



Benefits at a Glance
(October 1, 2020 – September 30, 2021)

BENEFITS	WHEN ELIGIBLE	DESCRIPTION					
<p>Preferred Administrators Health Insurance</p> <p>Customer Service 915 532-3778 Press 4 then Ext. 1529 Fax 915 298-7863</p>	<p>1st of the Month Following 30 Days of Service</p>	<p style="text-align: center;"><u>Definitions</u></p> <ul style="list-style-type: none"> Co-insurance – Amount you pay for covered services after your deductible is met. It is the percent of bill you pay for covered services. Not applicable to UMC/TT/EPCH. (PPO providers 30%) Co-pay – Amount you pay out of your own pocket for most covered services before insurance starts to pay. Deductible – A fixed dollar amount during the benefit period (Fiscal Year) that an insured person pays before the insurer starts to make payments for covered medical services. <p>Max Out of Pocket – The out-of-pocket limits are the most you could pay during a coverage period starting October 1st and ending September 30th. The out-of-pocket includes any applicable deductibles, coinsurance and co-pays for services rendered with in-network medical and pharmacy providers. The out of pocket does not include any non-compliance penalties, and amounts in excess of allowable amounts or any non-covered expenses to include any balance billing. The out-of-pocket limit is combined with medical and pharmacy.</p> <ul style="list-style-type: none"> Preferred Provider Organization (PPO) – Providers contracted by Preferred Administrators in El Paso County and the Wrap Network (Multiplan/PHCS). <p>Listing of Providers, Member Handbook, SBC and US Preventive Services Task Force – A & B Recommendations are available at www.preferredadmin.net</p> <p><i>Note: Before receiving any services, you should always verify with Preferred Administrators that your provider is in-network.</i></p> <p>(Refer to Member Handbook for Detailed Information)</p>	<p>Doctor Availability</p>	<p>UMC El Paso</p>	<p>Texas Tech</p>	<p>In Network PPO* Wrap Network</p>	<p>Out of Network/Out of Area</p>
			<p>Office Visit Co-pays*</p>	<p>Office Visit \$15 co-pay</p>	<p>Office Visit \$30 co-pay</p>	<p>Office Visit \$40 co-pay</p>	<p>(50%) After Deductible</p>
			<p>Preventive Screenings / Immunizations</p>	<p>You will be covered at 100% if you meet specific guidelines according to the US Preventive Services Task Force A & B Recommendations</p>			<p>Not Covered</p>
			<p>Deductible</p>	<p>Individual</p>	<p>\$300</p>	<p>\$1,500</p>	<p>\$5,000</p>
			<p>Max Out of Pocket</p>	<p>Family</p>	<p>\$900</p>	<p>\$4,500</p>	<p>\$15,000</p>
			<p>Hospital Availability</p>	<p>UMC El Paso EPCH</p>		<p>PPO/Wrap Network</p>	<p>Out of Network (Includes all Tenet Facilities)</p>
			<p>In-Patient Admission</p>	<p>\$250 co-pay and 100% coverage After deductible is met</p>		<p>\$1,000 co-pay and 70% coverage After deductible is met</p>	<p>\$2,500 co-pay and 50% coverage After deductible is met</p>
			<p>Out-Patient Surgery</p>	<p>\$100 co-pay and 100% coverage After deductible is met</p>		<p>\$300 co-pay and 70% coverage After deductible is met</p>	<p>\$1,000 co-pay and 50% coverage After deductible is met</p>
			<p>Out-Patient Services (Lab, X-Rays, etc.)</p>	<p>100% After deductible is met</p>		<p>70% After deductible is met</p>	<p>50% After deductible is met</p>
			<p>Neighborhood Healthcare Centers UMC – East UMC – Dieter UMC – West UMC – Ysleta UMC - Fabens</p>	<p style="text-align: center;">Call for Appointments (915) 790-5700 Mon. – Sat. From 7:30 a.m. to 8:00 p.m.</p> <ul style="list-style-type: none"> Over 50 Providers Located in Your Neighborhood Best Value: \$15.00 Copay Some Open Late and Saturdays 			



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Preferred Administrators <i>Prescription Benefit</i> 915 532-3778 Fax 915 298-7863 Navitus Customer Service 1-855-673-6504 Refill Line 915 534-5925	1 st of the Month Following 30 Days of Service	UMC Pharmacies - \$50.00 Deductible			Generic Drugs - Participant is subject to price difference if the brand name drug is chosen when a generic is available. Maintenance Prescriptions - 90 days for one co-pay at any UMC El Paso Pharmacy Specialty drugs: Will process at a \$50 co-pay and will be dispensed at a 30 day supply. These drugs must be dispensed at a UMC Pharmacy first if not available then they must be purchased through Navitus Specialty RX 855-847-3553. Specialty Drugs and Prescriptions over \$500.00 (Authorization Required) You can obtain a copy of the Drug Formulary and Specialty Drug Listing at https://www.navitus.com/members
		\$5 Generic	\$25 Brand Name	\$50 Non Formulary	
		In-Network Pharmacies (Retail) - \$100.00 Deductible			
		\$30 Generic	\$60 Brand Name	\$80 Non Formulary	
		Specialty Drugs and Prescriptions over \$500 Require Prior Authorization			
Flexible Spending Accounts - FSA	1 st of the Month Following 30 Days of Service	Pre-Tax Dollars – Can carry over up \$500 of unused Medical –FSA balance to the following plan year only if you enroll in the following year.			Medical FSA - \$2,750 (Debit MasterCard) Dependent (Daycare) FSA - \$5,000 or up to \$2,500 if married filing separately
Met Life Dental - DMO Plan # 0141990 800-880-1800	1 st of the Month Following 30 Days of Service	(Dental Managed Organization) See Premium Sheet			Reduced Fee Schedule For Services Provided By Participating Providers
Guardian Dental - Indemnity Plan # 369744 888-600-1600	1 st of the Month Following 30 Days of Service	(Dental Indemnity) See Premium Sheet			(\$50 Deductible per person / \$1,000 Max per year) Preventative - 100% (No Deductible) / Basic – 80% / Major – 50% Ortho Services - \$1,250 Lifetime Max - Children under the age of 19
Superior Vision Plan # 27630 800-507-3800	1 st of the Month Following 30 Days of Service	See Premium Sheet			Eye Exam \$10 co-pay Lenses/Frames \$25 co-pay \$120 Contact Lens Allowance / \$100 Frame Allowance
Term Life Insurance UNUM -572064 800-421-0344	1 st of the Month Following 30 Days of Service	Provided at no cost			Up to one time your annual salary to a maximum of \$50,000 provided at no cost.
Supplemental Life Insurance UNUM-572064	1 st of the Month Following 30 Days of Service	Cost based on age category and annual salary (see UNUM Packet for premium calculation form)			Up to five times your annual salary to a maximum of \$750,000.
Non-Smoker Life Insurance UNUM -572064	1 st of the Month Following 30 Days of Service	Provided at no cost			\$10,000 provided at no cost.
Dependent Life Insurance UNUM - 572064	1 st of the Month Following 30 Days of Service	.55 per pay period (for Spouse, Children or Both)			Spouse: \$5,000 Children: \$2,000
Accidental Death & Dismemberment (AD&D) Insurance UNUM-572064 800-421-0344	1 st of the Month Following 30 Days of Service	Provided at no cost			Up to two times your annual salary to a Maximum of \$100,000 provided at no cost.



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Long Term Disability Voluntary UNUM - 292380 800-321-3889	1 st of the Month Following 30 Days of Service	Cost is based on Associate's age category, salary and plan coverage selection.	
Long Term Disability Hospital UNUM-338459	After 180 Days of Service	Provided to Exempt Associates at no cost.	
Long Term Disability Executive UNUM	Eligible once Evidence of Insurability is processed and approved	Provided to Physicians at no cost.	
World Wide Emergency Travel Assist 800-872-1414	1 st of the Month Following 30 Days of Service	Provided at no cost.	
PTO (Paid Time Off)	Accrues Immediately	Exempt 8.31 hours per pay period Eligible to use immediately	Non Exempt 6.77 hours per pay period Eligible to use after 90 day waiting period
PTO Buy Back	Twelve Months	Payout: December	
PTO Donation	After 90 Days	Receive PTO Donation hours from fellow Associates.	
EIL (Extended Illness Leave)	Accrues Immediately	2.46 per pay period Eligible to use after 90 day waiting period 720 Maximum Accrual	
Other Leaves	Please Refer to Policy Guidelines	Funeral Leave Jury Duty/Subpoena Leaves of Absence (FMLA/Medical/Military/Personal)	
TCDRS Texas County District Retirement System 800-823-7782	Immediately "Defined Benefit"	<ul style="list-style-type: none"> 5% mandatory contribution (Based on IRS Compensation Limits) Vested after eight years Earn 7% compound interest (Beginning 2nd year of Employment) Fund matches at 200% at time of retirement (Effective January 2019) Pension for Life! 	
VOYA Financial Retirement 403(b) & 457(b) Plans 800-584-6001	Immediately "Defined Contribution"	Invest up to \$19,500 per account Catch up and Service Plans Available	
Education Bank	Immediately	Varies by Department	
Tuition Reimbursement	After 1 Year	\$1,500 per Fiscal Year	
		25% of Associate's Annual Salary 40% of Associate's Annual Salary 50% of Associate's Annual Salary After 90 days of consecutive illness or disability.	
		60% of Associate's monthly earnings to a maximum monthly benefit of \$5,000. Maximum earnings: \$100,000 After 60 days of consecutive illness or disability.	
		60% of Associate's monthly earnings to a maximum monthly benefit for earnings <u>above</u> \$100,000. After 60 days of consecutive illness or disability.	
		When traveling for business or pleasure, in a foreign country or just 100 miles or more away from home, you and your family can count on getting help in the event of a medical emergency.	
		Paid Time Off to be used for vacation, holidays, sick days, personal time, etc. Associates employed less than 90 days will be paid PTO for Hospital recognized holidays if the department is closed for the holiday.	
		Can sell up to maximum of 40 hours / minimum of 10 hours. Must have used 80 PTO hours in the previous year and leave balance of 40 hours.	
		Provides assistance to eligible Associates who have experienced a catastrophic medical or other critical need.	
		Extended illness leave to be used only for Associate's own illness. First 3 days to be used from PTO Bank.	
		Funeral Leave/Jury Duty/Subpoena – Refer to Manager Leaves of Absence – Refer to Occupational Health	
		Retirement Age Options: Age 60: 8 years of service Any Age: 30 or more years of service Age Plus: Rule of 75 – age plus years of service equals 75	
		Pre Tax - Tax Deferred Voluntary Retirement Plans VOYA Representative (915) 543-4902	
		Continuous educational development.	
		Pre-approved courses related to current position or any other career available in the Hospital.	



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Emergence Health Network - EAP Employee Assistance Program 915-351-4680	Immediately	Provided at no cost	Provides all Associates and family members enrolled on the Health Plan short term counseling. (8 free sessions per year) Offers various discount services via a referral letter. myeap@ehnel Paso.org
My Health Folders	Immediately	Provided at no cost	Secure and confidential web-based tool that tracks your family's health information. www.myhealthfolders.com code: T17884
UMC DealSpot	Immediately	Provided at no cost	Offers you exclusive ways to save on products and services you use every day. Shop everything from hotels and car rentals to flowers and gifts! umcelpaso.beta.beneplace.com
Benefit Information	UMC Intranet Home Page	Select "Benefits" Select "Benefit Type"	Norma Gonzalez, Benefits Specialist (915) 521-7580 ngonzalez@umcelpaso.org Marcos Rey, HR Auditing Generalist (915) 521-7206 mrey@umcelpaso.org

Benefit Premiums (Biweekly)

2021 Plan Year		Associate Only	Associate + Spouse	Associate + Child(ren)	Associate + Family
Medical Plan – Preferred Administrators	Full-Time Status	\$ 34.27	\$ 114.24	\$ 83.65	\$ 123.41
	Part-Time Status	\$ 56.03	\$ 181.73	\$ 135.15	\$ 198.08
Dental DMO – MetLife		\$ 4.19	\$ 6.99	\$ 8.39	\$ 13.63
Dental Indemnity – Guardian		\$ 11.93	\$ 23.10	\$ 30.85	\$ 42.14
Vision Plan - Superior Vision		\$ 4.28	\$ 8.92	\$ 7.60	\$ 12.91
Life Insurance / Supplemental – UNUM		Based on Associate's age category and annual salary. (See UNUM packet for premium calculation form)			
Life Insurance / Dependent – UNUM		.55 ¢	.55 ¢	.55 ¢	.55 ¢
LTD / Hospital – UNUM		Provided by the Hospital (Exempt Associates)			
LTD / Voluntary – UNUM		Based on Associate's age category and plan selection of coverage level. (See UNUM packet for premium calculation form)			