

2018 Full-time Employee Benefit Summary

Coverage for New Hires will begin on the first day of the month following the completion of 30 days of employment. The Benefits Enrollment Form must be received in Human Resources within 31 days of hire.



Option	Plan	Brief Details																																
Medical	United Healthcare (UHC) Exclusive Provider Organization (EPO) Choice In-Network only	In Network Deductible	\$1,250 (Individual) \$2,500 (Family)																															
		All Inclusive Max Out of Pocket Includes: medical deductible, medical coinsurance, medical copays, Rx deductible, and Rx copays	\$6,600 (Individual) \$13,200 (Family)																															
		Preventative Care Plan Pays Coinsurance Plan Pays	100%, deductible does not apply 80% after deductible has been met																															
		Office Visit Primary Care Copay Office Visit Specialist Copay	\$25 \$40																															
		Village Health Partners (Primary Care) Copay CVS MinuteClinic Copay Doctor on Demand (virtual health) Copay Airrosti (pain and injuries) Copay Urgent Care Copay	\$5 \$5 \$5 \$15 \$50																															
		Emergency Room (ER) Outpatient Copay (If you are admitted as an inpatient directly from the emergency room, the copayment is waived.)	\$200 copay after deductible has been met (up to \$1,450)																															
		<ul style="list-style-type: none"> ★ No out of network benefits (emergency treated as in-network) ★ Check with your doctor to ensure your labs are being done at an in-network lab ★ www.myuhc.com ★ Health4Me app available on iPhone and Android ★ Doctor on Demand app available on iPhone or Android 																																
Prescription Drug (Rx) Plan	UHC Optum Rx	<table border="1" data-bbox="835 984 1764 1300"> <thead> <tr> <th></th> <th></th> <th>Coinsurance</th> <th>Minimum</th> <th>Maximum</th> </tr> </thead> <tbody> <tr> <td rowspan="3">30-day supply</td> <td>Tier 1</td> <td>15%</td> <td>\$6</td> <td>\$15</td> </tr> <tr> <td>Tier 2</td> <td>25%</td> <td>\$30</td> <td>\$45</td> </tr> <tr> <td>Tier 3</td> <td>40%</td> <td>\$45</td> <td>\$60</td> </tr> <tr> <td rowspan="3">90-day supply</td> <td>Tier 1</td> <td>15%</td> <td>\$12</td> <td>\$30</td> </tr> <tr> <td>Tier 2</td> <td>25%</td> <td>\$60</td> <td>\$90</td> </tr> <tr> <td>Tier 3</td> <td>40%</td> <td>\$90</td> <td>\$120</td> </tr> </tbody> </table> <ul style="list-style-type: none"> ★ \$100 annual family deductible ★ All Inclusive Max Out of Pocket (see above) ★ One card for medical and Rx ★ Additional charge for difference in price when brand is chosen and generic is available ★ 90-day supply is available for retail pick up ★ Any in-network pharmacy may be used ★ Must enroll in Optum Rx specialty pharmacy program if taking a specialty medication 				Coinsurance	Minimum	Maximum	30-day supply	Tier 1	15%	\$6	\$15	Tier 2	25%	\$30	\$45	Tier 3	40%	\$45	\$60	90-day supply	Tier 1	15%	\$12	\$30	Tier 2	25%	\$60	\$90	Tier 3	40%	\$90	\$120
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Detailed information on each plan can be found at www.plano.gov/departments/hr/employeebenefits

Option	Plan	Brief Details	
Dental	UHC Dental	Non-Orthodontics Deductible Orthodontics Deductible	\$50 (Individual) \$150 (Family) \$0
		Maximum Coverage Non-Orthodontics Maximum Coverage Orthodontics	\$2500 per person per calendar year \$2500 per person per lifetime
		Diagnostic Services Preventative Services Basic Services Plan Pays Major Services Plan Pays Orthodontic Services Plan Pays	100% 100% 80% 50% 50%
		<ul style="list-style-type: none"> ★ UHC network of dentists ★ Out of network claims are processed based on reasonable & customary ★ Separate dental card (dependents are not listed on the card, only employee/retiree) 	
		<ul style="list-style-type: none"> ★ \$10 copay for exam with in-network provider ★ \$10 copay for materials in-network up to a maximum of \$130 frame allowance ★ Exams, lenses, frames/contacts every 12 months ★ Contacts are in lieu of lenses and frames ★ Partial reimbursement for out of network charges ★ Card available for printing on www.myuhc.com 	
Vision	UHC Vision	<ul style="list-style-type: none"> ★ \$10 copay for exam with in-network provider ★ \$10 copay for materials in-network up to a maximum of \$130 frame allowance ★ Exams, lenses, frames/contacts every 12 months ★ Contacts are in lieu of lenses and frames ★ Partial reimbursement for out of network charges ★ Card available for printing on www.myuhc.com 	
Hospital GAP (\$500, \$1000, or \$1500)	American Fidelity	Offers reimbursement in 3 different ways: <ul style="list-style-type: none"> ★ 5 \$25 office visit copays per family per year for treatment due to sickness or outpatient emergency care for an injury due to an accident ★ \$200 for outpatient treatment in a hospital emergency room, outpatient surgery, and diagnostic testing in an outpatient facility or MRI/CAT facility per condition ★ Inpatient benefits pay per confinement and depends on the plan elected (\$500, \$1000, or \$1500) 	
Flexible Spending Account	UHC Medical Reimbursement Account	<ul style="list-style-type: none"> ★ MasterCard debit card available for in-network expenses (medical, Rx, dental and vision) ★ Pre-taxed monies to be used to pay for eligible out of pocket medical expenses ★ Minimum annual contribution of \$100 ★ Maximum annual contribution of \$2600 ★ If you do not use all of the funds for the plan year, the balance can be rolled over into the following year up to a maximum of \$500 (must enroll in subsequent year for \$500 minimum in order to get carry over funds) 	
	UHC Dependent Care/ Child Day Care Account	<ul style="list-style-type: none"> ★ Pre-taxed monies to be used to pay for eligible out of pocket child care expenses ★ Minimum annual contribution of \$100 ★ Maximum annual contribution of \$5000 ★ No carryover into 2018 ★ Receipts must be uploaded to www.myuhc.com 	

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Option	Plan	Brief Details
Connect4Health Wellness Program	Premium Incentive	C4H Premium Incentive Requirement (October 1, 2017- September 30, 2018) <ul style="list-style-type: none"> ★ Three Steps plus Tobacco Affidavit <ol style="list-style-type: none"> 1) Complete one Preventive Exam (includes: Annual Physical, Mammogram, Prostate, Colonoscopy, Well-Woman and Well-Man Exams). Complete by September 30, 2018. 2) Participate in a Biometric Screening. This can be done at the employee's physician's office, offsite or onsite at the City. Physicians must complete a Physician form and forward to U.S. Wellness. Must be completed by September 30, 2018. Form can be found on our benefits website.
	Tobacco Cessation	<ul style="list-style-type: none"> ★ Tobacco Affidavit and Surcharge. During Open Enrollment, employees must attest to be tobacco free or a current tobacco user. If employee is a current tobacco user, in order to avoid a \$25 per subscriber surcharge starting on January 1, 2019, the employee must sign up and complete a telephonic OR on site tobacco cessation course. If employee declines the Tobacco Cessation offerings, employee will be subject to surcharge. Dates to complete the Tobacco Cessation course will be 1/1/18-9/30/18.
	Recreation Center Memberships	<ul style="list-style-type: none"> ★ 50% discounted membership is available for all employees, full and regular part-time, as well as retirees, who complete an annual preventive exam ★ Free membership in the following year if you go to the recreation centers an average of at least 8 times a month over a 12-month period
	Weight Watchers at Work	<ul style="list-style-type: none"> ★ Weight Watchers at Work available to employees ★ Employee pays the fee upfront but may be reimbursed for the cost if attends majority of meetings
	Onsite Fitness Center	<ul style="list-style-type: none"> ★ FREE Fitness Centers available to employees during working hours and after hours based on badge access ★ Located in the Municipal Center and Public Works
	Real Appeal	<ul style="list-style-type: none"> ★ Virtual weight management and healthy living program ★ Available at no cost to all employees with UHC insurance and a BMI of 23 or greater
Long Term Disability	The Standard	City provides 40% of pre-disability income for all full-time employees at no charge for illness or injury. <ul style="list-style-type: none"> ★ Employees have the opportunity to purchase 50 % (additional 10%) or 60% (additional 20%) ★ A Medical History Statement is required for buy up during open enrollment: https://connection.standard.com/deliver/eeoi/startup1.do?method=startup&microsite=homesite ★ No need to complete EOI if you already have additional coverage

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Option	Plan	Brief Details						
Life Insurance	Cigna Basic Life Insurance	<p>Basic life insurance is provided at no cost to full-time employees.</p> <table border="1" data-bbox="667 134 1843 235"> <thead> <tr> <th data-bbox="667 134 1255 167">Class</th> <th data-bbox="1255 134 1843 167">Life Insurance Benefit</th> </tr> </thead> <tbody> <tr> <td data-bbox="667 167 1255 199">Level 1 Basic Benefit</td> <td data-bbox="1255 167 1843 199">\$10,000</td> </tr> <tr> <td data-bbox="667 199 1255 232">Level 2 Basic Benefit</td> <td data-bbox="1255 199 1843 232">4 x annual salary</td> </tr> </tbody> </table> <p>The Level 1 Basic Life Insurance Benefit will reduce to the percentage shown below:</p> <ul style="list-style-type: none"> ★ 65% of the Level 1 Basic Life Insurance Benefit at age 65 ★ 50% of the Level 1 Basic Life Insurance Benefit at age 70 ★ 35% of the Level 1 Basic Life Insurance Benefit at age 75 	Class	Life Insurance Benefit	Level 1 Basic Benefit	\$10,000	Level 2 Basic Benefit	4 x annual salary
	Class	Life Insurance Benefit						
	Level 1 Basic Benefit	\$10,000						
	Level 2 Basic Benefit	4 x annual salary						
Cigna Basic Life Insurance	<p>The Level 2 Basic Life Insurance Benefit will reduce to the percentage shown below:</p> <ul style="list-style-type: none"> ★ 75% of the Level 2 Basic Life Insurance Benefit at age 50 ★ 50% of the Level 2 Basic Life Insurance Benefit at age 65 ★ 33.4% of the Level 2 Basic Life Insurance Benefit at age 70 <p>25% of the Level 2 Basic Life Insurance Benefit at age 75</p>							
Cigna Accidental Death and Dismemberment (AD&D)	<p>AD&D is provided at no cost to full-time employees.</p> <ul style="list-style-type: none"> ★ \$10,000 benefit for accidental death ★ Benefits vary for accidental dismemberment, loss of speech, hearing or sight, paraplegia, quadriplegia, hemiplegia, uniplegia, and coma. 							
Cigna Supplemental Life Insurance	<p>Employees have the opportunity to purchase additional life insurance once they reach the age of 50 (done annually on 1/1 vs. actual birthday)</p> <ul style="list-style-type: none"> ★ May elect 1 x annual salary, rounded up to the nearest thousand ★ Total amount of insurance between basic and additional life policies cannot exceed \$500,000 ★ No evidence of insurability (EOI) is required if enrolled within the first 31 days of eligibility. 							
Employee Assistance Program	UHC Behavioral Health	<ul style="list-style-type: none"> ★ For 24-hour confidential access, call the toll-free number on the back of the UHC ID card or log on to www.liveandworkwell.com. ★ You and your family members do not have to be on the City's medical plan to use the services ★ Provides five free confidential counseling sessions for you and your family members per occurrence ★ Your benefit offers assistance and support for all these concerns and more: <ul style="list-style-type: none"> – Depression, stress and anxiety – Relationship difficulties – Financial and legal advice – Parenting and family problems – Child and elder care support – Dealing with domestic violence – Substance abuse and recovery – Eating disorders. 						