



BENEFIT MATTERS

2019



INSIDE THIS EDITION

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- Prescription Drug Plan
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LIVE WELL. CHOOSE WELL.

WELCOME TO YOUR 2019 BENEFIT MATTERS.

The following pages provide a summary of the benefits available to City of San Antonio Uniform Firefighters. This guide is intended to provide general information about the benefits. Complete details about the benefit programs are included in applicable City ordinances, the Fire Collective Bargaining Agreements, and / or Benefit Plan Documents.

City-sponsored benefits are available to domestic partners (same and opposite gender) and their dependent children. See page 8 for details.

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 AskHR@sanantonio.gov for assistance.



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HONOR ★ DUTY ★ COURAGE



Your Medical Plan Benefits

Medical health care and pharmacy benefits are available to Uniform - Fire 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. Firefighter benefits include coverage for preventive care services from network physicians and other health care professionals to help you and your family stay healthy and detect problems early. Disease prevention and early detection are important to living a healthy life.

This health care plan is administered by Blue Cross and Blue Shield of Texas (BCBSTX). For additional information visit the BCBSTX website at bcbstx.com or contact them at 800-521-2227. If you have questions about the information in this guide, contact Human Resources Customer Service at 210-207-8705 or AskHR@sanantonio.gov.

| Plan Benefit | In-Network | Out-of-Network |
|--|--|----------------------|
| Annual Deductible (Individual) | \$250 | \$500 |
| Annual Deductible (Family) | \$500 | \$1,000 |
| Annual Out-of-Pocket (Individual) | \$500 | \$1,000 |
| Annual Out-of-Pocket (Family) | \$1,500 | \$3,000 |
| Coinsurance [After Deductible] | 80% / 20% | 60% / 40% |
| Physician Office Visits, Urgent Care, Emergency Care, In-Patient Hospital Admissions, Ambulance Services, Out-Patient Surgery, Durable Medical Supplies, Radiology [MRI, CT Scans, PET Scans, etc.], Physical/Occupational/ Speech Therapy, Maternity Services | 20% after deductible | 40% after deductible |
| Preventive Care | Preventive care services for eligible employees and covered dependents will be covered at 100% in-network, or 60% out-of-network. The deductible does not have to be met for this benefit to be paid. Other services provided at the same time as the preventive care services, including but not limited to office visit charges, will be subject to deductibles and coinsurance. | |
| Immunizations | All age-appropriate immunizations recommended by a physician for employees and dependents are covered at 100% in-network or 60% out-of-network after the deductible. Other services provided at the same time as the immunizations, including but not limited to office visit charges, will be subject to deductibles and co-insurance. Synagis administration for the prevention of respiratory syncytial virus (RSV) among high-risk infants meeting prescribing criteria set forth by American Academy of Pediatrics (AAP) will be covered at 100%, deductible waived, only if such treatment is determined to be medically necessary and prior authorization obtained on or before administration of the first injection. | |
| Chiropractic Care | Chiropractic care is covered at 80% in-network or 60% out-of-network after the deductible is met. | |
| In Vitro Fertilization | In Vitro Fertilization is covered at 80% in-network or 60% out-of-network after the deductible is met. | |
| Employee Assistance Program (Deer Oaks) | Provides 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. This 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 are confidential and HIPAA-compliant. Contact the Employee Assistance Program at 210-615-8880 or visit www.deeroakseap.com (Username and Password: cosa). | |

Pharmacy Coverage

The prescription drug benefit, which is administered by CVS/caremark, provides you with access to a large group of in-network pharmacies to fill your next prescription, including CVS, H-E-B, and Walgreen's. Visit sanantonio.gov/employeeinformation/benefits/resources for a list of local in-network pharmacies. See your Collective Bargaining Agreement for full plan details.

To get the most from your pharmacy benefit, choose from numerous in-network retail pharmacies to fill your next prescription. This nationwide network includes both chain and independent stores. Visit caremark.com to find an in-network pharmacy near you.

Generic Prescription Drugs

Remember to ask your doctor if your prescription drug has a generic equivalent. Prescription drugs are placed into tiers, and each tier is assigned a cost. Tier 1 contains most generic prescription drugs, and it is usually the least expensive option. Generic prescription drugs contain the same active ingredients as brand name drugs, typically found in Tiers 2 and 3. Over 75% of brand name drugs have an available generic equivalent.

90-day and Mail Order Prescriptions

Purchasing a 90-day mail order supply of your prescription drugs saves you money on the maintenance medications you take every day. In addition to saving money, it is convenient to have your medications delivered to you at home through the Mail Order Pharmacy Program. This is the best way to ensure your medication is available when you need it. To begin receiving a 90-day mail order supply of your maintenance medications, visit caremark.com and login to your account (or create one), or call CVS/caremark at 866-808-7470.

| Plan | In-Network Pharmacy | Out-of-Network Pharmacy |
|----------------------------|---------------------|-------------------------|
| 30-day Retail | | |
| Tier 1 | 0% | 20% after deductible |
| Tier 2 | 20% co-insurance | 40% after deductible |
| Tier 3 | 30% co-insurance | 50% after deductible |
| 90-day / Mail Order | | |
| Tier 1 | 0% | N/A |
| Tier 2 | 10% co-insurance | N/A |
| Tier 3 | 20% co-insurance | N/A |

Note: Pharmacy in-network maximum out-of-pocket is \$150 for an individual and \$300 for a family plan. Out-of-network co-insurance does not apply to annual out-of-pocket.



Life Insurance

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



457 Deferred Compensation Program

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

Contribution limits are set yearly by the IRS. For 2018, the maximum contribution was \$18,500, and employees over age 50 could contribute an additional \$6,000. City employees who wish to participate must contribute a minimum contribution of \$10 per paycheck. Once the 2019 maximum contribution amounts are determined, they will be available online at sanantonio.gov/employeeinformation/benefits/retirement.

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

Tools & Resources

| Tool | What it provides | Where to find it |
|---|---|---|
| Blue Access for Members (BAM) website | A secure member website that allows you to find information about your health benefits at anytime, anywhere using your computer, phone, or tablet. You can check the status or history of a claim, view or print Explanation of Benefits statements, and locate an in-network doctor or hospital. | bcbstx.com/member (click the login tab and register) |
| Blue Cross and Blue Shield of Texas Onsite Representative | Onsite service representative who can assist you with questions about: <ul style="list-style-type: none"> • the City's medical plans • your medical claims • health care providers, and more! | Angel Rodriguez 210-207-0103 |
| Blue Cross and Blue Shield of Texas Provider Finder® | An online tool that can help you find in-network doctors, hospitals, or health care providers in your area. | bcbstx.com |
| CVS/caremark Member Services | This member services website allows you to order refills, check drug cost and coverage, enroll in mail order and more. You will also find out about ways to save money on your prescriptions. | caremark.com |

Eligibility / Dependent Eligibility

The City of San Antonio's Uniform - Fire Benefit Program is open to all full-time uniform Fire 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.

Dependent Verification

Current full-time employees may elect health care coverage for themselves and their 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 or AskHR@sanantonio.gov 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, 2019. 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"> • 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 <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.</p> <p>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.</p> |
| Spouse / Common Law Spouse | <p>The City requires:</p> <ul style="list-style-type: none"> • Copy of marriage certificate OR Declaration of Informal Marriage, AND • Properly completed enrollment form | |
| Domestic Partner (Same gender or opposite gender) | <p>The City requires:</p> <ul style="list-style-type: none"> • An Affidavit of Domestic Partnership, AND • Properly completed enrollment form <p>In addition, two (2) of the following supporting documents with both your names are also required:</p> <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) | <p>The City requires:</p> <ul style="list-style-type: none"> • Properly completed enrollment form <p>In addition, one (1) of the following supporting documents is also required:</p> <ul style="list-style-type: none"> • Copy of birth certificate OR Verification of Birth Facts, OR • Copy of adoption agreement, OR • Copy of Qualified Medical Child Support Order, OR • Copy of court custody or guardianship documents | |

Domestic Partners

City-sponsored benefits are available to domestic partners (same and opposite gender) and their dependent children.

Domestic partnership is defined as a committed relationship between two adults, which meets all of the following conditions:

- Partnership in effect for at least six (6) months;
- Both partners at least 18 years of age;
- Both partners are each other’s sole domestic partner and intend to remain so indefinitely;
- Neither partner is married (legally or by common law) to, or legally separated from anyone else;
- Partners not related by blood or marriage to a degree of closeness that would prohibit marriage in the state in which they reside;
- Both partners agree they are in a committed relationship and consider each other jointly responsible for each other’s common welfare and financial obligations; and
- Both partners agree that they are not in the relationship solely to obtain benefits coverage.

Contact the Employee Benefits Office at 210-207-0073 for a Domestic Partner Enrollment Packet.

Domestic Partner Tax Implications

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

The amount of this income depends upon the plan in which you are enrolled and the level of your coverage. This income increases your taxable gross income for federal income taxes and FICA (Social Security and Medicare). Taxes are withheld from your paycheck and will be reported on your annual W-2 form. More details are available in the Domestic Partner Enrollment Packet, which can be obtained by contacting the Employee Benefits Office at 210-207-0073.

Below is a simplified example of how this income is calculated for an employee with coverage at the employee-plus-spouse / domestic-partner level. The City understands this is a complex issue. Please consult your personal tax advisor for assistance.

| | | |
|---|---|---|
| The City contributes \$615.69 towards your total bi-weekly medical premium for Employee + Spouse / Domestic Partner), and | the City contributes \$279.86 towards a total bi-weekly medical premium for Employee Only, then | \$335.83 is the difference of bi-weekly income you would be taxed on. |
| \$615.69 (Employee + Spouse / Domestic Partner) | \$279.86 (Employee Only) | \$335.83 = (\$615.69 - \$279.86) |



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.

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.

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%.

Prescription Drugs

Tier 1 (Generic) drugs - Medications that generally cost the least. They usually include the generic version of medications, as well as other inexpensive drugs.

Tier 2 (Preferred Brand) drugs - Brand name medications that normally do not have generic versions.

Tier 3 (Non-preferred Brand) drugs - Medications that often include brand name drugs with generic versions of brand name drugs that are new to the market.

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.



Health Benefits Notices

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

Children's Health Insurance Plan (CHIP)

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

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

Special Enrollment Notice

This If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 calendar days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 calendar days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the Human Resources Department at 210-207-8705 or AskHR@sanantonio.gov.

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

This guide is intended to provide summary information about the benefit plans offered to Uniform - Fire 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.

Contacts

| Organization | Phone | Website / Email |
|--|--------------|--|
| Human Resources Customer Service | 210-207-8705 | sanantonio.gov/employeeinformation AskHR@sanantonio.gov |
| Blue Cross and Blue Shield of Texas (Medical Plan Claims Administrator) | 800-521-2227 | bcbstx.com |
| CVS/caremark (Pharmacy Plan Claims Administrator) | 866-808-7470 | caremark.com |
| Dearborn National Life Insurance (Life Insurance Provider) | 800-778-2281 | dearbornnational.com |
| Deer Oaks (Employee Assistance Program) | 210-615-8880 | deeroakseap.com |
| 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 |
| SAFD Claims Advocate | 210-699-9400 | Insurance624@gmail.com |



P: 210.207.8705



sanantonio.gov/employeeinformation



AskHR@sanantonio.gov



Text COSAGOVHR to 55000 to receive employee-related messages