

# 2020 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.



Option	Plan	Brief Details																																						
<b>Medical</b>	<b>United Healthcare (UHC) Exclusive Provider Organization (EPO) Choice</b>  <b>In-Network only</b>	<b>In Network Deductible</b>		\$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 Catalyst Health Network (Primary Care) Copay CVS MinuteClinic Copay Doctor on Demand (virtual health) Copay Airrosti (pain and injuries) Copay Urgent Care Copay		\$5 \$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"> <li>★ No out of network benefits (emergency treated as in-network)</li> <li>★ Check with your doctor to ensure your labs are being done at an in-network lab</li> <li>★ <a href="http://www.myuhc.com">www.myuhc.com</a></li> <li>★ <a href="https://www.catalysthealthnetwork.com/find-a-physician">https://www.catalysthealthnetwork.com/find-a-physician</a></li> <li>★ UnitedHealthcare app available on iPhone and Android</li> <li>★ Doctor on Demand app available on iPhone or Android</li> </ul>																																						
<b>Prescription Drug (Rx) Plan</b>	<b>UHC Optum Rx</b>	<table border="1" data-bbox="821 1016 1797 1300"> <thead> <tr> <th></th> <th></th> <th>Coinsurance</th> <th>Minimum</th> <th>Maximum</th> </tr> </thead> <tbody> <tr> <td rowspan="4">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>Specialty</td> <td colspan="3">\$100 copay after deductible</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"> <li>★ \$100 annual family deductible</li> <li>★ All Inclusive Max Out of Pocket (see above)</li> <li>★ One card for medical and Rx</li> <li>★ Additional charge for difference in price when brand is chosen and generic is available</li> <li>★ 90-day supply is available for retail pick up</li> <li>★ Any in-network pharmacy may be used</li> <li>★ Must enroll in OptumRx specialty pharmacy program if taking a specialty medication</li> </ul>						Coinsurance	Minimum	Maximum	30-day supply	Tier 1	15%	\$6	\$15	Tier 2	25%	\$30	\$45	Tier 3	40%	\$45	\$60	Specialty	\$100 copay after deductible			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](http://www.plano.gov/departments/hr/employeebenefits)

Option	Plan	Brief Details	
Dental	UHC Dental	Non-Orthodontics Deductible	\$50 (Individual) \$150 (Family)
		Orthodontics Deductible	\$0
		Maximum Coverage Non-Orthodontics	\$2500 per person per calendar year
		Maximum Coverage Orthodontics	\$2500 per person per lifetime
		Diagnostic Services	100%
		Preventative Services	100%
		Basic Services Plan Pays	80%
		Major Services Plan Pays	50%
		Orthodontic Services Plan Pays	50%
		<ul style="list-style-type: none"> <li>★ UHC network of dentists</li> <li>★ Out of network claims are processed based on reasonable &amp; customary</li> <li>★ Separate dental card (dependents are not listed on the card, only employee/retiree)</li> </ul>	
Vision	UHC Vision	<ul style="list-style-type: none"> <li>★ \$10 copay for exam with in-network provider</li> <li>★ \$10 copay for materials in-network up to a maximum of \$130 frame allowance</li> <li>★ Exams, lenses, frames/contacts every 12 months</li> <li>★ Contacts are <b>in lieu of</b> lenses and frames</li> <li>★ Partial reimbursement for out of network charges</li> <li>★ Card available for printing on <a href="http://www.myuhc.com">www.myuhc.com</a></li> </ul>	
Hospital GAP (\$500, \$1000, or \$1500)	American Fidelity	<p>Offers reimbursement in 3 different ways:</p> <ul style="list-style-type: none"> <li>★ 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</li> <li>★ \$200 for outpatient treatment in a hospital emergency room, outpatient surgery, and diagnostic testing in an outpatient facility or MRI/CAT facility per condition</li> <li>★ Inpatient benefits pay per confinement and depends on the plan elected (\$500, \$1000, or \$1500)</li> <li>★ Pre-existing condition limitation</li> </ul>	
Flexible Spending Account	UHC Medical Reimbursement Account	<ul style="list-style-type: none"> <li>★ MasterCard debit card available for in-network expenses (medical, Rx, dental and vision)</li> <li>★ Pre-taxed monies to be used to pay for eligible out of pocket medical expenses</li> <li>★ Minimum annual contribution of \$100</li> <li>★ Maximum annual contribution of \$2,700</li> <li>★ 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 2020 FSA to access 2019 balance)</li> </ul>	
	UHC Dependent Care/ Child Day Care Account	<ul style="list-style-type: none"> <li>★ Pre-taxed monies to be used to pay for eligible out of pocket child care expenses</li> <li>★ Minimum annual contribution of \$300</li> <li>★ Maximum annual contribution of \$5,000</li> <li>★ No carryover into 2020</li> <li>★ Receipts must be uploaded to <a href="http://www.myuhc.com">www.myuhc.com</a></li> </ul>	

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<b>Connect4Health Wellness Program</b>	<b>Premium Incentive</b>	C4H Premium Incentive Requirement (October 1, 2019- September 30, 2020) <ul style="list-style-type: none"> <li>★ Two steps to earn your Premium Incentive for 2021!               <ol style="list-style-type: none"> <li>1) <b>Complete one Preventive Exam</b> (includes: Annual Physical, Mammogram, Prostate, Colonoscopy, Well-Woman and Well-Man Exams). Complete by September 30, 2020</li> <li>2) <b>Participate in a Biometric Screening.</b> 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, 2020. Form can be found on our benefits website or <a href="http://uswellness.com/plano">uswellness.com/plano</a></li> </ol> </li> </ul>
	<b>Tobacco Cessation</b>	<ul style="list-style-type: none"> <li>★ During Open Enrollment, employees must attest to be tobacco free or a current tobacco user</li> <li>★ If employee is a current tobacco user, in order to avoid a \$50 per subscriber surcharge starting on January 1, 2020, the employee must sign up and <b>complete</b> a tobacco cessation course by either attending an onsite course series or telephonic coaching.</li> <li>★ If employee declines the Tobacco Cessation offerings, employee will be subject to a \$50 per month surcharge</li> </ul>
	<b>Recreation Center Memberships</b>	<ul style="list-style-type: none"> <li>★ Half-price discounted adult, senior adult, or family membership is available for all employees, full and regular part-time, as well as retirees, who complete an annual preventive exam</li> <li>★ Free membership in the following year if you go to the recreation centers an average of at least 48 times over a 12-month period, applicable to employee only membership</li> </ul>
	<b>Weight Watchers at Work</b>	<ul style="list-style-type: none"> <li>★ WW (Weight Watchers) at Work available to employees</li> <li>★ Employee pays the fee upfront but may be reimbursed for the cost if attends majority of meetings</li> </ul>
	<b>Onsite Fitness Center</b>	<ul style="list-style-type: none"> <li>★ FREE Fitness Centers available to employees during working hours and after hours based on badge access</li> <li>★ Located in the Municipal Center and Public Works</li> </ul>
	<b>Real Appeal</b>	<ul style="list-style-type: none"> <li>★ Virtual weight management and healthy living program</li> <li>★ Available at no cost to all employees and their spouse with UHC insurance and a BMI of 23 or greater</li> </ul>
<b>Short-term Disability</b>	<b>OneAmerica</b>	<ul style="list-style-type: none"> <li>★ Voluntary plan offers income replacement if employee can't work due to injury or illness</li> <li>★ 60% of base salary up to \$1,500 per week</li> <li>★ Maximum benefit duration is 23 weeks</li> <li>★ Benefits begin once sick leave balance is exhausted and/or 21 days have passed, whichever is the later</li> <li>★ Pre-existing condition limitation</li> <li>★ No Evidence of Insurability is required if enrolled within the first 31 days of eligibility</li> </ul>
<b>Long-term Disability</b>	<b>OneAmerica</b>	<ul style="list-style-type: none"> <li>★ City provides 40% of pre-disability income up to \$6,000 per month for full-time employees at no cost for illness/injury lasting more than 180 days (partial disability included)</li> <li>★ Employees have the opportunity to purchase 50%/additional 10% or 60%/additional 20%</li> <li>★ Pre-existing condition limitation</li> </ul>

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Option	Plan	Brief Details
<b>Life Insurance</b>	<b>OneAmerica Basic Life Insurance</b>	<ul style="list-style-type: none"> <li>★ Basic life insurance is provided at no cost to full-time employees</li> <li>★ 4 times salary up to a maximum of \$500,000 + flat \$10,000</li> <li>★ Reduces to 65% at age 65; 50% at age 70; and 35% at age 75</li> <li>★ Accelerated Life Benefit – 25%, 50%, 75%</li> <li>★ Waiver of Premium – Prior to age 60</li> <li>★ Portable up to age 70</li> <li>★ Convertible to whole life policy</li> </ul>
	<b>OneAmerica Accidental Death and Dismemberment (AD&amp;D)</b>	AD&D is provided at no cost to full-time employees. <ul style="list-style-type: none"> <li>★ \$10,000 benefit for accidental death</li> <li>★ Benefits vary for accidental dismemberment, loss of speech, hearing or sight, paraplegia, quadriplegia, hemiplegia, uniplegia, and coma</li> </ul>
	<b>OneAmerica Supplemental/Voluntary Life Insurance</b>	<ul style="list-style-type: none"> <li>★ May elect 1 times annual base salary up to \$500,000</li> <li>★ Reduces to 65% at age 65; 50% at age 70; and 35% at age 75</li> <li>★ No Evidence of Insurability is required if enrolled within the first 31 days of eligibility</li> </ul>
<b>Employee Assistance Program</b>	<b>ComPsych</b>	<ul style="list-style-type: none"> <li>★ For 24-hour confidential access, call 855.365.4754 log on to <a href="http://www.guidanceresources.com">www.guidanceresources.com</a></li> <li>★ Available to all employees and family even if not on the City's medical plan</li> <li>★ Provides six free confidential counseling sessions per occurrence</li> <li>★ Access to Master's and Doctoral level Professionals</li> <li>★ Your benefit offers assistance and support for all these concerns and more:               <ul style="list-style-type: none"> <li>– Depression, stress and anxiety</li> <li>– Relationship difficulties</li> <li>– Financial and legal advice</li> <li>– Parenting and family problems</li> <li>– Child and elder care support</li> <li>– Dealing with domestic violence</li> <li>– Substance abuse and recovery</li> <li>– Eating disorders</li> </ul> </li> <li>★ Work-Life Services</li> <li>★ LegalConnect</li> <li>★ FinancialConnect</li> <li>★ FamilySource</li> <li>★ Estate Guidance – Will Prep</li> </ul>
<b>Travel Assistance Program</b>	<b>Generali Global Assistance</b>	<ul style="list-style-type: none"> <li>★ More than 100 miles away from home and trips lasting 90 days or less</li> <li>★ Coverage for employees and dependents</li> <li>★ Assistance with finding doctors, dentists, etc.</li> <li>★ \$1,000,000 combined limit for emergency evacuation, medically necessary repatriation</li> <li>★ Up to \$25,000 for repatriation or cremation of remains</li> <li>★ If medical emergency occurs during travel provides up to \$5,000 for visit of family member or friend, return of minor children, traveling companion transportation; up to \$2,500 for vehicle return; up to \$1,000 for pet return if hospitalized</li> </ul>

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