



BENEFITS AT A GLANCE

(Oct. 1, 2023 - Sept. 30, 2024)



Health Insurance

Customer Service

(915) 532-3778

Eligible 1st of the Month Following 30 Days of Service

IMPORTANT DEFINITIONS

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.

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.

Preferred Provider Organization (PPO) – Providers contracted by Preferred Administrators in El Paso County and the Wrap Network (Multiplan/PHCS).

Listing of Providers, Member Handbook, SBC and US Preventive Services Task Force – A & B Recommendations are available at www.preferredadmin.net

Note: Before receiving any services, you should always verify with Preferred Administrators that your provider is in-network.

(Refer to Member Handbook for Detailed Information)

Doctor Availability	UMC El Paso	Texas Tech	In Network PPO* Wrap Network	Out of Network/ Out of Area
Office Visit Co-pays*	Office Visit \$15 Co-Pay	Office Visit \$30 Co-Pay	Office Visit \$40 Co-Pay	(50%) After Deductible
Preventive Screenings / Immunizations	You will be covered at 100% if you meet specific guidelines according to the US Preventive Services Task Force A & B Recommendations			Not Covered
Deductible	Individual	\$300	\$1,500	\$5,000
	Family	\$900	\$4,500	\$15,000
Max Out of Pocket	The out-of-pocket includes any applicable deductibles, coinsurance and co-pays for services rendered with in-network medical and pharmacy providers. Individual \$9,450 Family \$18,900			Unlimited
Hospital Availability	UMC El Paso/ EPCH	PPO/Wrap Network	Out of Network (Includes all Tenet Facilities)	
In-Patient Admission	\$250 Co-Pay and 100% coverage after deductible is met	\$1,000 Co-Pay and 70% coverage after deductible is met	\$2,500 Co-Pay and 50% coverage after deductible is met	
Out-Patient Surgery	\$100 Co-Pay and 100% coverage after deductible is met	\$300 Co-Pay and 70% coverage after deductible is met	\$1,000 Co-Pay and 50% coverage after deductible is met	
Out-Patient Services (Lab, X-Rays, etc.)	100% after deductible is met	70% after deductible is met	50% after deductible is met	
Emergency Room Visits	\$200 co-pay No Balance Billing	\$200 co-pay No Balance Billing	\$200 co-pay No Balance Billing	
Urgent Care Visits	EPCH \$50 Office Visit and covered at 100% after \$300 Deductible	\$50 Office Visit and then 70% After deductible is met	50% After deductible is met	
UMC Clinics: UMC – East UMC – Dieter UMC – West UMC – Ysleta UMC - Fabens	<p>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 Prescription Benefit 915 532-3778 Fax 915 298-7863 Navitus Customer Service 1-855-673-6504 Refill Line 915 534-5925	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 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
	\$10 Generic	\$30 Brand Name	\$60 Non Formulary	
	In-Network Pharmacies (Retail) - \$100.00 Deductible			
	\$40 Generic	\$65 Brand Name	\$90 Non Formulary	
	Specialty Drugs and Prescriptions over \$500 Require Prior Authorization - \$150 Copay			
Flexible Spending Accounts - FSA	Pre-Tax Dollars – Can carry over up to \$610 of unused Medical – FSA balance to the following plan year only if you enroll in the following year.			Medical FSA - \$3,050 (Debit MasterCard) Dependent (Daycare) FSA - \$5,000 or up to \$2,500 if married filing separately
Met Life Dental - DHMO Plan # 0141990 800-880-1800	(Dental Managed Organization) See Premium Sheet			Reduced Fee Schedule For Services Provided By Participating Providers
Met Life Dental - Indemnity Plan # 0141990 800-880-1800	(Dental Indemnity) See Premium Sheet			(\$50 Deductible per person / \$1,250 Max per year) Preventative - 100% (No Deductible) / Basic - 80% / Major - 50% Ortho Services - \$1,250 Lifetime Max - Adults and Children (up to age 26)
Superior Vision Plan # 27630 800-507-3800	See Premium Sheet			Eye Exam \$10 co-pay Contact Lens Fitting \$25 co-pay Lenses/Frames \$25 co-pay \$140 Contact Lens Allowance / \$120 Frame Allowance
Term Life Insurance Lincoln Financial 800-423-2765	Provided at no cost			Up to one time your annual salary to a maximum of \$50,000 provided at no cost.
Supplemental Life Insurance Lincoln Financial	Cost based on age category and annual salary (see packet for premium calculation form)			Up to five times your annual salary to a maximum of \$750,000.
Non-Smoker Life Insurance Lincoln Financial	Provided at no cost			\$10,000 provided at no cost.
Dependent Life Insurance Lincoln Financial	.55 per pay period (for Spouse, Children or Both)			Spouse: Basic Life coverage in the amount of \$5,000 Children: Basic Life coverage in the amount of \$2,000
Accidental Death & Dismemberment (AD&D) Insurance Lincoln Financial	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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See blue column for eligibility date

Long Term Disability Voluntary Lincoln Financial 888-408-7300	1st of the Month Following 30 Days of Service	Cost is based on Associate's age category, salary and plan coverage selection. You can purchase a benefit of your monthly earnings to a max of \$5,000.		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.
Long Term Disability Hospital Lincoln Financial	After 180 Days of Service	Provided to Exempt Associates at no cost. UMC provides a benefit of 60% of monthly earnings to a maximum monthly benefit of \$5,000.		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.
Long Term Disability Executive Lincoln Financial	Eligible once Evidence of Insurability is processed and approved	Provided to Physicians at no cost and is based on approval. See Benefit Administrator for additional information.		60% of Associate's monthly earnings to a maximum monthly benefit for earnings above \$100,000. After 60 days of consecutive illness or disability.
World Wide Emergency Travel Assist 800-872-1414	1st of the Month Following 30 Days of Service	Provided at no cost		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.
PTO (Paid Time Off)	Accrues Immediately	Exempt - 8.62 hours per pay period Eligible to use immediately	Non Exempt - 7.08 hours per pay period Eligible to use after 90 day waiting period	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.
PTO Buy Back	Twelve Months	Payout: December		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.
PTO Donation	After 90 Days	Receive PTO Donation hours from fellow Associates.		Provides assistance to eligible Associates who have experienced a catastrophic medical or other critical need.
EIL (Extended Illness Leave)	Accrues Immediately	2.46 per pay period Eligible to use after 90 day waiting period 720 Maximum Accrual		Extended illness leave to be used only for Associate's own illness. First 3 days to be used from PTO Bank.
Other Leaves	Please Refer to Policy Guidelines	Funeral Leave, Jury Duty/Subpoena Leaves of Absence (FMLA/Medical/Military/Personal)		Funeral Leave/Jury Duty/Subpoena – Refer to Manager Leaves of Absence – Refer to Occupational Health
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 • Pension for Life! 		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
VOYA Financial Retirement 403(b) & 457(b) Plans 800-584-6001	Immediately "Defined Contribution"	Invest up to \$22,500 per account Catch up and Service Plans Available		Pre Tax - Tax Deferred Voluntary Retirement Plans VOYA Representative (915) 543-4902
Education Bank	Immediately	Varies by Department		Continuous educational development.
Tuition Reimbursement	After one Year	Full Time \$1,500 / Part Time \$750 Per Fiscal Year		Pre-approved courses related to current position or any other career available in the Hospital. For every \$1,500 (accumulative) received, there will be a commitment term of 6 months employment by the Associate owed to UMC.



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Immediate eligibility

<p>Emergence Health Network - EAP Employee Assistance Program 915-351-4680</p>	<p>Provided at no cost</p>	<p>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</p>
<p>UMC DealSpot</p>	<p>Provided at no cost</p>	<p>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! www.umcelpaso.beta.beneplace.com</p>
<p>Retiree Benefits (Medical, Dental and Vision Benefits)</p>	<p>See Benefit Administrator for additional information.</p>	<ul style="list-style-type: none"> • At least age 60 with 20 or more years of service with UMC in a full time or part time capacity. • Eligible for retirement according to Texas County and District Retirement System. • Must have been participating in this Plan for 5 continuous years and are currently participating in this Plan at time of retirement; • May enroll their eligible Spouse and Dependents; and • Will be offered this benefit up to when the Retiree reaches the age of 65 or starts receiving Medicare.
<p>Benefit Information</p>	<p>Select "Benefits" Select "Benefit Type"</p>	<p>Norma Gonzalez, Benefits Specialist (915) 521-7580 ngonzalez@umcelpaso.org Marcos Rey, HR Auditing Generalist (915) 521-7206 mrey@umcelpaso.org</p>



BENEFIT PREMIUMS

(Biweekly - 26 Pay Periods)

Eligible 1st of the Month Following 30 Days of Service

2024 Plan Year		Associate Only	Associate + Spouse	Associate + Child(ren)	Associate + Family
Preferred Administrators - Medical Plan	Full-Time Status	\$35.98	\$119.95	\$87.83	\$129.58
	Part-Time Status	\$58.83	\$190.82	\$141.91	\$207.98
MetLife - Dental DHMO		\$4.19	\$6.99	\$8.39	\$13.63
MetLife - Dental Indemnity		\$10.74	\$20.79	\$27.77	\$37.92
Superior Vision - Vision Plan		\$4.28	\$8.92	\$7.60	\$12.91
Lincoln – Supplemental Life Insurance (Purchase up to 5x your salary)		Cost based on Associate's age category and annual salary. (Log into Lincoln website for approval if you elect 3x or more option)			
Lincoln – Dependent Life Insurance (Spouse and Children)		.55 ¢	.55 ¢	.55 ¢	.55 ¢
Lincoln – Hospital Long Term Disability (Exempt)		Provided by the Hospital at no cost to Exempt Associates			
Lincoln – Voluntary Long Term Disability (Non Exempt – Optional)		Based on Associate's age category and plan selection of coverage level. (See Lincoln information for premium calculation form)			