptumRx Mail Service Pharmacy Program. This is the best way to ensure your medication is available when you need it. To begin receiving a 90-day mail order supply of your maintenance medications, visit [myuhc.com](http://myuhc.com).

### Prescriptions and Consumer Choice

Remember, Consumer Choice does not have co-pays. You are responsible for 100% of the cost of your medication until you reach your deductible. For IRS-approved maintenance medications, you only pay 20% of the cost since these medications are not subject to the deductible. A complete list of these medications can be found at [sanantonio.gov/hr/employee\\_information/benefits/forms.asp](http://sanantonio.gov/hr/employee_information/benefits/forms.asp).

2014 Prescription Drug Plan		
	New Value and Premier PPO Co-pays	Value-Based Co-pays (Diabetes Prescription Drugs)
30-day Retail		
Tier 1 (generics)	\$10	\$0
Tier 2 (preferred brand formulary)	\$35	\$10
Tier 3 (non-preferred brand)	\$65	\$20
Tier 4 (specialty)	\$100	N / A
90-day Mail Order		
Tier 1 (generics)	\$20	\$0
Tier 2 (preferred brand formulary)	\$70	\$20
Tier 3 (non-preferred brand)	\$130	\$40

## Dental Plans



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

Through the dental benefits plans administered by Delta Dental, you and your dependents have access to a national network of dental providers.

A video about the dental plan benefit is available in the City's benefit information video library located on the Human Resources website and COSAweb.

### CitiDent PPO

The CitiDent PPO is a dental PPO plan that allows you to obtain preventive, basic, major, and orthodontic care 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%**
Type B - Basic Care (Fillings, Simple Extractions, and Periodontics)	Covered at 80%*	Covered at 80%**
Type C - Major Care (Bridges, Dentures, and TMJ)	Covered at 50%*	Covered at 50%**
Type D - Orthodontia	Covered at 50%*	Covered at 50%**
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
Lifetime TMJ Maximum (Per Person)	\$500	\$500

\*Limitations may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental's maximum contract allowances and not necessarily each dentist's submitted fees.

\*\*Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists, and the 90th percentile for non-Delta dentists.

†Applies only to Types B & C and TMJ services.

### 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 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 Cost
Prophylaxis (Teeth Cleaning Twice a Year)	D1110	No Cost
Periodontal Scaling and Root Planning, Per Quadrant	D4341	\$40
Amalgam Fillings for One Surface, Anterior	D2140	\$5
Surgical Extraction and Erupted Tooth	D7210	\$45
Root Canal-Molar (Excluding Final Restoration)	N/A	\$280
Crown	D2750	\$295
Orthodontics (Children and Adults)	D8070 (children) / D8090 (adults)	\$1,700 / \$1,900

## Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life.

Through Davis Vision, you have access to a national network of doctors and retail providers to help you care for your eyes. Eye exams, eyeglasses, and contacts are available to you at the cost of applicable co-pays. For vision plan details, watch the vision video in the City's benefits information video library on the HR Department website and COSAweb.

### 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](http://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. As an added benefit, there is a one-year eyeglass breakage warranty included on plan eyewear at no additional cost. You are allowed a \$130 retail allowance toward frames outside of the Davis Vision Frame Collection.

### 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 of the Davis Vision Contact Lens Collection.

### Additional Vision Benefits

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



## In-Network Benefit Summary

Comprehensive Eye Exam \$10 co pay, one exam per year	
Frames (in lieu of contacts)	Contacts (in lieu of eyeglasses)
Once per calendar year beginning January 1.	Once per calendar year beginning January 1.
\$130 retail allowance toward any frame from provider, plus 20% off balance <sup>1</sup> .	\$150 retail allowance toward Non Collection contact lenses, plus 15% off balance <sup>2</sup> .
OR	OR
Any Fashion or Designer frame from Davis Vision's Collection <sup>2</sup> (value up to \$175).	Any contact lenses from Davis Vision's Contact Lens Collection <sup>3</sup> .
One year eyeglass breakage warranty included at no additional cost.	Contact Lens Evaluation, Fitting & Follow-Up Care: Once per calendar year beginning January 1. Davis Collection contact lens covered in full, including fitting fee. Fitting fee is an additional charge minus 15% discount if Non Collection contact lens <sup>3</sup> .
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 <sup>3</sup> - \$40
Standard Anti-Reflective (AR) Coating	\$62	\$40
Standard Progressives (no-line bifocal)	\$154	\$65
Plastic Photosensitive (Transitions <sup>1</sup> )	\$123	\$90

<sup>1</sup>Additional discounts not applicable at Walmart or Sam's Club locations.

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

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

## Out-of-Network Vision Benefits

Although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network, you have the option of receiving services from an out-of-network provider. When receiving services from an out-of-network provider, you must pay the provider directly for all charges and then submit a claim form for reimbursement to: Vision Care Processing Unit, P.O. Box 1525 Latham, NY 12110. The reimbursement form can be found online at [sanantonio.gov/hr/employee\\_information/benefits/forms.asp](http://sanantonio.gov/hr/employee_information/benefits/forms.asp).

## Flexible Spending Accounts

If you select the New Value or Premier health care plan, you can open a Flexible Spending Account (FSA) to help cover the cost of eligible health care expenses. Each paycheck you set aside some of your pay, before taxes, to use for eligible expenses.

- The annual contribution limit is \$2,500 for a Health Care FSA.
- Only eligible expenses incurred between January 1 and December 31, 2014 may be reimbursed from your FSA. All claims for reimbursement must be filed by March 2015. Any remaining money will be lost.

### Health Care FSA

With a Health Care FSA, you can get reimbursed for out-of-pocket medical, dental, or vision expenses incurred by you or your IRS Tax Dependents, whether or not you or your dependent is covered by the City's health plans. If you have a Health Care FSA, you cannot also have a Health Savings Account.

Eligible Health Care FSA expenses include:

- Deductibles and co-insurance for medical, dental, and vision care 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

Please note that all money deposited into your FSA by the City is subject to a 6% contribution to your Texas Municipal Retirement System (TMRS) account.

### Child / Elder Care FSA

You can use the Child / 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 the FSA, each paycheck you set aside some of your pay, before taxes, to use for eligible expenses. Child / Elder Care claims are submitted using an FSA claim form. The annual contribution limit is \$5,000 for Child / Elder Care FSA. Funds will be available to you as they are deposited into your account.

Eligible Child / Elder Care FSA expenses include:

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

Ineligible Child / 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 expenses for the year and decide how much money to set aside.
2. Enroll in the FSA when you enroll in your benefits.
3. The total amount will be divided by 24, and that amount will be deducted from each bi-weekly paycheck.
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 UnitedHealthcare. For child / elder care reimbursement, complete the Dependent Care Claim Form at [sanantonio.gov/hr/employee\\_information/benefits/forms.asp](http://sanantonio.gov/hr/employee_information/benefits/forms.asp).

To learn more, watch the FSA video in the City's benefit information video library on the HR website and COSAweb.

FSA Savings Example		
With FSA		Without FSA
\$31,000	Annual Gross Income	\$31,000
-\$2,500	Annual FSA Deposit	-\$0
\$28,500	Taxable Gross Income	\$31,000
-\$6,455	*Taxes	-\$7,021
\$22,045	Annual Net Income	\$23,979
-\$0	Cost of Expenses	-\$2,500
\$22,045	Spendable Income	\$21,479

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 \$566.

\*Example based upon a 22.65% tax rate (15% federal and 7.65% Social Security) calculated on a calendar year.

## Tools to Help You Choose the Right Plan



Making health care decisions for you and your family 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 have any surgeries scheduled?
- 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 don’t use or need it?

There are several online resources and tools that can help you make the best health care decisions for you and your family.

- With the Health Plan Cost Estimator, available at [pcestimator.com](http://pcestimator.com), you can estimate your 2014 health care costs in order to decide which plan would be best for you and your family—putting your health care decisions in your hands.
- With My Healthcare Cost Estimator, also available on [myuhc.com](http://myuhc.com), you can budget for future medical treatments by estimating the cost of a procedure based on your health plan, costs in your area, and use of an in-network provider.
- At [healthcarelane.com/cosa](http://healthcarelane.com/cosa), you can take a trip down Health Care Lane, a virtual street that makes learning about health care and health insurance easier.
- Through [myuhc.com](http://myuhc.com), you can track your health care expenses, find doctors and pharmacies, and calculate prescription drug costs.

### What is the Health Plan Cost Estimator?

The Health Plan Cost Estimator allows you to compare the cost differences between the City’s three health care options. This easy-to-use tool considers your annual estimated out of pocket expenses to help you select the plan that results in lower overall costs to you. It provides detailed comparisons for premiums, plan costs, and more. You can even use this tool to compare the costs of the City’s plan offerings with those of your spouse’s/domestic partner’s employer’s plan.

A Flexible Spending Account contribution calculator is included in this tool, and it helps you determine how much you should contribute to a Flexible Spending Account. Based on the bi-weekly amount you decide to contribute, you will be able to see your estimated tax savings.

### Use the Health Plan Cost Estimator in 4 Easy Steps:

1) Visit [pcestimator.com](http://pcestimator.com) to log into the Health Plan Cost Estimator.

username: SanAntonio2014  
password: benefits

2) Enter basic details about you and your dependents.

3) Indicate the health care usage for you and each of your dependents.

4) View your health care plan expenses and estimates.

Need help using the Health Plan Cost Estimator? Contact Human Resources Customer Service at 210-207-8705 or your department’s Employee Relations Team.

#### A Real-life Example (In-Network Benefits)

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

Plans	Consumer Choice	New Value	Premier
Annual Premium	\$780	\$3,180	\$9,804
Deductible	\$800*	-	-
Co-insurance	-	-	-
Office Visit Co-pay	-	\$300 (\$30 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	\$580	\$3,580	\$10,204
<b>Most Cost Effective Plan: Consumer Choice</b>			

\* Primary Care Physician Visits are estimated at \$50 per visit (\$50 x 10 = \$500) and generic antibiotics at retail are estimated at \$30 per prescription (\$30 x 10 = \$300).

## 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 through Dearborn National Life Insurance Company. Additionally, you also have the ability to purchase voluntary life insurance for yourself and your dependents.



Basic Term Life Insurance and Accidental Death and/or Dismemberment Insurance in the amount of one (1) times your annual salary, for each, are provided to all full-time civilian employees. This insurance is provided at no cost to you.

You also have the option of purchasing voluntary 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. Benefits are reduced at age 70. Visit [sanantonio.gov/hr/employee\\_information/benefits/forms.asp](http://sanantonio.gov/hr/employee_information/benefits/forms.asp) to see the plan certificate of coverage. 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 employment. 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 after the first 31 days of employment or in excess of two (2) times your annual salary cannot be guaranteed. Please see the example below and use the employee age and premium multiplier calculation table to determine your bi-weekly premium cost.

Dependent Life Insurance is available to you at a bi-weekly premium cost of \$2 regardless of the number of covered dependents. The plan will pay \$25,000 for a spouse/domestic partner and/or \$10,000 for each dependent child through age 20 (or age 25 if a full-time student), in the event of death.

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

### Supplemental Life Insurance Bi-Weekly Premium Rate Tables

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

Employee Age	Premium Multiplier
48	\$0.087
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

### Short-Term Disability

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

### Long-Term Disability

The City provides, at no cost to eligible, full-time employees, a long-term disability program for those who are unable to work as a result of a non-work related disability. Total benefits are calculated at 40% of salary, minus offsets (i.e. Social Security, other coverage, etc.). Benefits may begin after 26 weeks of short-term disability benefits. To supplement your long-term disability coverage, the City offers you the option to purchase additional long-term disability coverage.

If you purchase additional voluntary coverage, you will be eligible to receive an additional 20% of your salary in long-term disability protection. Total benefits with the purchase of additional long-term disability are calculated at 60% of salary minus offsets (i.e. Social Security, other coverage, etc.).

If you are on short-term or long-term disability at the time you enroll in additional long-term disability coverage, the additional 20% coverage will be delayed until you return to active duty. The rate for additional long-term disability coverage is your monthly salary x .0021.

## Leave

### Personal and Annual Leave

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

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

## Retirement

### Texas Municipal Retirement System (TMRS)

The City of San Antonio participates in the Texas Municipal Retirement System. Combined with Social Security benefits and personal retirement savings accounts, TMRS benefits can help provide financial security during retirement. Employees contribute 6% of their salary, and the City contributes two (2) times the employee contribution (12%) after the employee becomes vested. 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 online at [tmrs.com](http://tmrs.com) or by calling TMRS at 800-924-8677.

### 457 (Deferred Compensation) Program

The City of San Antonio provides employees an additional way to save for retirement through a Section 457 Deferred Compensation Plan, administered through two providers. The plan is designed to be a supplement to an employee's TMRS benefits and Social Security.

Nationwide Retirement Solutions and ICMA Retirement Corporation are the City's deferred compensation providers. Representatives from these companies are on-site in the Human Resources Department weekly.

Contribution limits are set yearly by the IRS. For 2013, the maximum contribution was \$17,500, and employees over age 50 may contribute up to \$5,500. Once the 2014 maximum contribution amounts are determined, they will be available at [sanantonio.gov/hr/employee\\_information/benefits/benefits\\_civ\\_retire.asp#defer](http://sanantonio.gov/hr/employee_information/benefits/benefits_civ_retire.asp#defer) or online at [tmrs.com](http://tmrs.com). City employees who wish to participate must contribute a minimum contribution of \$10 per paycheck. As long as an employee elects to participate, a deduction will be taken from each of the 26 paychecks per year. An employee may stop deductions at any time by contacting the retirement plan provider or the Employee Benefits Office.

## Employee Wellness

In 2014, the Employee Wellness Program will continue to focus on physical activity, tobacco cessation, and helping you improve your overall health. To assist employees with making the healthy choice the easy choice, the Virgin Pulse Program (formerly Virgin HealthMiles) will continue to be offered.

### TOBACCO USE AND TOBACCO PRODUCTS

The City's \$40 monthly fee will continue to be assessed to tobacco users in 2014. If you declared yourself a tobacco user in 2013 and have not reported a status change to the Employee Benefits Office, you will continue to incur the \$40 monthly fee. Non-tobacco users will continue to avoid the \$40 monthly fee by remaining tobacco-free.

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 City policy and could result in disciplinary action.

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. Electronic and Smoke-free Cigarettes are also included in the definition of a tobacco product.

### City's Tobacco Cessation Program

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

- Quit for Life Program (Quitline) – Call 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 Classes – Through the City's Employee Assistance Program, administered by Deer Oaks, employees and their spouses/domestic partners can attend FREE group tobacco cessation classes. Classes are held from noon to 1 p.m. once a week, and they last for four (4) weeks. Contact the Employee Wellness Program at 207-WELL (9355) or [wellness@sanantonio.gov](mailto:wellness@sanantonio.gov) to find out when the new classes begin.
- Tobacco Cessation Prescription Medications – The City's prescription drug plan covers several popular tobacco cessation prescription medications. These medications include, Buproban, which is a Tier 1 prescription medication, and Chantix, Nicotrol, and Zyban, which are Tier 3 prescription medications.

### I Quit, So What is Next?

You may stop the monthly fee by completing a tobacco cessation program, including the Quit for Life Program and the City's tobacco cessation classes. Once you have successfully done so or are tobacco-free for 60 consecutive days, complete and submit a new Tobacco Declaration Form certifying that you are no longer a tobacco user with a certificate of completion from the tobacco cessation program to the City's Employee Benefits Office. Obtain a form through your department's Employee Relations Team. After you have submitted your new Tobacco Declaration Form and certificate of completion, 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 in monthly fees prior to the new Tobacco Declaration Form being processed.

### Virgin Pulse Program (formerly Virgin HealthMiles)

As of October 1, 2013, Virgin HealthMiles changed its name to Virgin Pulse. If you were already enrolled in the Virgin HealthMiles Program, your membership has automatically carried over and no action is required. If you would like to enroll in Virgin Pulse, simply register online at [sanantonio.gov/hr/employee\\_information/wellness/virgin\\_healthmiles.asp](http://sanantonio.gov/hr/employee_information/wellness/virgin_healthmiles.asp).

By participating in the Virgin Pulse Program, full-time civilian employees can earn contributions, up to \$500, to their FSA/HSA in 2014 by remaining active throughout the year. Contributions are based on five (5) reward levels. New members start at Level 1. The more activities you complete and physical activity you incorporate into your daily routine, the more HealthMiles you earn. Physical activity is tracked through a pedometer and online account. You have one year to reach Level 5 to earn the full \$500 contribution. Contributions are automatically added to your FSA/HSA once a new level is reached. If you do not have an FSA, one will be opened for you.

If you are a current participant in the Virgin Pulse Program, your new year begins on the anniversary date of when you enrolled in the program. For example, if you joined the program on January 15, 2013, you will begin at Level 1 again on January 15, 2014. Remember though, any FSA reward dollars you earned after September 30, 2013, will be deposited into your FSA account and made available for you to use in January 2014.

As a result of employee feedback, changes have been made to the reward system, allowing employees to more easily transition from levels three, four and five. You will still have the opportunity to earn up to \$500 in FSA/HSA contributions. The new reward system will be effective January 1, 2014. Please see the updated chart below.

Level	HealthMiles (Points)	Reward
Level 1	Up to 5,999	None
Level 2	6,000 to 11,999	\$50 HSA/FSA
Level 3	12,000 to 17,999	\$100 HSA/FSA
Level 4	18,000 to 35,999	\$150 HSA/FSA
Level 5	> 36,000	\$200 HSA/FSA
Total Contribution Once Level 5 Has Been Reached		\$500 HSA/FSA

Eligible activities include: tracking daily activity, participating in health challenges, attending and participating in Employee Wellness Program events, and by demonstrating improved overall health.

Please note that all money deposited into your FSA/HSA by the City is subject to a 6% contribution to your Texas Municipal Retirement System (TMRS) account.

### Wellness (Biometric) Screenings

FREE Wellness Screenings will be offered at various worksites throughout 2014. These screenings will provide cholesterol, blood pressure, BMI, and glucose information, and will be available to civilian employees and their spouse/domestic partner. HealthMiles will be given for completing the screening.

### Employee Assistance Program

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

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

### Employee Health + Wellness Center

The City's dedicated Health + Wellness Center, located at 1303 McCullough Ave., Ste. 170, is available to all employees and their dependents for convenient and comprehensive medical and preventive care. Operated by Gonzaba Medical Group, it offers any medical service that can be accessed at a primary care provider. If you are on the City's civilian health plan, you pay 50% of the usual physician co-pay at the center. Walk-ins or appointments are accepted. For more information, call the Employee Health + Wellness Center at 210-921-COSA (2672).

### On-site Wellness Coaches

The City's On-site Wellness Coaches provide one-on-one coaching services to employees on a variety of topics including nutrition, physical activity, weight management, and reduction of risk for chronic disease.

Call the Employee Wellness Program at 210-207-WELL (9355) or email [cosa.healthcoaches@uhc.com](mailto:cosa.healthcoaches@uhc.com) to schedule an appointment.

### Weight Watchers at Work

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

### Fitness Center Discounts

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



## Eligibility/Dependent Eligibility

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

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

### Eligible Dependents

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

Adding a Dependent - Required Information		Making Changes During the Year
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.	<p>Elections made during Open Enrollment will be effective for the upcoming plan year, January 1 through December 31, 2014. 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.</p> <p>Qualifying Life Events may include:</p> <ul style="list-style-type: none"> <li>• Marriage</li> <li>• Establishment of a Domestic Partnership</li> <li>• Divorce, Annulment, Dissolution of a Domestic Partnership</li> <li>• Birth or Adoption of an Eligible Child</li> <li>• Change in your or your spouse/domestic partner’s work status (full-time or part-time) that affects benefits eligibility</li> <li>• Change in your child’s eligibility for benefits</li> <li>• Qualified Medical Child Support Order</li> <li>• Death</li> </ul> <p>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 and do not provide documentation, you must wait until the next Open Enrollment period to change your benefit elections. Additionally, refunds of bi-weekly payments for your health care coverage will not be refunded.</p>
Spouse/Common Law Spouse	<p>The City requires:</p> <ul style="list-style-type: none"> <li>• Copy of marriage license OR Declaration of Informal Marriage, AND</li> <li>• Properly completed enrollment form</li> </ul>	
Domestic Partner (Same-gender or opposite gender)	<p>The City requires:</p> <ul style="list-style-type: none"> <li>• An Affidavit of Domestic Partnership, AND</li> <li>• Properly completed enrollment form</li> </ul> <p>In addition, two (2) of the following supporting documents are also required:</p> <ul style="list-style-type: none"> <li>• Joint lease or mortgage, OR</li> <li>• Joint bank account, OR</li> <li>• Joint credit card, OR</li> <li>• Jointly paid household expense (ex: utility bill) with both names, OR</li> <li>• Beneficiary of life insurance or will, OR</li> <li>• Power of attorney</li> </ul>	
Dependent Child up to age 26 (Biological child, stepchild, adopted child, Domestic Partner child, or foster child)	<p>The City requires:</p> <ul style="list-style-type: none"> <li>• Properly completed enrollment form</li> </ul> <p>In addition, one (1) of the following supporting documents is also required:</p> <ul style="list-style-type: none"> <li>• Copy of birth certificate OR Verification of Birth Facts, OR</li> <li>• Copy of adoption agreement, OR</li> <li>• Copy of Qualified Medical Child Support Order, OR</li> <li>• Copy of court custody or guardianship documents</li> </ul>	

## How to Enroll

### Open Enrollment

Open Enrollment begins October 14 and ends November 8, 2013; selections will be effective January 1, 2014. What happens if you do not enroll? If you are currently enrolled in either the Consumer Choice or Premier plan and take no action during Open Enrollment, you will remain in your current plan for 2014 with the same dependent coverage. If you are currently enrolled in the Value or Standard plan and take no action during Open Enrollment, you will automatically be enrolled in the New Value Plan for 2014 with the same dependent coverage.

As always, the Human Resources Department is here to ensure you are aware of all of your options and that you have the necessary tools to make the best decisions for you and your family, thus providing the roadmap to Benefits and Wellness for you and your family. We also encourage you to utilize the various online tools and resources, including the open enrollment video in the City's benefit information video library, referenced throughout Benefit Matters to help you make the most informed decisions. Elections may be changed ONLY during the annual Open Enrollment period or within 31 days of a Qualifying Life Event. A list of the most common Qualifying Life Events can be found on page 15.

### Activate Your Benefits in 2014

During open enrollment, log into the Employee Self Service (ESS) system to access the online enrollment portal at [sanantonio.gov/easi](http://sanantonio.gov/easi) to activate your 2014 health care benefits. While you are there, remember to:

- 1) update your contact information,
- 2) review your personalized 2013 benefits summary,
- 3) select your health care plan or waive the City's coverage,
- 4) enroll in your Health Savings Account if you select Consumer Choice,
- 5) enroll / re-enroll in your Flexible Spending Account if you select New Value or Premier,
- 6) update / verify your dependents, and
- 7) enroll in your vision / dental plan (if you currently have dental and / or vision coverage, it will automatically carry over in 2014).

If this is your first time accessing the ESS system or if you have not logged in for 90 days prior to October 14, 2013, you are required to create / reset a password (8 characters) with the following combination:

- Special character (e.g. \$)
- Upper case first name initial (e.g. F)
- Lower case last name initial (e.g. j)
- Last 5 of SSN (#####)

Resulting password from the example above is: \$Fj#####. Once you complete your enrollment, remember to print a copy of your confirmation page for your records.

### Open Enrollment Fairs

As in previous years, the Human Resources Department will host several Open Enrollment Fairs at the Alamodome located at 100 Montana St., 78203 to assist you with making your 2014 benefit decisions and enrolling yourself and your eligible dependents in the City's health plans. With approval from your supervisor, up to two (2) hours of leave have been granted to all employees to attend an Open Enrollment Fair.

During the Open Enrollment Fairs, you will have the opportunity to: 1) receive one-on-one assistance with enrolling in your 2014 benefits, 2) meet with the City's various benefit providers, 3) donate blood and earn four (4) hours of Incentive Leave, and 4) get a flu shot.

This year's Open Enrollment Fairs will be held at the Alamodome in meeting rooms K, L, N, O, and P, which are located on the stadium floor level. Free parking is available in Parking Lot A. Once you have parked, proceed to the Southwest Tunnel entrance along the ramp area and go down the tunnel walkway area which leads to the meeting rooms. Signs will guide you to the entrance.

Open Enrollment Fairs are held in addition to the department presentations conducted by your department's Employee Relations Team. For assistance during Open Enrollment or to find out who your Employee Relations Team members are, contact Human Resources Customer Service at 210-207-8705.

2014 Open Enrollment Fair Calendar, Alamodome, 100 Montana St., 78203

Monday	Tuesday	Wednesday	Thursday	Friday
October 21: 7:45 am - 4:30 pm	October 22: 9 am - 7 pm	October 23: 9 am - 7 pm	October 24: 8 am - 5 pm	October 18: 7:45 am - 4:30 pm
October 28: 11 am - 4:30 pm	October 29: 9 am - 7 pm	October 30: 6:45 am - 4:30 pm	October 31: 7:45 am - 4 pm	October 25: 6 am - 11 am

## Glossary of Common Health Care Terms

Below are some commonly used health care terms we would like you to become familiar with. Understanding these terms will assist you with making the best health care decisions for you and your family.

### Consumer Choice

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

### Health Plan Features

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

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

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

Flexible Spending Account (FSA) - A tax-exempt account that can be used to help pay for certain out-of-pocket expenses. A health care FSA covers medical, dental, and vision expenses not covered by the health plans. A dependent care FSA covers expenses related to the care of or services provided to dependents who are usually children under the age of 13.

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

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

### Prescription Drugs

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

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

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

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

### Provider Networks

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

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

### Types of Office Visit

Premium Designation Specialist - A visit to an in-network specialist or specialty center who is in a designated group of providers. A visit to a specialist or specialty center with the premium designation will result in a lower office visit co-pay than a visit to a specialist or specialty center without the designation. These providers meet or exceed quality of care and cost efficiency standards as recognized by the UnitedHealth Premium® Designation.

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

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

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

Notes

## Health Benefits Notices

Following are summaries of the health benefits notices. Visit the Employee Benefits website at [sanantonio.gov/hr/employee\\_information/benefits/benefits\\_civ.asp](http://sanantonio.gov/hr/employee_information/benefits/benefits_civ.asp) for the complete information on each of the notices referenced below.

### COBRA Provisions

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, as amended, is a Federal law that requires employers to offer qualified beneficiaries the opportunity to continue medical, vision, and dental coverage at their own cost in the case of certain qualifying events.

Employees or qualified beneficiaries are required to notify the Employee Benefits Office within 60 days of a divorce, legal separation, child no longer meeting the definition of dependent, or entitlement to Medicare benefits. The City will notify all qualified beneficiaries of their rights to enroll in COBRA coverage. Notice to a qualified beneficiary who is the spouse or former spouse of the covered employee is considered proper notification to all other qualified beneficiaries residing with the spouse or former spouse at the time the notification is made.

### Health Care Reform

Key parts of the Patient Protection and Affordable Care Act will go into effect in January 2014. This means that for many Americans, the Health Insurance Marketplace is a new way to buy health insurance. The Marketplace is available to individuals and their families who otherwise would not have access to health insurance. The Marketplace is open to you and all other legal residents of Texas. However, keep in mind that the Marketplace is designed to serve those who are uninsured, underinsured, or who cannot obtain a health insurance plan through their employer or a low-income public program. Because you have the option of an employee-only medical insurance plan through the City of San Antonio that exceeds the minimum required coverage limits and is available at a cost that is less than health care reform law's standards, you are not eligible for a subsidized insurance plan in the Marketplace at this time. For details about coverage through the Marketplace or for general Health Care Reform information, call 800-318-2596 or visit [www.healthcare.gov](http://www.healthcare.gov). Informational videos are available on our website at [www.sanantonio.gov/hr](http://www.sanantonio.gov/hr).

For more information about Health Care Reform, visit [healthcare.gov](http://healthcare.gov) or call 800-318-2596.

Summary of Benefits and Coverage (SBC) - In addition, group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage. The new regulation is designed to help you better understand and evaluate your health care choices. You can view a Summary of Benefits and Coverage online at [sanantonio.gov/hr/employee\\_information/benefits/benefits\\_civ\\_summary.asp](http://sanantonio.gov/hr/employee_information/benefits/benefits_civ_summary.asp).

### HIPAA Privacy Policy

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

### Newborns' and Mothers' Health Protection Act

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

### USERRA

The Uniformed Services Employment and Reemployment Rights Act (USERRA) explains health plan continuation rights of employees who are called to serve active duty in the U.S. Armed Forces for more than 30 days.

### Women's Health Act

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

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- 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.



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