



**2023 BENEFITS
OPEN ENROLLMENT GUIDE**

**Lasso in your
benefits for
2024**

October 1 - October 31, 2023

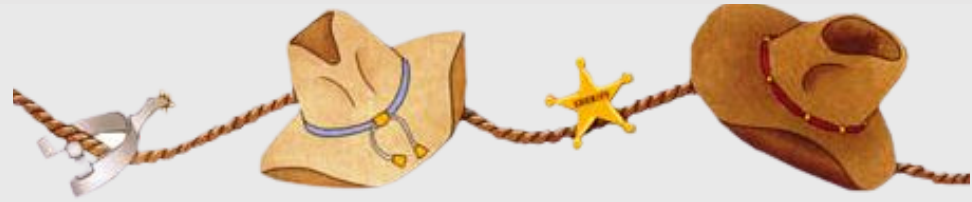
GIDDY UP, Y'ALL!!





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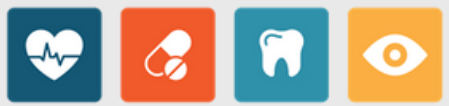


Welcome to the 2023 Open Enrollment Period

This guide contains information about benefit options available to eligible El Paso County employees for the 2024 plan year. Open Enrollment is the one time per year where employees can make changes without a qualifying life event. Mid-year changes are only allowed if an employee experiences a Qualifying Life Event (e.g., marriage, birth or adoption of a child, divorce, etc.).

Questions? We're here to help

-  hrbenefits@epcounty.com
-  915-546-2218 ext. 3283
-  www.epcounty.com/hr/benefits



OPEN ENROLLMENT
It's Your Choice



QUICK GUIDE HIGHLIGHTS

- Eligible County employees **must** log in, even if they are declining coverage.
- If the employee does not re-elect their current elections they will **NOT** carry over for 2024.
- Employees enrolled in an FSA, Dependent care, or HSA; will need to re-elect their contributions, they will **not** automatically roll over.
- Employees must upload any required documentation for new dependents (ex. Birth or marriage certificates)





Employee Navigator!

Take Advantage of Open Enrollment



- Login to verify your address, contact information and beneficiaries.
- Login to re-enroll for current benefits or to enroll for new benefits.
- If you **DO NOT** login and re-enroll, your current elections **WILL NOT** automatically re-enroll in 2024.
- Please verify the Social Security numbers of your dependents, as important tax notices will be mailed in 2024.
- Plan options for plan year 2024 include: Traditional, Aetna Whole Health (ACO) with the Hospitals of Providence & UMC Narrow Network!

****** Need assistance in obtaining your Username or Password for Employee Navigator, please call or text (915)642-7659******

IMPORTANT DATES TO REMEMBER:

Open Enrollment runs **October 1, 2023** through **October 31, 2023**

Benefits Elections are effective **January 1, 2024** – **December 31, 2024**

****Review your first paycheck of 2024 to ensure your deductions match your enrollment.****



Open Enrollment Raffle

Enter our New Open Enrollment Raffle! Everyone who completes Open Enrollment will earn a chance to win a prize!! Prizes include an Apple Watch and Air Pods!

Must complete Open Enrollment registration in October.

Only 1 entry per person, entry granted upon full completion of benefit elections





OCTOBER SALOON COUNTY SESSIONS

**Saddle up and join us for one of the
2023 Open Enrollment Sessions**

Open Enrollment



OCTOBER 3RD
7:30 AM - 3:30 PM

**HUMAN RESOURCES
DOWNTOWN OFFICE**
500 E Overland



GIDDY UP, PARTNER!!

ADMIT ONE



RAFFLE PRIZES

LASSO IN YOUR
BENEFITS

Open Enrollment



OCTOBER 5TH
7:00 AM - 12:00 PM

**SHERIFF'S HEADQUARTERS
CAFETERIA**
500 E Overland



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RAFFLE PRIZES

LASSO IN YOUR
BENEFITS

Open Enrollment



OCTOBER 11TH
7:00 AM - 10:30 AM

**PUBLIC WORKS
FABENS WAREHOUSE**
1331 North Fabens



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RAFFLE PRIZES

LASSO IN YOUR
BENEFITS

Open Enrollment



OCTOBER 17TH
7:30 AM - 1:00 PM

**JUVENILE PROBATION
TRAINING ROOMS A & B**
6400 Delta



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RAFFLE PRIZES

LASSO IN YOUR
BENEFITS

Open Enrollment



OCTOBER 23RD
7:30 AM - 1:00 PM

**HUMAN RESOURCES
DOWNTOWN OFFICE**
500 E Overland



GIDDY UP, PARTNER!!

ADMIT ONE



RAFFLE PRIZES

LASSO IN YOUR
BENEFITS

Open Enrollment



OCTOBER 25TH
7:00 AM - 11:30 AM

SHERIFF TRAINING ACADEMY
12501 Montana Ave



GIDDY UP, PARTNER!!

ADMIT ONE



RAFFLE PRIZES

LASSO IN YOUR
BENEFITS



****Door prizes will be raffled at the end of each session. You do not need to be present to win.****

WHAT'S NEW?

2024 Updates



Coverage

Benefit Plan Changes

Medical Plan



- Premium Rates: Premium rate changes will become effective January 1, 2024.

Flexible Savings Account (FSA)



- New or participating employees **must** make an annual election for 2024.
 - Limit: \$3,050

Health Savings Account (HSA)



Health savings account

- County Contribution: Approved a one-time County contribution of **\$1,200**
- Contribution Limits: You can contribute more to your HSA now!
 - Employee only limit: \$4,150
 - Employee & family limit: \$8,300



ELIGIBILITY

Who is Eligible?

- If you are a full-time regular employee, as defined by your employer, you are eligible to enroll in the benefits.
- **Part-time** employees are eligible **ONLY** for Medical, Dental and Cafeteria 125 benefits.

Dependent Eligibility

Eligible dependents:

- Spouse
- Dependent children (up to age of 26)
- Plus One Qualified Dependent who meets the rules set by your employer
- Dependent children of Plus One Qualified Dependent

Document Eligibility for Dependents

- In order to add a dependent to the plan, copies of birth certificates or official marriage certificate or guardianship orders, if applicable, must be provided. Simply upload the documents to the benefits enrollment system, Employee Navigator.



Life Coverage

- For life insurance, employees may only be covered as an employee and may not purchase supplemental insurance for spouse if he/she is a County employee

Does your spouse also work for the County of El Paso?

If your spouse works for the County of El Paso and is eligible for County health coverage, both may choose “employee only” for medical, dental or vision but may not be added to each other’s health plan. This also applies to shared dependents. Dependents may only be added to one of the employee’s health plan.

Tips for Selecting a Health Plan

During Open Enrollment, you make important decisions that impacts your benefits for the upcoming plan year.

Keep in mind:

- Review each benefit offered, it's coverage, and plan documents. You may find important documents on the El Paso County benefits enrollment system- Employee Navigator.
- Make sure the providers you want are in network
- Consider contributing to an HSA when enrolled with the High Deductible plan
- Upon reviewing healthcare options, consider which dependents will be covered.
 - Four (4) tier options are offered:
 - Employee Only
 - Employee & Spouse
 - Employee & Children
 - Employee & Family
- Remember, once the Open Enrollment period is closed, you may only make changes to your health care coverages if you are experiencing a Life Qualifying Event.
- If you need help, ask! The benefits staff is available to you.





QUALIFYING EVENTS

Open enrollment elections will remain in effect from January 1, 2023 – December 31, 2023, unless the employee experiences a "Life Qualifying Event". A qualified event allows employees to make limited changes to their benefit elections outside the benefits enrollment period when reported within 31 days from the event date. You now have the capability to submit your Qualifying event online at www.employeenavigator.com.

To Submit your Qualifying Event

- Visit www.employeenavigator.com;
- Log on;
- Select "Life Events";
- Select the correct Life Event change;
- Follow the user-friendly instructions;
- Upload any necessary supporting documentation;
- Once you have completed the request, an HR Benefits Staff will review and approve.



That's it! Benefits staff will contact you if we have any questions.

Supporting Documentation Required

Remember: forms and documents must be submitted to HR within 31 days of the life Qualifying Events!



Life Event	Acceptable Documentation
Birth, Adoption, and Legal Guardianship	Birth Facts or Birth Certificate, Adoption record. Legal Guardianship document court order or Child Support order.
Marriage	Marriage License
Loss of Employer Sponsored Group Coverage	Letter or documentation from previous coverage stating that coverage end date and employee, spouse or dependent covered.
Divorce or Legal Separation	Divorce or annulment papers including displaying the coverage type, employee, spouse or dependent covered and the end date of coverage.
Loss of Medicaid/ Chip	Documentation displaying coverage type, employee, spouse, or dependent covered and end date of coverage.
Plus One	Must have resided together in the same residence for at least 12 consecutive months and continue to do so for the Plus One Qualifying Dependent to remain eligible. Please contact us regarding approved eligibility documentation that is acceptable.

Wellness Discounts



Tobacco Free Discount?

Employees are able to obtain a 2% discount on 2024 medical insurance by being tobacco free or by completing a tobacco cessation course through the Navigate Wellness Platform.

* Tobacco-use is included in the Wellness Screening panel completed by Quest Diagnostics *A negative result on the cotinine panel will grant a Tobacco-Free premium discount. By completing the Wellness Screening you acknowledge that you have not used tobacco based products in the last 12 months and will not use tobacco based products in the next 12 months. You also certify that if the information provided changes, you will notify the County Human Resources Department immediately. Furthermore, you acknowledge any falsification of the tobacco-free documents may result in immediate removal of premium discounts and may result in disciplinary action up to and including termination.

Tobacco users are eligible for the discount by completing the Tobacco Cessation course. For more information, please contact the Wellness Team at hrwellness@epcounty.com



**Get an additional 4% discount by completing the HRA and Wellness screening.
Follow the instructions below:**

✓ Get Checked



- Complete your Health Risk Assessment through Navigate Wellbeing Portal
 - a. Log into your Office 365
 - b. Click on "Apps" and select "Navigate"
 - c. Under "Wellness Incentive Activities" you will see "Health Assessment"
 - d. Click on "Complete This" box at the far right.For any issues, please contact your Wellness Team.
- Wellness Screening
 - a. Download Quest form for a wellness screening at <https://my.questforhealth.com>
 - i. Existing Users: log in with your Quest Portal Credentials
 - ii. New Users: create an account with registration key: elpasocounty
 - iii. Unique ID: Aetna W# shown on your insurance card
 - b. You will have the option to print one of the below forms:
 - i. Physicians form (complete your screening with your physician and they will fill out the form and fax to Quest -visit subject to your copay)
 - ii. Quest form (complete screening at any Quest laboratory*-free)
 - c.

Deadline

Discount requirements will need to be completed by **October 31, 2023**, in order to receive the premium discounts for the new plan year.

Wellness Team

Ruby Munoz: (915) 546-2218 ext. 4286
RubMunoz@epcounty.com

Sabian Solis: (915) 546-2218 ext. 4563
sasolis@epcounty.com

2024 HEALTH BENEFIT OPTIONS

Plan Options for your **Core & Consumer Driven Health Plan (CDHP)** for plan year 2024:

- Traditional Network
- Aetna Whole Health (ACO) with Hospitals of Providence.
- UMC Narrow Network



UNIVERSITY
MEDICAL CENTER
OF EL PASO



The Hospitals of
PROVIDENCE

What is Aetna Whole Health?

Aetna Whole Health is a new way of looking at health care. To help improve the quality of your care and provide a better experience for you and your family. Plus they may help you save money.

Led by a Primary Care doctor you choose, your care team will work with you to:

- Help keep your health or improve your health, not just treat you when you're sick or injured
- Better coordinate your care and keep tabs on your prescriptions, lab results, health history, and more
- Spot problems and build personalized care plans to treat you
- Encourage you to play an active and informed role in your health and health care decisions



You'll have access to:
Primary Care Doctors
Specialists
Hospitals

What is a Narrow Network?

A Narrow Network is a popular health plan for employees who are looking to save money and receive care from ONE provider system.

A narrow network may include physicians, specialists, hospitals, urgent care clinics and other medical providers; it just doesn't have as many options as a broad network plan



These plans have a lower premium, but as a trade-off, your choice of providers is limited.



Benefit Contact Information



El Paso County Human Resources Department
Phone: 915-546-2218 ext. 3283
Email: hrbenefits@epcounty.com
Webpage: www.epcounty.com/hr/benefits

Aetna Medical

1-855-292-6587
TTY for hearing & speech-impaired people only: 711
AETNA
P.O. BOX 981106
EL PASO, TX 79998-1106

Aetna Dental

1-877-238-6200
TTY for hearing & speech-impaired people only: 711
AETNA
P.O. BOX 14094
LEXINGTON, KY 40512-4094

Aetna Pharmacy

1-888-792-3862
TTY for hearing & speech-impaired people only: 711
Aetna Pharmacy Management
Attn: Claim Processing
PO Box 52444,
Phoenix, AZ 85072 - 2444

Aetna Mail order

1-888-RxAetna (1-888-792-3862) (TTY: 711)
Medicare members: 1-877-238-6211 (TTY: 711)

Specialty Pharmacy

1-800-237-2767

TCDRS

www.TCDRS.org
800-823-7782

Employee Assistance Program and/or WorkLife Services

888-238-6232
TTY for hearing & speech-impaired people only: 711
AETNA
P.O. BOX 981106
EL PASO, TX 79998-1106

PAYFLEX

1-888-678-8242
TTY for hearing & speech-impaired people only: 711
1-877-703-5572
PayFlex Systems USA, Inc.
PO Box 3500
Richmond, KY 40476-3500

24-Hour Nurse Line

1-800-556-1555
TTY for hearing & speech-impaired people only: 711

Deferred Compensation Plan 457(b)

Nationwide
Wilson Heacock
(361)887-1978
wilson.heacock@nationwide.com

Disability Insurance

The Standard
1-800-368-2859

Employee Navigator Access Assistance

TEB - Username and Password help
Call or Text
(915) 642-7659



Aetna Tools and Resources

Aetna.com

The www.Aetna.com web site offers online tools, resources and information that are both practical and personalized. Here are just some of the things you can do:

- View benefits and eligibility
- Estimate treatment costs
- View claim documents
- Find a network doctor
- Use wellness programs and discounts

To get the most out of your benefits:

1. Go to www.Aetna.com and select Register Now.
2. Enter the required information.
3. Accept the delivery message and start receiving your communications online.

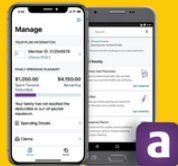
23- Hour Nurse Line- (800-556-1555)TTY711

In non-emergency situations, free help is only a phone call or click away. Nurse Line is available 24/7 and allows you to speak with an experienced registered nurse who can give you treatment advice and determine if it's necessary for you to see a doctor. The nurse can also help locate a doctor or urgent care facility that is near your home or office. This service is free and may save you a trip to the doctor!

Aetna Mobile App

Aetna provides instant access to you and your family's critical health

information – anytime and anywhere. Whether you want to find physicians near you, check the status of a claim or speak directly with a nurse, Aetna Mobile App is your go-to resource for anything related to your health. Download AppleTunes App Store and the Google Play store



Cost Estimator on your Aetna Portal

Using your benefit information, Aetna Cost Estimator shows you the estimated cost for a treatment or procedure, and how that cost is impacted by your deductible, coinsurance and out of pocket maximum. Getting an estimate of what you will be responsible for paying out of your pocket will provide you with useful information for planning and budgeting. Access under find a provider on your Aetna Portal

Virtual Visits - TeleDoc / Telemedicine

A virtual visit lets you see and talk to a doctor from your mobile device or computer immediately with or without an appointment. Most visits take less than 10 minutes and doctors can write a prescription, if needed, that you can pick up at the pharmacy of your choice. During your visit you will be able to talk to a doctor about your symptoms and treatment options. You must have a smart phone, tablet or computer with a camera so that the doctor can see and speak to you. Also available for mental health.

Conditions commonly treated:

- Bladder infection/urinary tract infection
- Cold/flu
- Allergies
- Diarrhea
- Fever
- Pink eye
- Rash
- Sinus problems

Virtual visits are not good for anything that may require a hands on exam or emergencies. Download Doctor on Demand App on your smartphone or tablet to access virtual visits. You may also login to Aetna.com / Aetna portal to access virtual visits.



24/7 access to U.S.-licensed doctors by phone or video



Our doctors diagnose, treat, and prescribe medication when needed



Quality care from wherever you are

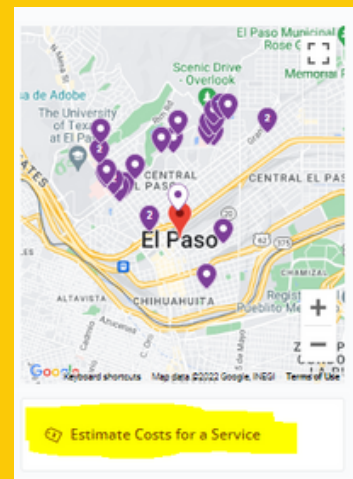
TELEDOC 24/7 care support

Providers available through Teladoc

- Primary Care
- General Medicine
- Mental Health
- Dermatology

Have questions? Our care team is here to support you 24/7.

1-800-Teladoc (800-835-2362)



Enroll in your Maternity Program

Get personalized support with the ability to connect directly to nurses with maternity experience. Plus, you'll receive a gift and access to additional tools and materials for pregnancy and beyond. Enroll to get started.

Have questions about maternity benefits, services we offer or resources not found here?

We're here to help. Just reach out by calling the number on the back of your member ID card and we'll direct you to the answers you need.

Condition Management Program

What to Expect

You'll be paired with a qualified nurse who is familiar with your condition, whether you or a covered family member is navigating the challenges of asthma, diabetes, hypertension, coronary artery disease (CAD) or other conditions that impact day-to-day life.

Of course, your health coach doesn't replace your doctor. Think of your nurse as your personal advocate, here to help you feel your best and tackle complex decisions and care routines.

How You'll Benefit

- Participate as a free part of your health plan
- Better understand treatment options and medications
- Receive tips on living a healthier lifestyle
- Choose when and how often to interact with your coach

Health management program

Start your healthier life today. Get the help of an Aetna nurse who will act as your health coach. Our health management programs come at no extra cost to you. They are part of your health plan.

You choose when and how often to call your coach. Call before or after a doctor's visit. Call when you have questions. Call when you want tips for improving your health. Your health coach will work with you to:

- Reach your best possible health -- whether you want to lower your cholesterol, lose weight, or need help with a condition like asthma or diabetes
- Review and understand treatment plans or medications from your doctor
- Educate you about healthy lifestyle choices



CVS CAREMARK Mail order

CVS Caremark Mail Service Pharmacy is a fast and convenient way to get the medicines you need. And it's included with your pharmacy benefits and insurance plan.

If you already get medicines delivered, you can log in to your secure member account to request a prescription refill.

Have your doctor send us a prescription

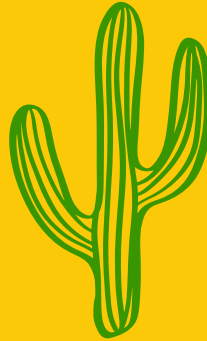
Your doctor also can get you started with home delivery, in one of two ways:

Online: Your doctor can submit your prescriptions using their e-prescribing service. Or by logging in to our provider portal on Avality.com

Fax: Your doctor can fax your prescription to 1-877-270-3317. The cover sheet should include your member ID number, birthdate and mailing address. Note: Only your doctor can fax a prescription.



Pharmacy Benefits



CORE Plan

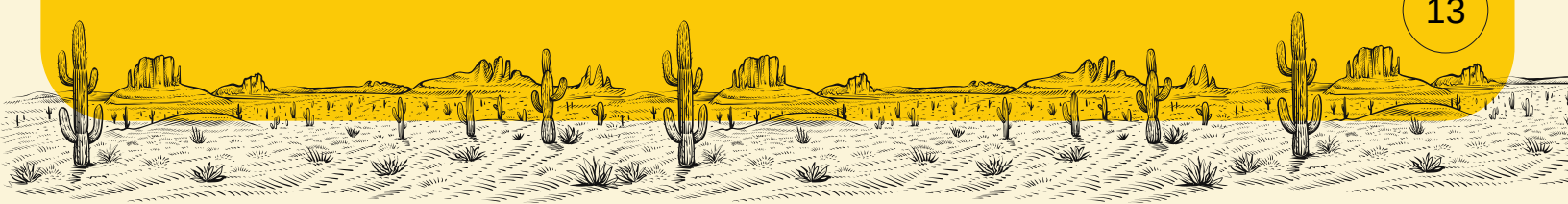
Prescription Drug Coverage			
RX- 30 Day Supply Tier 1/ Tier 2/ Tier 3	No charge	\$15/\$30/\$45	65% after deductible
RX- 90 Day Supply Tier 1/ Tier 2/ Tier 3	No charge	\$30/\$60/\$90	Not Covered
Maximum Lifetime Benefit	Unlimited	Unlimited	Unlimited
Preventative Care	100%, no deductible	100%, no deductible	Not Covered

CDHP Plan

Prescription Drug Coverage		
RX- 30 Day Supply Tier 1/ Tier 2/ Tier 3	100% after deductible. Preventative medications: \$15/\$30/\$45	No coverage
RX- 90 Day Supply Tier 1/ Tier 2/ Tier 3	100% after deductible. Preventative medications: \$30/\$60/\$90	No coverage
Maximum Lifetime Benefit	Unlimited	Unlimited
Preventative Care	100%, no deductible	Not Covered

Prior Authorization –Certain medications require prior authorization from your doctor. You and your doctor will be alerted by your pharmacy when a prior authorization is needed. Prior authorization guidelines are determined on a drug-by-drug basis and may be based on FDA and manufacturer guidelines, medical literature, safety, appropriate use and benefit design.

Quantity Limits - There may be a limit on the number of units per day, per period or per prescription based on FDA-approved indications and normal monthly usage.



The Hospitals of Providence Health Alliance network coverage area

Acute care hospitals

	ZIP	City	Address	
+	The Hospitals of Providence Children's Hospital	79902	El Paso	2001 North Oregon Street
+	The Hospitals of Providence East Campus	79938	El Paso	3280 Joe Battle Boulevard
+	The Hospitals of Providence Memorial Campus	79902	El Paso	2001 North Oregon Street
+	The Hospitals of Providence Northeast Campus	79934	El Paso	11274 McCombs Street
+	The Hospitals of Providence Sierra Campus	79902	El Paso	1625 Medical Center Drive
+	The Hospitals of Providence Specialty Campus	79902	El Paso	1755 Curie Drive
+	The Hospital of Providence Transmountain Campus	79911	El Paso	2000 Transmountain Road
+	The Hospitals of Providence Horizon City Campus	79928	Horizon City	13600 Horizon Boulevard

Emergency hospitals

	ZIP	City	Address	
+	The Hospitals of Providence Emergency Room Edgemere	79938	El Paso	12101 Edgemere Boulevard
+	The Hospitals of Providence Emergency Room Montwood	79936	El Paso	1890 George Dieter Drive

Health benefits and health insurance plans are offered, underwritten and/or administered by Aetna Health Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). Each insurer has sole financial responsibility for its own products.

Always consult your member website for the most up-to-date information on doctors and facilities in The Hospitals of Providence Health Alliance network.

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rate and benefits vary by location. Health benefits and health insurance plans contain exclusions and limitations. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health care services. Information is believed to be accurate as of the production date; however, it is subject to change. Refer to Aetna.com for more information about Aetna® plans.

Frequently asked questions about Aetna Whole Health plans

Q: How's this plan different from other plans?

A: First, you'll have access to a special network of primary care doctors, specialists and hospitals focused on you. Your care team will be led by an Aetna Whole Health primary care doctor you pick. They'll work with you to help keep you healthy or improve your health.

Second, like other health plans, your doctors and hospitals get a fee for their services. Under the Aetna Whole Health plan, they can also earn more when they deliver higher quality care. So when they meet certain goals, they're rewarded. But if they fall short on those goals, they'll make less.

Third, we may share some of your health information with your Aetna Whole Health providers. It would be in a secure manner in compliance with applicable law. That extra data can help them make parts of your care work better. It can also cut down on duplicate tests or doctor visits that can add to your costs. However, providers who aren't part of the integrated network might not coordinate your care and the data may not be shared the way we described above.

Q: How does it work?

A: First, choose a primary care doctor to lead your Aetna Whole Health care team. Your doctor and other health care providers will generally refer you to specialists and hospitals in your network. Then electronic health records help keep you and your care team on the same page. That's because they can keep track of your prescriptions, lab results, health history and more. Having this big-picture view of your health can also help them spot gaps in your care. And if they find that you're at risk for certain conditions, they can build a personalized care plan to treat you.

Tip: You can save money and get more coordinated care. Just make sure to stay in network and use Aetna Whole Health doctors and hospitals. Depending on your plan, you may not have coverage for out-of-network care. Consult your plan documents for details.

Q: Why should I choose a primary care doctor when I enroll?

A: The doctor you pick will lead your care team. That's important because you should see your doctor not just when you're sick, but also for your annual wellness exam, including preventive screenings. Your doctor can also help you find care programs tailored to your needs. They can guide you on important health decisions. And coordinate your care across other specialties and facilities in your network.

Q: How do I find a primary care doctor?

A: Visit [aetna.com](https://www.aetna.com), select "Find a doctor" and:

- Follow the instructions to search Aetna's directory of doctors and facilities
- Choose your Aetna Whole Health plan from the list
- Continue your search and pick a doctor from the results

Q: Do I need to see my primary care doctor for referrals?

A: If you're in a health maintenance organization (HMO) plan, you'll need to see your primary care doctor for a referral. But you may self-refer to specialists within the Aetna Whole Health network if you aren't in an HMO plan. Either way, your primary care doctor is a great resource and can suggest a network specialist for you.

Q: How can I manage my health care on the go?

A: After you register for your member website, you can download the Aetna Health™ app to:

- Find a doctor, facility or pharmacy near you
- Get cost estimates for visits and procedures
- Manage benefits for your whole family
- View claims details
- Access your ID card anytime

Q: How can I get the Aetna Health app?

A: Text "GETAPP" to 90156 to download the Aetna Health app now. To learn more, visit us at aetna.com/aetnahealthapp.

- If you haven't created an account on the Aetna® member website, you can do so on the app. If you already have a user name and password, you can log in via the app right away.

Q: What if I'm not at home and need care?

A: If your health or life is in serious danger, call 911 or go to the nearest hospital. You'll be covered as though you stayed within the network.

Q: What if I'm in the middle of care or treatment with a doctor outside the Aetna Whole Health network?

A: You can work with your current doctor and request transition-of-care coverage. If your request is approved, you can stay with your current out-of-network doctor for a limited time at the highest benefits level. However, transition-of-care coverage is for your current doctor only. It doesn't cover health care facilities, durable medical equipment (DME) or prescription drugs. So you'll need to use Aetna Whole Health facilities, DME vendors and pharmacies instead. This is while you're in treatment with your current doctor. And before your grace period ends, we can help transfer you to a new doctor within the Aetna Whole Health network.

Q: How can I use my benefits effectively?

A: Be sure to first register for your member website at aetna.com. Next, pick a primary care doctor to lead your care team (if you didn't already). Then, schedule your annual wellness exam. Finally, check out myaetnawholehealth.com for a member welcome e-guide and video.

Tip: If you need care after hours and your health or life isn't in immediate danger, you have options. Consider going to an urgent care center in your Aetna Whole Health network. They often have extended and weekend hours. That can be more convenient and cost less than a trip to the emergency room.

This material is for information only and is not an offer or invitation to contract. Rates and benefits may vary by location. Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Under your Aetna Whole Health plan, if your primary care doctor is part of an integrated delivery system, your doctor and other integrated delivery system providers will generally refer you to specialists and hospitals that are affiliated with that delivery system. However, Aetna Whole Health providers that aren't part of the integrated network may not coordinate your care and the data may not be shared in the manner described. Independent practice association (IPA) arrangements do not currently exist in Missouri. Network provider information may be limited. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to aetna.com.

Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAg 05, HO HGrpPol 04, HI SG HCOC-2019 03.

Policy forms issued in Oklahoma include: HC COC00010, AL COC00010.

Policy forms issued in Idaho by Aetna Life Insurance Company include: AL HGrpPol 05, AL SG HGrpPol 03.



University Medical Center (UMC) Narrow Network plan

The University Medical Center (UMC) Narrow Network plan is a new kind of health plan. It gives you access to all of the providers at the region's top hospital — the University Medical Center of El Paso. Plus, you'll have access to care at any of the facilities listed in the chart below.



UMC is the only hospital in El Paso to be named three times as one of America's top 100 hospitals in a study by IBM Watson Health®.

When you receive care within this network of providers, you'll get the highest level of benefits, and your out-of-pocket costs will be lower.

Name	Type/Description	Service Location	Suite	City	County	ST	ZIP
El Paso Children's Hospital Corporation	Acute Short-Term Hospital	4845 Alameda Avenue		El Paso	El Paso	TX	79905
University Medical Center of El Paso	Acute Short-Term Hospital	4815 Alameda Avenue		El Paso	El Paso	TX	79905
Concentra Health Services, Inc.	Urgent Care Center	1610 North Zaragoza Road	D1	El Paso	El Paso	TX	79936
Concentra Health Services, Inc.	Urgent Care Center	6320 Gateway Blvd. East		El Paso	El Paso	TX	79905
Country Club Urgent Care Center, LLC	Urgent Care Center	8041 North Mesa Street	B2	El Paso	El Paso	TX	79932
El Paso Urgent Care Center	Urgent Care Center	10501 Gateway Blvd. West	105	El Paso	El Paso	TX	79925
Southwest Urgent Care Center, LLC	Urgent Care Center	2030 North Mesa Street		El Paso	El Paso	TX	79902
Summit Urgent Care Center, PA	Urgent Care Center	1523 North Zaragoza Road		El Paso	El Paso	TX	79936
UCare	Urgent Care Center	3051 North Zaragoza Road		El Paso	El Paso	TX	79938
UCare	Urgent Care Center	1618 Lee Trevino Drive	C	El Paso	El Paso	TX	79936
Upper Valley Urgent Care Center, PA	Urgent Care Center	121 East Redd Road		El Paso	El Paso	TX	79932

Build your care team

To search for providers who are part of the University Medical Center (UMC) Narrow Network plan, visit [Aetna.com](https://www.aetna.com). Under Quick Links, choose **Find a doctor**. Then, under **Guests**, select **Individual health plan**.

Next, enter your ZIP code, and under **Select a Plan**, look for **State Based Plans** and select **(TX) El Paso – Option One MC**. You can also type **Option One** in the search field, and the UMC

Network will appear at the top of the list. On the next screen, you can type a name, specialty, procedure or condition in the search box. Or select one of the categories listed for other search options.

Although the plan doesn't require you to choose a PCP, it's an important relationship that can make all the difference in your health and care.

Getting comfortable with your plan

Since the UMC Narrow Network plan is a new type of plan, you might have some questions.

Q: What is a narrow network, and why is it being offered?

A: This plan offers a smaller network of doctors, hospitals and clinics chosen to give you quality care at lower costs. While this means you have fewer providers to select from, the narrow network helps control the cost of health care services. This may mean lower premium costs and lower coinsurance/copays for you.

Q: Can I visit doctors who aren't part of the UMC Narrow Network plan?

A: Yes, you'll be covered for out-of-network care. However, your out-of-pocket costs will be higher.

Q: What if I'm away from home and need care?

A: True emergencies are always covered at the in-network benefits level, no matter where you are. However, if you go outside the network for a non-emergency, you may have to pay additional costs not covered by your plan.

Note that many doctors and facilities now offer telehealth services, so care away from home may be available. You can also use **Teladoc**® to connect with a doctor 24/7/365 by video, phone or app. Teladoc doctors can treat less urgent health issues like cold and flu symptoms, allergies, sprains, respiratory infections and more.



For self-funded plans, coverage is offered by your employer, and administrative services are provided by Aetna Life Insurance Company (Aetna). Providers are independent contractors and are not agents of Aetna®. Provider participation may change without notice. Refer to [Aetna.com](https://www.aetna.com) for more information about Aetna plans.

Teladoc is not available to all members. Teladoc and Teladoc physicians are independent contractors and are not agents of Aetna. Visit [Teladoc.com/Aetna](https://www.Teladoc.com/Aetna) for a complete description of the limitations of Teladoc services. Teladoc is a registered trademark of Teladoc Health, Inc.

[Aetna.com](https://www.aetna.com)

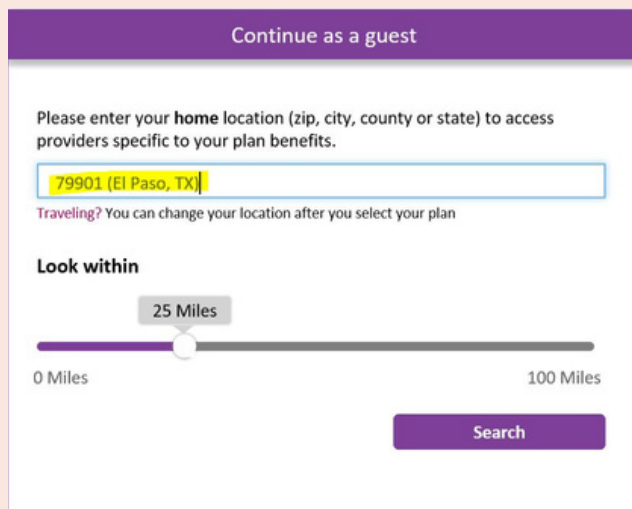
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FINDING A PROVIDER "TRADITIONAL NETWORK"

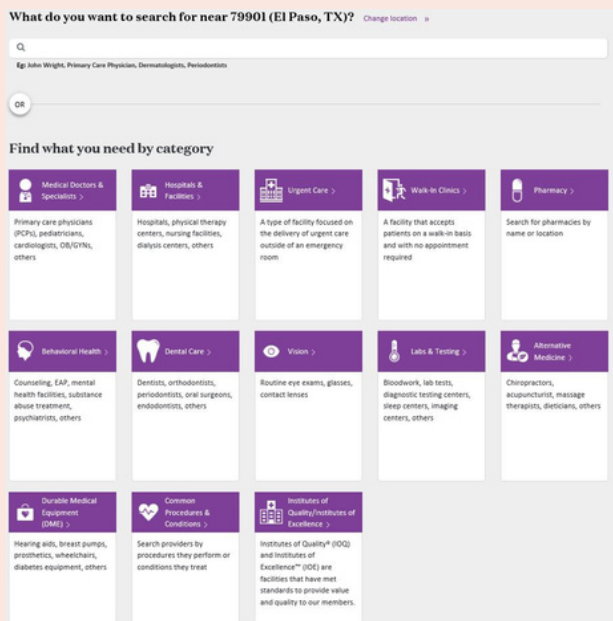
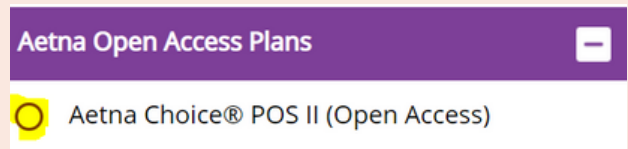
1. Click on the link:

https://www.aetna.com/dsepublic/#!/contentPage?page=providerSearchLanding&site_id=dse



2. Under the "Continue as a Guest" Enter your zip code

3. Click on: **Aetna Choice POS II (Open Access)** then click "Continue"



4. You can search your provider by name
OR
You can search by category to show
a list of providers

Find a Provider with: Aetna Whole Health (AWH)



1. Click on the link:

https://www.aetna.com/dsepublic/#!/contentPage?page=providerSearchLanding&site_id=dse

2. Under the "Continue as a Guest"

Enter your zip code

Note: If you do not reside in El Paso, TX, please be aware that the AWH plan will not be available outside of the City.

Select a distance

3. Click on: (TX) AWH- The Hospitals of Providence Health Alliance - OA Managed Choice/ Choice POS II then click "Continue"

4. You can search your provider by name

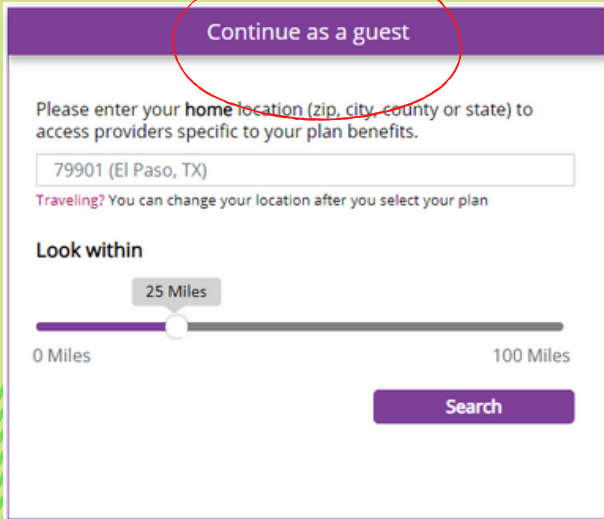
OR

You can search by category to show a list of providers

Find a Provider with: Narrow Network

1. Click on the link:

https://www.aetna.com/dsepublic/#/contentPage?page=providerSearchLanding&site_id=dse



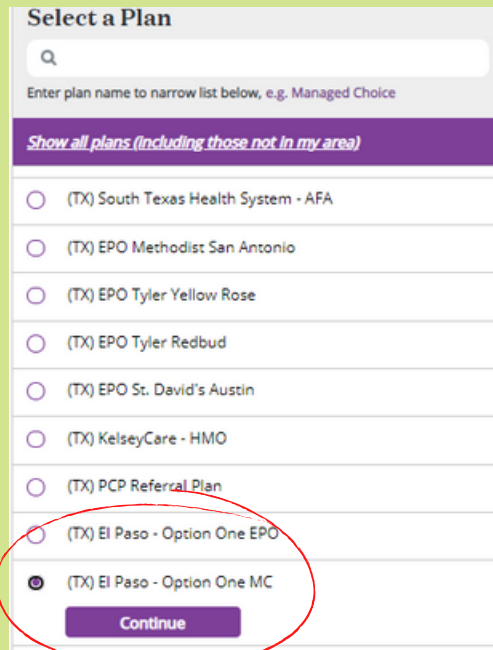
2. Under the "Continue as a Guest"

Enter your zip code

Note: *If you do not reside in El Paso, TX, please be aware that the Narrow Network plan will not be available outside of the City.*

Select a distance to search for providers

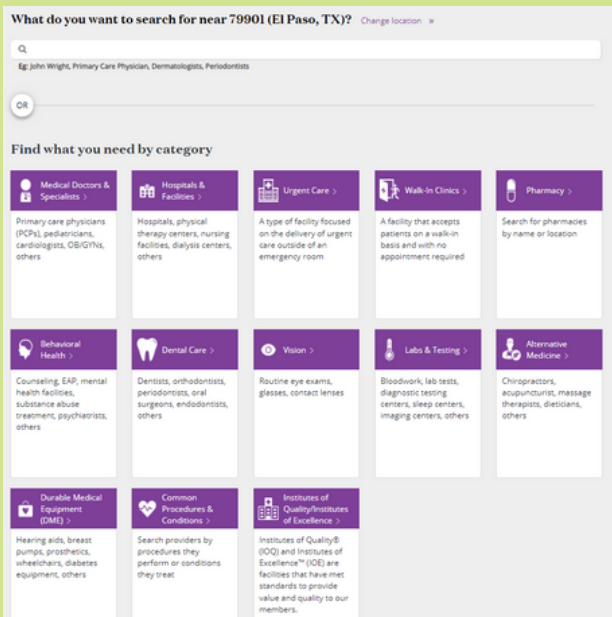
3. Click on: **(TX) El Paso- Option One MC**
under "State Based Plans"
then click Continue



4. Search your preferred provider by
name

OR

You can search by category to show
a list of providers



Core Plan

2024



Deductible Employee Only	\$1,500.00
Deductible Employee & Family	\$3,000.00
Office Visit Co-payment	\$45.00
Free Standing ER co-pay	\$500.00

Core Plan			
Plan Features	Outside U.S.	In Network	Out of Network
Calendar Year Deductible			
Individual	\$0	\$1,500	\$2,750
Family	\$0	\$3,000	\$5,500
Annual Out-of-Pocket Maximum			
Individual	\$0	\$5,000	No Limit
Family	\$0	\$10,000	No Limit
Coinsurance Percentage	\$0	Plan pays 80% after deductible	Plan pays 50% after deductible
Coinsurance Percentage: Preferred Hospitals	N/A	Plan pays 95% after deductible	N/A
Copays			
<i>*Copays are applied to your Annual Out of Pocket Maximum on this plan.</i>			
Office Visit: Physician or Specialist	\$0	\$45	65%
Emergency Room	\$0	\$250	\$250
Freestanding ER	\$0	N/A	\$500
Hospital Admission	\$0	\$200	N/A
Hospital Outpatient	\$0	\$150	N/A
Prescription Drug Coverage			
RX- 30 Day Supply Tier 1/ Tier 2/ Tier 3	No charge	\$15/\$30/\$45	65% after deductible
RX- 90 Day Supply Tier 1/ Tier 2/ Tier 3	No charge	\$30/\$60/\$90	Not Covered
Maximum Lifetime Benefit	Unlimited	Unlimited	Unlimited
Preventative Care	100%, no deductible	100%, no deductible	Not Covered



ONLY Traditional Core Plan can be used in Mexico!

Consumer Driven Health Plan (CDHP)

2024

<u>Consumer Driven Health Plan (CDHP)</u>		
<u>Plan Features</u>	<u>In Network</u>	<u>Out of Network</u>
Calendar Year Deductible		
Individual	\$3,500	\$5,000
Family	\$7,000	\$10,000
Annual Out-of-Pocket Maximum <i>(Co-insurance and deductible combined)</i>		
Individual	\$3,500	\$8,000
Family	\$7,000	\$16,000
Coinsurance Percentage	Plan pays 100% after deductible	Plan pays 65% after deductible
Coinsurance Percentage: Preferred Hospitals	Plan pays 100% after deductible	N/A
Copays		
<i>*There are no copays for office visits on this plan; members will instead pay a negotiated rate for office visits.</i>		
Office Visit: Physician or Specialist	100% after deductible	65% after deductible
Emergency Room	100% after deductible	65% after deductible
Hospital Admission	100 % after deductible	65% after deductible
Hospital Outpatient	100% after deductible	65% after deductible
Prescription Drug Coverage		
RX- 30 Day Supply Tier 1/ Tier 2/ Tier 3	100% after deductible. <i>Preventative medications: \$15/\$30/\$45</i>	No coverage
RX- 90 Day Supply Tier 1/ Tier 2/ Tier 3	100% after deductible. <i>Preventative medications: \$30/\$60/\$90</i>	No coverage
Maximum Lifetime Benefit	Unlimited	Unlimited



Visit: www.aetna.com to view all "In-network" care providers.

Understanding the High Deductible Plan (HDHP)

How does the CDHP work?

A high-deductible plan is a health insurance plan with lower premiums and higher deductibles. With the CDHP, the annual deductible must be met before the health insurance begins to pay for rendered medical services.

1



Employee pays for healthcare expenses, prescriptions, including office visits, until they've reached their deductible.



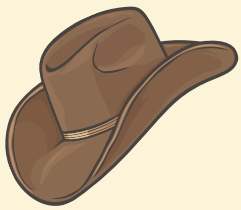
2

Once they've met their in-network deductible/out of pocket max. The health plan pays all of the In-network covered services for the rest of the year.

How can a high deductible plan work for you?

- Lower Premiums. Your biweekly premiums will be lower than other plan options, but you will need to budget for your out of pocket costs such as deductibles.
- Preventative care such as your annual physical or well-child visit are covered at 100% without a copay.
- HSA. You may save for those health care coverage expenses by contributing extra to your Healthcare Savings account, all tax-free!
- Your deductible and out of pocket maximum are the same, so once you meet your deductible, in-network covered services are paid by the plan at 100%!

YEE
HAW



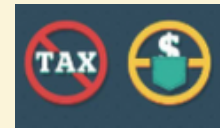
Health Savings Account (HSA)



A Health Savings Account allows employees to pay for their current healthcare expenses on a pre-tax basis. What is Pre-tax? The funds that are deposited into an HSA are not taxed.



- Minimum Contribution of \$10/bi-weekly.
- Elect bi-weekly pre-tax deduction for HSA. Employees may change their contribution amount once a month.
- Any unused funds roll over to the following year.
- HSA funds can be used to pay for qualified expenses of IRS tax dependents, even if the dependent is not enrolled in the health plan.



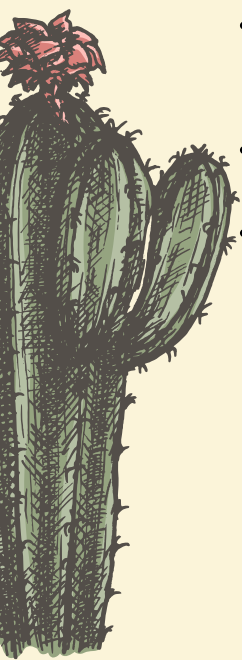
- HSA funds can be utilized for qualified medical expenses, below are some examples:
 - Office visit
 - Prescription
 - Vision
 - Dental
 - Visit www.payflex.com to see more qualified expenses!



- Employees may not enroll in an HSA if they are enrolled in a non-high deductible plan.
- The IRS places limits on how much an employee can contribute to their HSA.
 - New 2024 Limits! Employee Only- \$4,150 Employee & Family- \$8,300
- El Paso County will contribute a one-time **\$1,200.00** to your Health Savings Account
- If **55** or Older, you can contribute an additional **\$1,000** to your HSA annually.

Employees need to ensure they review IRS guidelines to determine if they are eligible to contribute to an HSA before enrolling in the Consumer Driven Health Plan (CDHP).

Click [HERE](#) to access the HSA informational video or go to:
<https://video.payflex.com/PayFlex-Benefits-of-an-HSA-high.mp4>



Flexible Spending Account (FSA)

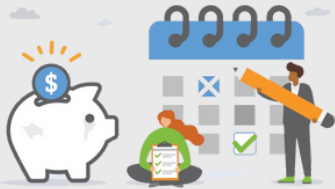


How does it work?

The IRS allows employees to set pre-tax dollars aside to utilize on qualified medical expenses.

- Minimum contribution of \$10 bi-weekly
- The contribution amount elections are made during open enrollment and are effective January 1, 2024 – December 31, 2024.
- The full amount that is elected will be deducted in equal amounts over the remaining pay periods.
 - For example: Employee elects to have \$1,200 for the year.
(The \$1,200 will be divided by 26 pay periods. $\$1,200/26 = \$46.15 =$ Bi-weekly deduction.)
- If employees do not use all of the contributed funds by December 31, 2024, the funds will be forfeited to the County.
- Employees may enroll in an FSA even if not enrolled in a County medical plan.
 - Pay for eligible healthcare expenses such as:
 - Office visit
 - Prescription
 - Dental
 - Vision
 - Visit www.payflex.com to find more information on FSA and eligible expenses!

Save your receipts
Remember to keep copies of
all your itemized receipts,
invoices and explanation of
benefits (EOB) that you claim
on your FSA. You may be
required to provide support
for a claim or verify your
expenses with the IRS.



Dependent Care FSA

Employee may set pre-tax dollars aside for dependent care expenses.

- The money that is set aside may be used to pay themselves back for dependent care expenses.
- Dependent care FSA may only be used for eligible expenses related to caring for a dependent child under age 12.
- Employees may set aside up to \$5,000 during 2024 in a Dependent care FSA.



Important Considerations

- All eligible expenses must occur **before December 31, 2024**.
- Employees have until *March 31 of the following year* to submit any claim reimbursements. Possible changes may occur by IRS regulations.
- Any election contributions for FSA and Dependent Care FSA cannot be changed during the plan year.



For more information regarding FSA, Dependent Care FSA and qualified medical expenses, visit www.payflex.com.

Please note: The IRS 2024 limit contributions are \$3,050 for healthcare FSA and \$5,000 for Dependent Care FSA.

Click [HERE](#) to access the FSA informational video or go to: <https://video.payflex.com/PayFlex-Benefits-of-an-FSA-General-Health-Care-high.mp4>



El Paso County Health Benefits

Employee Rate Sheet
1/1/2024 thru 12/31/2024



Traditional Consumer Driven Health Plan

Employee Bi-Weekly Contribution

	*County Contribution	No Discount Deduction	Tobacco Free (2%)	Wellness (4%)	Both Discounts Applied (6%)
Employee Only	\$396.60	\$6.12	\$6.01	\$5.89	\$5.76
Employee & Spouse	\$581.44	\$184.71	\$181.02	\$177.32	\$173.63
Employee & Child(ren)	\$536.74	\$129.59	\$127.00	\$124.41	\$121.81
Employee & Family	\$762.80	\$302.64	\$296.59	\$290.53	\$284.48

Traditional Core Plan

Employee Bi-Weekly Contribution



	*County Contribution	No Discount Deduction	Tobacco Free (2%)	Wellness (4%)	Both Discounts Applied (6%)
Employee Only	\$405.93	\$40.84	\$40.02	\$39.21	\$38.39
Employee & Spouse	\$623.63	\$287.85	\$282.09	\$276.34	\$270.58
Employee & Child(ren)	\$574.70	\$222.44	\$217.99	\$213.54	\$209.09
Employee & Family	\$825.48	\$455.90	\$446.78	\$437.66	\$428.55



El Paso County Health Benefits

Employee Rate Sheet
1/1/2024 thru 12/31/2024



The Hospitals of
PROVIDENCE

Consumer Driven Health Plan Aetna Whole Health (AWH) Employee Bi-Weekly Contribution

	*County Contribution	No Discount Deduction	Tobacco Free (2%)	Wellness (4%)	Both Discounts Applied (6%)
Employee Only	\$356.94	\$4.97	\$4.88	\$4.77	\$4.68
Employee & Spouse	\$521.49	\$149.94	\$146.94	\$143.94	\$140.94
Employee & Child(ren)	\$481.79	\$105.20	\$103.10	\$100.99	\$98.89
Employee & Family	\$683.55	\$245.67	\$240.76	\$235.84	\$230.93



Core Plan Aetna Whole Health (AWH) Employee Bi-Weekly Contribution

	*County Contribution	No Discount Deduction	Tobacco Free (2%)	Wellness (4%)	Both Discounts Applied (6%)
Employee Only	\$365.33	\$33.15	\$32.49	\$31.82	\$31.17
Employee & Spouse	\$558.44	\$233.66	\$228.99	\$224.31	\$219.64
Employee & Child(ren)	\$515.06	\$180.56	\$176.95	\$173.34	\$169.73
Employee & Family	\$738.46	\$370.08	\$362.68	\$355.28	\$347.88



El Paso County Health Benefits

Employee Rate Sheet
1/1/2024 thru 12/31/2024

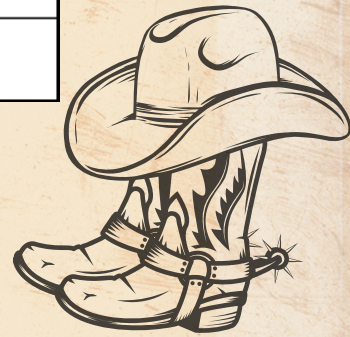


UNIVERSITY
MEDICAL CENTER
OF EL PASO

Consumer Driven Health Plan UMC

Employee Bi-Weekly Contribution

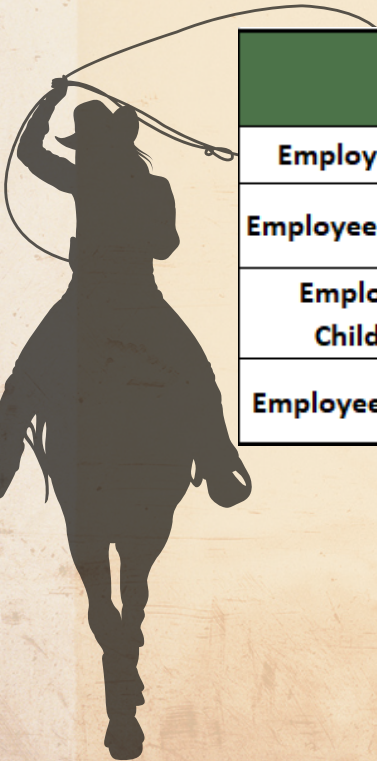
	*County Contribution	No Discount Deduction	Tobacco Free (2%)	Wellness (4%)	Both Discounts Applied (6%)
Employee Only	\$376.77	\$5.24	\$5.14	\$5.04	\$4.94
Employee & Spouse	\$550.46	\$158.27	\$155.10	\$151.94	\$148.77
Employee & Child(ren)	\$508.56	\$111.03	\$108.81	\$106.59	\$104.37
Employee & Family	\$721.52	\$259.33	\$254.14	\$248.96	\$243.77

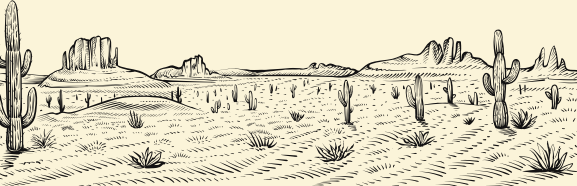


Core Plan UMC

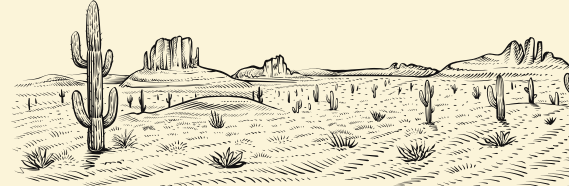
Employee Bi-Weekly Contribution

	*County Contribution	No Discount Deduction	Tobacco Free (2%)	Wellness (4%)	Both Discounts Applied (6%)
Employee Only	\$385.63	\$35.00	\$34.29	\$33.59	\$32.90
Employee & Spouse	\$589.47	\$246.64	\$241.71	\$236.77	\$231.84
Employee & Child(ren)	\$543.66	\$190.59	\$186.78	\$182.97	\$179.15
Employee & Family	\$779.48	\$390.65	\$382.84	\$375.02	\$367.21





Dental



- The County of El Paso provides the option to enroll in dental coverage through Aetna
- Employees do not pay for dental premiums if enrolled in a medical plan
- Extended network to Mexico
- **Please Note: Sheriff's Office Union employees are not eligible to enroll, due to the Union agreement.**



Preferred Provider Organization (PPO) DENTAL PLAN		
Plan Features	In Network	Out of Network
Type A Expenses (Diagnostic and Preventative)	100%	100% of recognized charges
<i>Examples of Type A Expenses</i>	<i>Routine comprehensive exams (2 per year)</i> <i>Prophylaxis (cleaning) (2 per year)</i> <i>Sealants</i> <i>Bitewing X-Rays (2 sets per year)</i> <i>Topical fluoride applications</i>	
Type B Expenses (Basic Restorative Care)	80%	80% of recognized charges
<i>Examples of Type B Expenses</i>	<i>Complete X-Ray series</i> <i>Oral surgery (extractions, impacted teeth, excisions)</i> <i>Periodontics (root planning/scaling, gingival flaps, occlusal adjustments)</i> <i>Endodontics (root canals, pulp capping)</i> <i>Restorative Dentistry (bridges, pins)</i> <i>General Anesthesia and Intravenous Sedation</i>	
Type C Expenses (Major Restorative Care)	50%	50% of recognized charges
<i>Examples of Type C Expenses</i>	<i>Periodontics (soft tissue grafts)</i> <i>Restorative (inlays, onlays, labial veneers, crowns)</i> <i>Prosthodontics (dentures and partials, removable bridges, orthodontic treatments).</i>	
Orthodontic Treatment	50%	50% of recognized charges
Calendar Year Maximum Benefit	\$1,500 <i>(Includes Network and Out of Network expenses)</i>	
Orthodontic Lifetime Maximum Benefit	\$1,000	

Dental Plan with Medical Plan		Dental Plan without Medical Plan	
Employee Bi-weekly Premium		Employee Bi-weekly Premium	
<i>Employee Only</i>	\$0.00	<i>Employee Only</i>	\$13.63
<i>Employee & Spouse</i>	\$13.63	<i>Employee & Spouse</i>	\$27.26
<i>Employee & Child(ren)</i>	\$27.25	<i>Employee & Child(ren)</i>	\$40.88
<i>Employee & Family</i>	\$40.88	<i>Employee & Family</i>	\$54.51





El Paso County Dental Benefits

Employee Rate Sheet
1/1/2024 thru 12/31/2024

Dental

Employee Bi-Weekly Contribution

Plan Name	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Dental with Medical Plan	\$0.00	\$13.63	\$27.25	\$40.88
Dental Only	\$13.63	\$27.25	\$40.88	\$54.21



Vision

Employees have the option to elect vision benefits for themselves and dependents, through Aetna Vision.

- The County of El Paso provides the option to enroll in Vision coverage provided by Aetna
- In-Network, annual exam is covered at 100%.
- Employees can use their FSA and HSA to purchase glasses and contacts.



Summary of Benefits for County of El Paso		
	In Network	Out of Network*
Exam		
Use your Exam Coverage once every Calendar Year		
Eye Exam with Dilation as Necessary	\$0 Copay	\$30 Reimbursement
Retinal Imaging	Member pays discounted fee of \$39	Not Covered
Standard Contact Lens Fit /Follow Up ¹	Member pays discounted fee of \$40	Not Covered
Premium Contact Lens Fit /Follow Up	Member pays 90% of retail	Not Covered
Frames		
Use your Frame Coverage once every Calendar Year		
Any Frame available, including frames for prescription sunglasses	\$0 Copay; \$100 Allowance**, 20% off balance over allowance	\$70 Reimbursement
Standard Plastic Lenses		
Use your Lens/Lens Option Coverage once every Calendar Year to purchase 1 pair of eyeglass lenses OR 1 order of contact lenses		
Single Vision	\$0 Copay	\$25 Reimbursement
Bifocal	\$0 Copay	\$35 Reimbursement
Trifocal	\$0 Copay	\$45 Reimbursement
Lenticular	\$0 Copay	\$80 Reimbursement
Standard Progressive Lens	\$65 Copay	\$35 Reimbursement
Premium Progressive Lens ²	\$65 Copay; 80% of Charge less \$120 allowance**	\$35 Reimbursement
Lens Options		
UV Treatment	Member pays discounted fee of \$15	Not Covered
Tint (Solid And Gradient)	Member pays discounted fee of \$15	Not Covered
Standard Plastic Scratch Coating	Member pays discounted fee of \$15	Not Covered
Polycarbonate Lenses - Adult	Member pays discounted fee of \$40	Not Covered
Polycarbonate Lenses - Children to age 19	\$0 Copay	\$7 Reimbursement
Standard Anti-Reflective Coating	Member pays discounted fee of \$45	Not Covered
Photochromic/Transitions Plastic - Adult	20% off Retail	Not Covered
Photochromic/Transitions Plastic - Child to age 19	20% off Retail	Not Covered
Other Add-Ons	20% off Retail Price	Not Covered
Contact Lenses		
Use your Contact Lens Coverage once every Calendar Year to purchase 1 pair of eyeglass lenses OR 1 order of contact lenses		
Conventional	\$0 Copay; \$135 Allowance**, 15% off balance over allowance	\$100 Reimbursement
Disposable	\$0 Copay; \$135 Allowance	\$100 Reimbursement
Medically Necessary	Covered in Full	\$200 Reimbursement
In Network Discounts		
Discounts cannot be combined with any other discounts or promotional offers and may not be available on all brands		
Additional pairs of eyeglasses or prescription sunglasses ³	Up to a 40% discount	
Non-covered Items ⁴	20% discount	
Lasik Laser vision correction or PRK from U.S. Laser Network ⁵ only. Call 1-800-422-6600	15% discount off retail or 5% discount off promotional price	



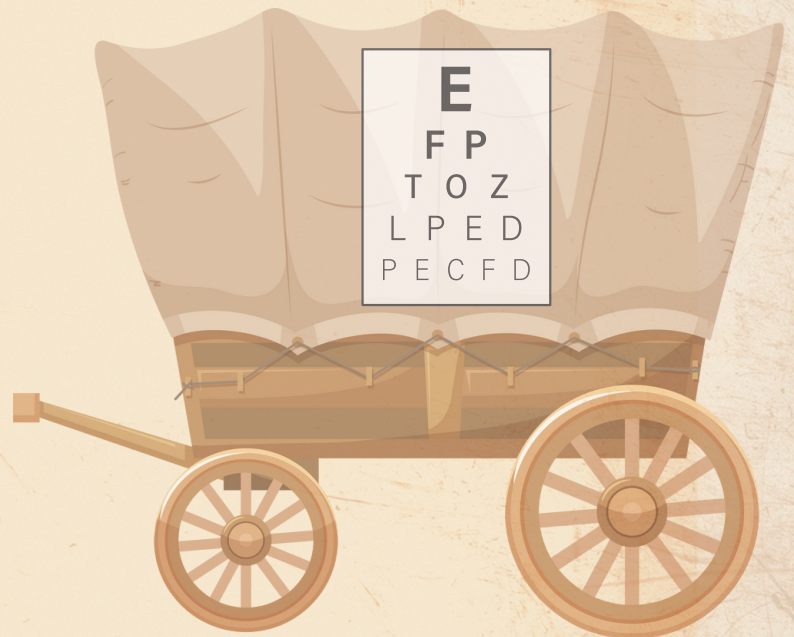
El Paso County Vision Benefits

Employee Rate Sheet
1/1/2024 thru 12/31/2024

Vision

Employee Bi-Weekly Contribution

Plan Name	Employee Only	Employee +1	Employee & Family
Vision	\$3.00	\$4.80	\$7.80





Life Insurance



Basic Life insurance is an **employer paid benefit** by the County of El Paso through The Standard. Full time-regular employees, automatically receive basic life insurance coverage. As part of the new agreement with The Standard all benefit eligible employees will be able to elect up to the guaranteed amount limit, which is \$200,000 without proof of good health for only this Open Enrollment period.

Below is the employee and dependent coverages offered through the County.

Basic Life



Employee - \$40,000.00
Spouse* - \$2,000.00
Child(ren)*: 14 days – 6 mo. - \$500.00
6 mo. - age 26* - \$1,000.00
<i>*If covered under Medical Plan</i>



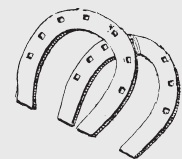
The death of a family member can mean not only dealing with the loss of a loved one, but the loss of financial security as well. Eligible County employees may purchase additional life insurance coverage for loved ones who may depend on their income support.

Supplemental Life



Additional Coverage

All employees have the right to elect up to:
\$200,000.00 for yourself
and up to
\$40,000.00 for your spouse
\$10,000.00 for your child(ren)
without any proof of good health

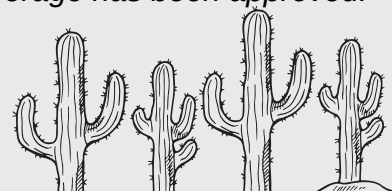


Beneficiary Reminder: We ask all, Basic Life Insurance eligible employees to update their beneficiaries in the new benefits enrollment system, Employee Navigator.

IMPORTANT: (with the exemption of this Open Enrollment year)

If enrolling in this plan for the first time or increasing coverage amount employee will need to submit an EOI (Evidence of Insurability) form.

Please note: by enrolling or increasing coverage, it does not mean the employee has been approved. Employee will not be deducted for premiums until coverage has been approved.



Accidental Death & Dismemberment Insurance

(AD&D)



Accidental death and dismemberment (AD&D) insurance is insurance—usually added as a rider or addition to the life insurance policy—that covers the unintentional death or dismemberment of the insured. Dismemberment includes the loss—or the loss of use—of body parts or functions (e.g., limbs, speech, eyesight, and hearing).

AD&D is an **employer paid benefit** by the County of El Paso through Blue Cross Blue Shield Dearborn National Life Insurance Company. Full time-regular employees, automatically receive the coverage

You may access the full Supplemental Life Information by clicking **HERE** or going to <https://epcounty.com/hr/benefits/documents/lifeInsurance.pdf>

The Difference Between Life Insurance and AD&D Insurance



- + Covers Any Cause of Death
- Often Requires Medical Exam
- + Beneficiaries Are Paid Quickly
- Higher Price Per Payment



- Covers Only Accidental Deaths
- + Doesn't Require a Medical Exam
- Benefits Won't Be Immediate
- + Lower Price Per Payment



WHAT'S COVERED BY

AD&D INSURANCE

ACCIDENTAL DEATH

LOSS OF SIGHT LOSS OF SPEECH LOSS OF HEARING LOSS OF A HAND, FOOT OR FINGER LOSS OF MOVEMENT

Death Dismemberment





Short Term & Long Term Disability

If an employee becomes disabled or unable to work, financial security may be at risk. Short & Long term disability can help protect the employee's income if they cannot work and get a regular paycheck.



Sick hours must be exhausted prior to receiving benefit

Short Term Disability

Short Term disability insurance can help pay the bills if employee becomes disabled and can't work for a short amount of time. Two plan options are offered; however only one may be selected.

What the benefit provides:

60% of eligible earnings, up to a maximum benefit of \$1,200 per week. Plan minimum \$15 per week.

Plan Options

Option 1

- 14 days of accidental injury
- 14 days for physical disease, pregnancy or mental disorder

Option 2

- 30 days for accidental injury
- 30 days for physical disease, pregnancy or mental disorder

How long does the benefit last?

- 90 days is the maximum length of time you could be eligible to receive a weekly disability benefit.



Long Term Disability

What the benefits provides:

60% of eligible earnings, up to a maximum benefits of \$5,000 per month. Plan minimum per month: \$100.

A 90 day waiting period applies to this benefit.

How long does the benefit last?

- Until age 65 is the maximum length of time you could be eligible to receive disability benefits for a continuous disability.

**Depending on your age at the time of disability, your benefits may be subject to a different schedule*

If adding this benefit for the 1st time, a medical questionnaire (EOI) will be required and will be pending approval by The Standard. Employee will not be deducted unless approved.

Employee Navigator

Step by Step on How to Access your Account



Go to www.employeenavigator.com and log in.



If you forgot your password, click on reset password and reset instructions will be emailed to you. If you do not know your username, please give us a call/text **915-642-7659**.

A screenshot of the Employee Navigator login form. It features the logo at the top, followed by 'Username' and 'Password' input fields. Below these is a green 'Login' button. At the bottom, there is a red-bordered button that says 'Forgot Username? Forgot Password?' and a link for 'Register as a new user'.

Aim your camera at the QR code below and access Employee Navigator on your phone!



**SADDLE UP,
PARTNER!!**



Healthy Lifestyle Reimbursement & GYM Enrollments

According to the American Heart Association, physical inactivity is considered a major risk factor in the development of the coronary artery disease. Even a small amount of aerobic exercise can help you stay healthy. To encourage increased physical activity, the Healthy Lifestyle Reimbursement Program offers an incentive to get you to exercise regularly.

Get reimbursed for staying active!

Click [here](#), for more information about this program.

Gym Enrollments



The County of El Paso recently contracted with one fitness facility to provide services to all Full-time County Employees and their qualified family members up to the age of 26. The facility is My Time Fitness. The purpose of this contract is to encourage and support healthier behaviors and assist in controlling healthcare costs. Employee health is an important role in the success of the County, and we are happy to provide the resources for a healthier work environment through this exciting new option.

Gym Memberships are available through payroll deduction! No contract, no Annual Fees, for all eligible County Employees.

Click [here](#) for more information!



County Employee Fitness and Wellness Center



Come and join us at the Fitness and Wellness Center located on the Lower Level of the County Courthouse. Our state of the art fitness equipment is available for all fitness levels. Offering exercise classes, trainings, and much more! Sign up today for just \$5 per month through payroll deduction. Contact your Wellness team at HRwellness@epcounty.com for any questions.

Wellness Incentive Program



Employees are eligible for an End of the Year Raffle! Below are the requirements:

- **Must be** enrolled in the County Medical Plan
- **Must be** employed as an active employee at the time of payout
- Action Items below must have been completed between **11/1/2022 - 10/31/2023**
- Wellness incentive program is strictly voluntary



Action Items	Incentive
1. Complete your Health Risk Assessment (HRA) by logging on to aetna.com	\$50 debit card for completing Wellness Screening and HRA
2. Health Screening conducted by employee clinic, your own provider or wellness screening events.	Health Risk Assessment plus one entry to raffle
3. Annual Healthy Wellness Visit (Physical) completed by your own provider.	One entry to raffle
4. Attend wellness trainings and physical education classes organized through EP County (Check the training calendar for dates).	One entry raffle for every training hour
5. Participate in the Healthy Lifestyle Reimbursement! Attend one of our sponsored gyms at least 8 times a month for consecutive months and get reimbursed up to \$90 or attend one of our sponsored gyms at least 8 times a month for 12 consecutive months and get reimbursed up to \$180.	One raffle entry for every 6-month completion
6. Partake in a physical fitness community event. (Examples include Cycle for Change in Diabetes walk/run) Receive approval by submitting http://intranet/hr/wellnessForm.htm	One raffle entry per each qualified event completed
7. Non-Smoker/ Smoker. No action needed (verified through enrollment)	One entry to raffle



★ End of Year Raffle! ★



6- \$500 Gift Cards



4- \$750 Gift Cards



4- \$1,000 Gift Cards

**** Automatic entry through completing actions throughout the year****

Aetna Maternity Program

About the Program:

- For expecting mothers in County Medical Plan
- Receive materials on:
 - Prenatal Care
 - Labor and Delivery
 - Newborn Care
- Receive information for father or partner
- Pregnancy risk survey provided
- Option to join the Nicotine-free Smoke-free Mom-to-Be Program

Expecting mothers will need to sign-up by logging in to www.aetna.com (under **Women's Health Programs**)

Or by phone at **1-800-CRADLE-1** (1-800-272-3531).

\$300 Gift Card & Welcome Packet

Sign up by 16th week of pregnancy & complete pregnancy risk survey

For more information contact your wellness team: hrwellness@epcounty.com

Texas County & District Retirement System

(TCDRS)



Who Manages the Pension Funds?

- Texas County & District Retirement System, commonly known as TCDRS.

How does it work?

- Every paycheck, 7% of your total paycheck is deposited into your TCDRS pension account. Upon retirement, the County will match your contribution at 250%

Does it earn interest?

- Yes, your account earns 7% compound interest each year.

Naming a beneficiary:

- In the event that a member passes away, TCDRS will pay his or her beneficiary the balance in that member's TCDRS account as soon as possible. ***We encourage employees to update their beneficiary information after any life-changing event, such as marriage, birth of a child, divorce or death of a spouse.*** members may change their beneficiaries at any time by signing in online or by completing a Beneficiary Designation Form (TCDRS-06) and sending it to TCDRS or the Human Resources office.



Vesting/ Retirement Eligibility:

- To be considered vested in your plan, you must have 8 years of service time. Once vested, you have a right to a lifetime monthly benefit that will include employer matching when you reach retirement eligibility.

Age 60 (Vesting)	8 years of service
Rule of 75	75-year total age plus service
At Any Age	20 years of service

As a registered user employee can do the following:

- Estimate benefits
- Upload forms & documents
- View account balances
- Most importantly, update beneficiaries and contact information



Contact them today!

www.TCDRS.org
(800)823-7782



Military Service Time & TCDRS



Did you know your served military time can be counted towards your retirement eligibility?



Your **active-duty** military service prior to becoming a TCDRS member may be counted toward your retirement eligibility. The time served may be accounted once you've met the County's vesting requirement. You may be eligible to qualify up to 60 months (5 years) of active service!



Survivor Benefit is one of the first milestones you will reach on your road to retirement. What is survivor benefit? Once you have completed 4 years of service time with TCDRS, your assigned beneficiary becomes eligible for the lifetime monthly benefit from your TCDRS account if something were to happen to you before you retire.



Keeping your **beneficiaries** updated can help ensure that the benefit payment to your loved ones doesn't get delayed. It is important to review your beneficiaries yearly or after a life-changing event, such as marriage divorce, a birth, or death in the family.

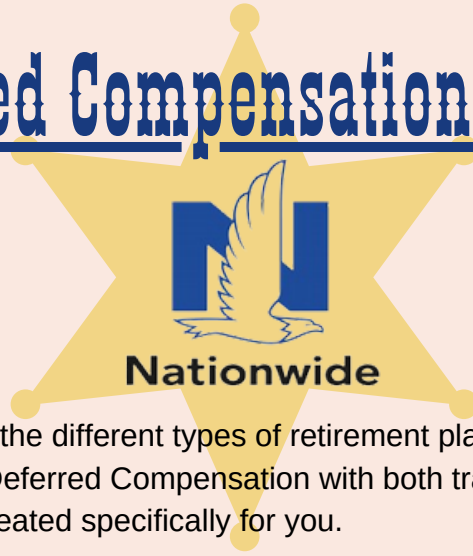
For more information on the provided benefits, click [here](#).

You can also contact TCDRS directly at (800) 823-7782 or www.tcdrs.org

Thank you for your service!



Deferred Compensation 457 Plan



Employees have probably heard of the different types of retirement plans: 457(b) Deferred Compensation, 401(k), 403(b), 401(a) and 457(b) Deferred Compensation with both traditional and Roth contributions. As a public employee, there are plans created specifically for you.

What is a 457(b) plan?

- A 457(b) deferred compensation plan is a retirement plan offered by the County of El Paso, it was created to allow public employees like you to put aside money from each paycheck toward retirement. A deferred comp plan can help bridge the gap between that you have in your pension and Social Security, and how much you'll need in retirement.

What does tax-deferred mean?

- Employees don't pay income taxes on their deferred comp plan contributions or earnings until they retire and/ or begin to take payments from your account. This may lower the employee's taxable income now and in retirement. Withdrawals taken in retirement are taxed as regular income.

How does it work?

It's easy to participate in deferred comp. Contributions are automatically deducted from each paycheck and deposited to the employees account, so employees don't have to remember to write a check.

Save for your future!

457 can supplement employee's pension and help them have a more comfortable retirement.

Contribute pre-tax dollars.



To create new account or change amount, please go through Nationwide Portal:
<https://www.nrsforu.com/iApp/rsc/login.x>

Would you like to schedule some time to chat? Contact our Nationwide Representatives, Wilson Heacock and Sarita Null.



Wilson Heacock
(361)887-1978
wilson.heacockl@nationwide.com

Sarita Null
(512)497-1666
nulls4@nationwide.com



Legal and Identity Theft Protection

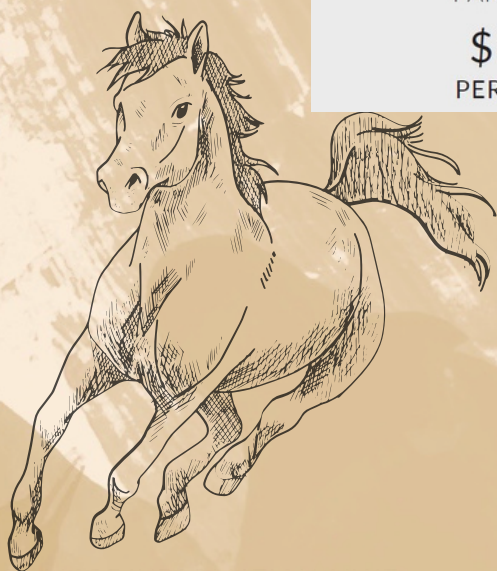
LegalShield and IDShield provide the legal and identity theft protection you and your family need and deserve. It is a benefit offered to El Paso County employees to help pay for most attorney fees! You will have access to an attorney 24 hours a day, 7 days a week! The Identity Theft will protect you and your family against Identity Theft.



LegalShield Coverage Includes:

- Legal Consultation and Advice
- Court Representation
- Dedicated Provider Law Firm
- Legal Document Preparation and Review
- Will Preparation
- Letters and Phone Calls Made on Your Behalf
- Speeding Ticket Assistance
- 24/7 Emergency Legal Access

LEGALSHIELD
FAMILY PLAN
\$19.55
PER MONTH



FOR MORE INFORMATION, VISIT

[benefits.legalshield.com/
elpasocounty](http://benefits.legalshield.com/elpasocounty)

OR SCAN:



IDShield Coverage Includes:

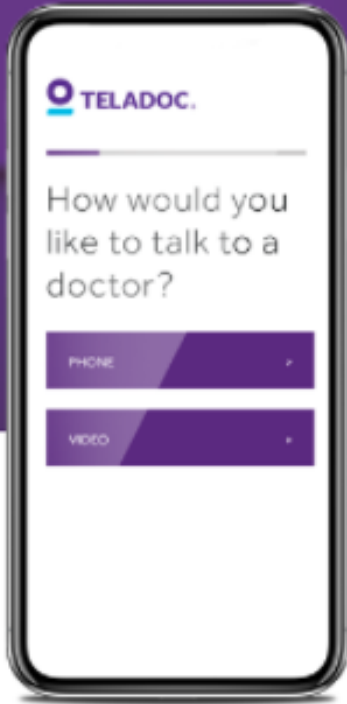
- Identity Consultation and Advice
- Dedicated Licensed Private Investigators
- Identity, Credit and Financial Account Monitoring
- Child Monitoring (Family Plan Only)
- Full-Service Identity Restoration
- Real-Time Alerts
- 24/7 Emergency Access
- Social Media Monitoring and Online Privacy Reputation Management

All 3 credit Bureau
Monitoring

IDSHIELD	
EMPLOYEE PLAN	FAMILY PLAN
\$7.45 PER MONTH	\$14.05 PER MONTH

LEGALSHIELD & IDSHIELD	
EMPLOYEE PLAN	FAMILY PLAN
\$26.00 PER MONTH	\$31.60 PER MONTH





You've got Teladoc

Talk to a doctor anytime,
anywhere by phone or video.

Set up your account today to talk to a U.S.-licensed physician for non-emergency medical conditions like the flu, sinus infections, bronchitis, and much more.



Create account

Use your phone, the app, or the website to create an account and complete your medical history



Talk to a doctor





Request a time and a Teladoc doctor will contact you



Feel better

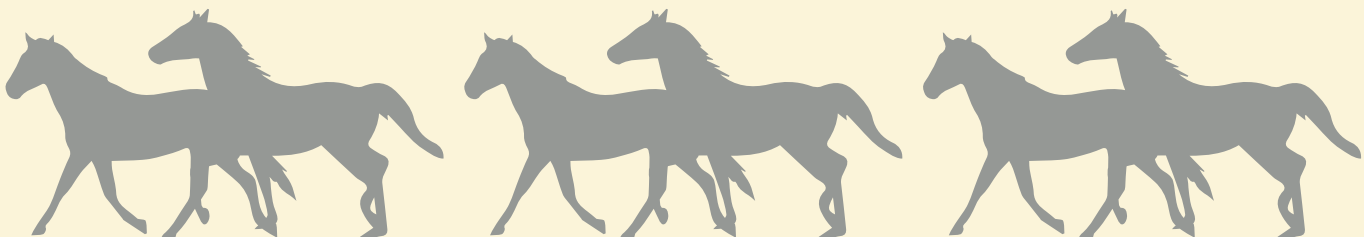
The doctor will diagnose symptoms and send a prescription if necessary

Talk to a doctor for \$40 or less

 Teladoc.com/Aetna  1-855-TELADOC (835-2362)   Download the app

Less than an urgent care/ER visit, your cost is never more than a doctor visit!

made available through
aetna



Educational Assistance Program (EdAP)



Take the next step in your
education with the
Educational Assistance Program

Did you know?

- The policy was recently updated on August 9, 2021
- Changes include:
 - New Claim Form
 - 45 days to submit EdAP claim form

You could receive
up to \$2,000 in
reimbursement
funds per
calendar year

Who is eligible?

County Employees who:

- Hold a part-time or full-time regular position (non-temporary or seasonal);
- Have completed the initial probationary period;
- Have received in the last 12 months a "Meets Standards" or higher rating on the last performance evaluation;
- Have not received a disciplinary action in the past 12 months at the time of claim form submission; and
- Employees participating in EdAP must maintain continuous employment with the County until the date on the last reimbursement check.

Need more info?

Click [HERE](#) to access full Policy
Click [HERE](#) to access new EdAP form

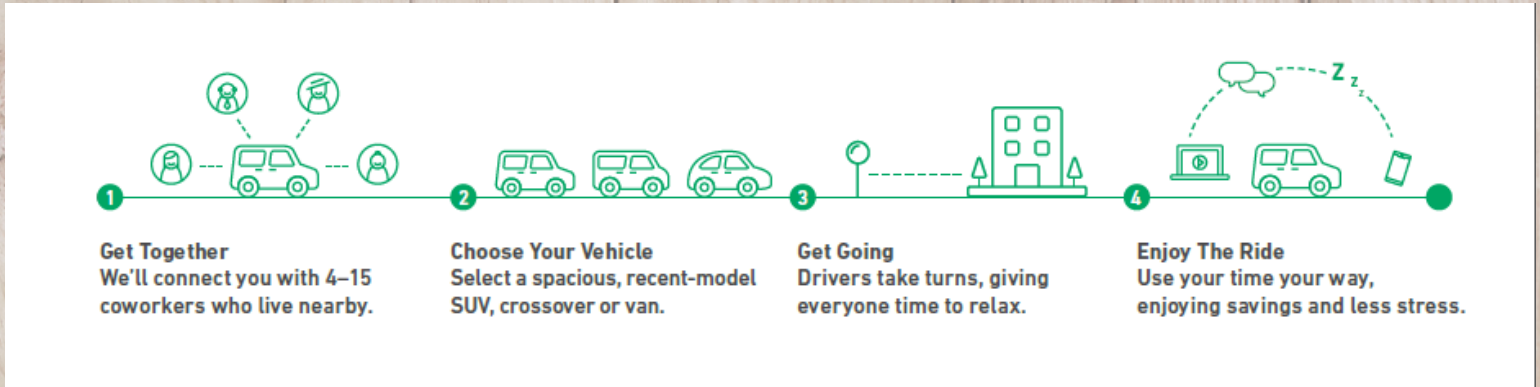
**This policy applies to non-collective bargaining covered County employees*

Vamonos Vanpool

A Smarter Way To Commute To Work

Riding together adds up to more savings, less pollution and valuable time back in your day. Enterprise makes it easy—helping you assemble your crew and providing the vehicle. For FY23, Commissioners Court approved a 100% subsidy for the first 20 employees who participate in the Vanpool program. For additional info, please contact Jennifer Jennings.

How it works:



Roles:



Coordinator

- Main point of contact for vanpool
- Maintain an accurate vanpool roster at CommuteWithEnterprise.com
- Ensures only approved drivers get behind the wheel
- Coordinate with Commute to ensure vehicle maintenance is performed on time
- Report any accidents or vehicle damage to Commute within 24 hrs.



Drivers

- Be approved through the Commute driver approval online process
- Ensure safe operation when driving the vehicle
- Report any potential maintenance issue to the Coordinator & Commute
- Immediately report any accidents or vehicle damage to the Coordinator & Commute
- Report any changes in driving record (accidents or moving violations) to Commute



Riders

- Be courteous to the other vanpool participants
- Give your vanpool plenty of advance warning if you plan to leave the vanpool (30-day notice)
- Be aware of who is approved to drive the vehicle
- Report any potential maintenance issue to the Coordinator

Ryan Stern
ryan.d.stern@ehi.com
505-720-3700



FAQ's



- **When is Open Enrollment?**
 - October 1 through October 31
- **How do I enroll?**
 - By logging in to Employee Navigator at www.employeenavigator.com
- **Does my deductible restart every year?**
 - Yes, deductibles are reset every January 1st.
- **What are the health plan options for 2024?**
 - We have six different health plan options to choose from, please refer to the Open Enrollment Guide to compare and choose the best option for you.
- **Copay, Coinsurance and Deductible: What is the difference?**
 - A deductible is an amount that must be paid for covered healthcare services before insurance begins paying. Copay is a set rate you pay for prescriptions, doctors visits, and other types of care. They are typically charge after a deductible has already been met. In some cases, though, copays are applied immediately. Coinsurance is the percentage of costs you pay after you've met your deductible.
- **Do co-pays count towards my deductible?**
 - No, co-pays cover the cost of an office visit. You may also incur co-pays when utilizing an E.R. or are admitted to a hospital. However, CDHP office visit costs do apply to deductible.
- **Do I have to re-enroll during open enrollment?**
 - Yes, you must enroll to keep your current elections because your current elections will NOT roll over for the following plan year.
- **Is open enrollment the only time I can elect FSA or HSA?**
 - Yes, it is a great time to review your medical expenses and determine if it may benefit you.
- **Can employee change their 125-cafeteria plan contribution?**
 - HSA contributions can be increased or decreased once a month. FSA contributions cannot be changed.

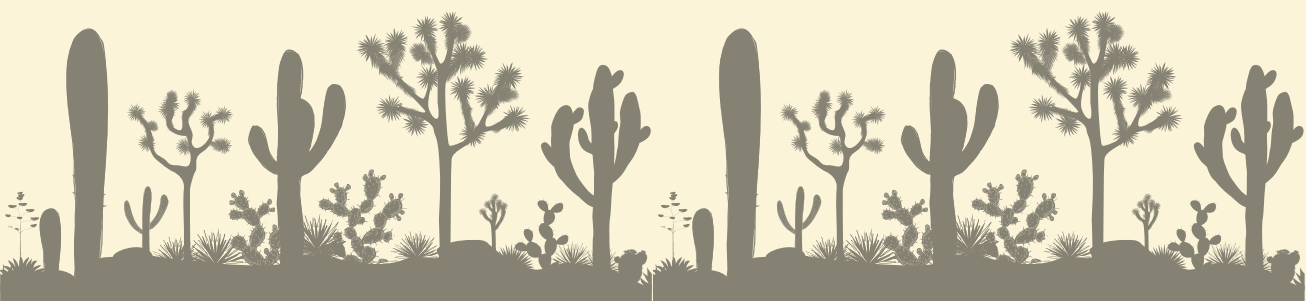




FAQ's



- **Do all County health plans cover preventive visit (exam/physical)?**
 - Yes, each plan covers one preventive exam/physical per year.
- **Is everything covered under a preventive visit?**
 - Not necessarily. Only those services considered and billed as preventive during your visit will be covered 100%.
- **Can I be reimbursed if my provider requires full payment upfront?**
 - Yes, if medical expenses are approved and covered by your plan you will be reimbursed once the provider submits the claim. For out of network (OON) reimbursements, you will need to keep your receipts and file an out-of-network claim. Out of network claims will be applied to OON deductible.
- **Are out of network (OON) expenses applied towards my deductible?**
 - Yes, but they will be applied to the OON deductible according to your plan.
- **Will my newborn baby be covered under my plan?**
 - Newborns will be covered if they have been added to your health plan within 31 days of their birth.
- **What if I have a doctor that is not in my network?**
 - It will be considered out of network and the amount you pay will be applied to the OON deductible.
- **How do I find out if my doctor is in my network?**
 - Call your HR Benefits Representative so we can assist you in verifying that information.



FAQ's



- **If I don't agree with charges on an Explanation of Benefits (EOB), can I dispute?**
 - Yes, you can appeal the claim with your health insurance company. Appeal instructions are always indicated on the last page of an EOB.
- **When can I make changes to my benefits election?**
 - Changes can be made during an Open Enrollment Period or if you qualify for a special enrollment (Qualifying Event). *Qualifying events include:*
 - Marriage, divorce, death, birth of a child, adoption, and coverage somewhere else.
- **When is the last day to submit medical reimbursement claims for 2023?**

Last day to submit claims for 2023 is March 31, 2024.
- **Where can I find the reimbursement forms?**
 - It's located on the County's HR page under benefits. You can also go to www.aetna.com, log in to your Aetna Navigator, click on the link for "Spending Account", and submit your claim for reimbursement electronically.
- **Haven't received my PayFlex card or lost it?**
 - Contact PayFlex at 888-678-8242 or logon to your PayFlex account and request it online. You can also request a card for your spouse through the site. You may also contact your HR Benefits Representative.
- **I have a question about my FSA/HSA account, who would I call?**
 - Contact PayFlex at 888-678-8242 or your HR Benefits Representative

