

# **2021** EMPLOYEE BENEFITS





### **Open Enrollment for employees is September 14 – September 27, 2020.**

### **Active Enrollment**

- You must ACTIVELY enroll in benefits in order to have coverage for the 2021 plan year!
- If you do not enroll, your current benefit elections will <u>end</u> on December 31, 2020.
- <u>REMINDER</u>: If you choose to waive coverage, do so through EBC. If you do not enroll or waive coverage through EBC, the City will assume you do not want coverage for 2021.

This is the only time during the year you can make changes to your coverage unless you experience a qualifying life event

- Example: marriage, divorce, etc.
- Any changes to your benefit elections must be made within 31 days of the qualifying event.

## How do I enroll?



- Online: <u>https://standard.benselect.com/cityofdallas</u>
  - Log in with your <u>user name</u>: first name.last name and your 4 digit birth year.
    - (For example, if your name is John Smith and 4 digit birth year, your USER NAME would be john.smith1966)
  - Your <u>PIN</u> is 6 digits, composed of the last 4 digits of your Social Security Number and the last two digits of your birth year.
    - (For example, If the last 4 digits of your SSN are 1234 and you were born in 1966, your PIN would be 123466). You
      will be asked to change your PIN, after you log in for the first time. Be sure to make note of your new password for
      future use
  - If you have logged in previously, you will use the credentials you created.
  - Having trouble accessing the system, contact EBC at 214-556-0971.
- By Phone with a Benefit Specialist
  - Call (214) 556-0971 Monday-Friday, 8:15 a.m. 5:15 p.m.
    - Benefit Specialists will be available starting September 14th

## What do I need to enroll?



- Supporting documentation required
  - If you add an eligible dependent who is not currently enrolled, you must provide supporting documentation (marriage license, birth certificate, etc.)
    - Upload it from your computer during the online enrollment process (follow the on-screen instructions)
    - Send it from your Smartphone with the My Selerix app
    - Email it to yourenrollment@ebcoh.com
    - Fax it to (513) 371-5559
- Questions about or assistance with <u>enrollment</u>?
  - Call (214) 556-0971 Monday-Friday, 8:15 a.m. 5:15 p.m.
    - Benefit Specialists will be available starting September 14th



### The City of Dallas heard you and one of the many exciting changes the City wants to bring to you is medical coverage through Blue Cross Blue Shield of Texas (BCBSTX) effective January 1, 2021.

- Greater network option choices
- Increased provider access
- Enhanced wellness & clinical resources



# Medical Benefits – Blue Cross Blue Shield of Texas (BCBSTX)



# **Blue Essentials PCP Plan**



Network	Blue Essentials (In-Network Only)		
Annual Deductible		<b>P</b>	
Individual	\$1,500		
Family	\$3,000		
Annual Out-of-Pocket Max			
Individual	\$6,350		
Family	\$12,700		
	You Pay		
Preventive Care	\$0	•	
Primary Care Physician	\$25 copay		
Specialist \$50 copay			
X-Ray and Lab Work*	\$25 copay / \$50 copay		
Urgent Care	\$40 copay		
Emorgongy Doom	\$300 copay plus 20% after		
Emergency Room	deductible		
Inpatient Hospital Care	20% after deductible		
Outpatient Surgery	20% after deductible		

#### Plan Highlights:

- Copays for multiple services
- PCP must be selected to access benefits
- Referral needed for specialty care

\* For these services to be covered under your office visit copay, the lab or X-ray must be performed in and billed by your physician's office.

# **Blue Choice Copay Plan**

Network	Blue Choice (In-Network Only)	
Annual Deductible		
Individual	\$1,500	
Family	\$3,000	
Annual Out-of-Pocket Max		
Individual	\$6,350	
Family	\$12,700	
	You Pay	
Preventive Care	\$0	
Primary Care Physician	\$25 copay	
Specialist	\$50 copay	
X-Ray and Lab Work*	\$25 copay / \$50 copay	
Urgent Care	\$40 copay	
	\$300 copay plus 20% after	
Emergency Room	deductible	
Inpatient Hospital Care	20% after deductible	
Outpatient Surgery	20% after deductible	



#### Plan Highlights:

- Copays for multiple services
- Enhanced network option

\* For these services to be covered under your office visit copay, the lab or X-ray must be performed in and billed by your physician's office.

# **Blue Choice HSA Plan**



Network	Blue Choice (In-Network Only)	
Annual Deductible		
Individual	\$3,000	
Family	\$6,000	
Annual Out-of-Pocket Max		
Individual	\$6,350	
Family	\$12,700	
	You Pay	
Preventive Care	\$0	
Primary Care Physician	20% after deductible	
Specialist	20% after deductible	
X-Ray and Lab Work	20% after deductible	
Urgent Care	20% after deductible	
Emergency Room	20% after deductible	
Inpatient Hospital Care	20% after deductible	
Outpatient Surgery	20% after deductible	

#### **Plan Highlights:**

- You can open a health savings account (HSA).
- 2021 City of Dallas HSA contribution!
  - o Individual: \$700
  - Family: \$1,700

# •You pay all costs for care until your deductible is met.

# **NETWORK OPTIONS**



Network	Blue Choice	Blue Essentials
Network Description	Blue Choice provides a <b>broad network</b> of providers and covers 80% of your eligible expenses after you have met the deductible. <b>Out-of-network</b> <b>services are not covered.</b>	Blue Essentials is a targeted, <b>narrow</b> <b>network</b> , with an emphasis on the most high-quality and cost-effective physicians. <b>Out-of-network services are not covered.</b>
Medical Plan	<u>Copay &amp; HSA Plan</u>	<u>PCP Plan</u>

- Blue Choice Copay and HSA plans include the enhanced benefit tier option
  - Regular BCBS in-network facility plan pays 80% of your facility charges (after deductible)
  - Enhanced benefit facility plan pays 90% of your facility charges at Baylor or Methodist Health Systems (after deductible)
- BE SURE TO CHECK IF YOUR DOCTOR IS IN-NETWORK.
- Go to www.bcbstx.com and click on the blue *Find a Doctor* box in the upper-middle portion of the screen.
- Click on the Search as Guest box.
- Click on Search In-Network Providers and answer the on-screen questions:

# **Active Employee Contributions**



Blue Essentials PCP			
Salary Band	<\$44,000	\$44,000-\$66,000	\$66,001+
Employee Only	\$15.00	\$20.00	\$25.00
Employee + Spouse	\$209.00	\$221.50	\$234.00
Employee + Children	\$65.50	\$75.50	\$85.50
Employee + Family	\$229.00	\$244.00	\$259.00

### **Full-time rates**

Per paycheck (24 out of 26) Rates Pending Council Approval

Blue Choice HSA Plan	
Employee Only	\$15.00
Employee + Spouse	\$209.00
Employee + Children	\$65.50
Employee + Family	\$229.00

Blue Choice Copay Plan			
Salary Band <\$44,000 \$44,000-\$66,000 \$66,00			\$66,001+
Employee Only	\$32.50	\$37.50	\$42.50
Employee + Spouse	\$244.00	\$256.50	\$269.00
Employee + Children	\$100.50	\$110.50	\$120.50
Employee + Family	\$274.00	\$289.00	\$304.00





30 Day Retail	Blue Essentials PCP Plan	Blue Choice Copay Plan	Blue Choice HSA Plan
Generic Medications	\$15 copay	\$15 copay	You pay 20% after medical deductible is met
Preferred Brand-Name Medications	\$40 copay	\$40 copay	You pay 20% after medical deductible is met
Non-Preferred Brand-Name Medications (Includes Specialty Drug Formulary)	\$75 copay	\$75 copay	You pay 20% after medical deductible is met

### **Additional Pharmacy Discounts**

- Free diabetes and hypertension medications for certain drug classes
  - Available to **Blue Essentials PCP** and **Blue Choice Copay** plan members
- Preventive Therapy Drug List (PTDL) also available for Blue Choice HSA plan members



# **Pre-Tax Savings Accounts**



# Health savings account – <u>Blue Choice</u> <u>HSA Plan Only</u>



Coverage Level	Annual IRS Contribution Maximum	City Annual Contribution	Employee Contribution Maximum
Employee Only	\$3,600	\$700	\$2,900
Employee + Dependents	\$7,200	\$1,700	\$5,500
Catch-Up Contributions (age 55+)	\$1,000	-	\$1,000

#### TO BE ELIGIBLE FOR A HEALTH SAVINGS ACCOUNT:

- You must participate in an IRS-qualifying high deductible health plan ("HDHP").
- You cannot be entitled to benefits under Medicare or "double-covered" under any other medical plan.
- You or your spouse cannot be enrolled in a Medical Spending FSA.
- You cannot be claimed as a dependent on another person's tax return.

**NOTE:** While you cannot participate in the City's Medical Spending FSA, you *can* participate in the Limited Purpose FSA, which covers dental and vision expenses only.

<u>Note:</u> If you are currently enrolled in the Medical Spending FSA, all funds must be **completely exhausted** by December 31<sup>st</sup> to be eligible for a 2021 HSA.

\*FUNDS ARE FULLY VESTED. PENALTIES APPLY IF USED FOR NON-QUALIFIED EXPENSES

# Flexible Spending Accounts – HSA Bank



#### **2021 Limited Purpose FSA**

- Set aside pre-tax dollars for eligible dental and vision expenses only
- Contribute up to \$2,750 per year
- Members with an HSA are eligible for a Limited Purpose FSA
- Eligible expenses:
  - Dental expenses not covered by insurance (deductible, coinsurance)
  - Vision expenses not covered by insurance (copays, contacts, eyeglasses)
- Funds will not rollover year to year
- Must use funds by 03/15/21 grace period end date

#### 2021 Medical FSA

- Pre-tax dollars for eligible medical expenses
- Contribute up to \$2,750 per year
- Those with an HSA are not eligible
- Eligible expenses:
  - Prescriptions
  - Deductibles
  - Co-payments
  - Coinsurance
  - Over-the-counter items with a doctor's prescription
- Funds will not rollover year to year
- Must use funds by 03/15/21\* grace period end date

\*Unless you are switching to the Blue Choice HSA plan, in which case you must use all funds by <u>12/31/21</u>.

You must make FSA elections each year.

# Flexible spending accounts – HSA Bank



#### **2021 DEPENDENT CARE FSA**

- Pre-tax dollars to pay for daycare and elder care expenses
- Contribute up to \$5,000 per year (or) \$2,500 if married filing separate returns
- Pay for certain expenses to care for dependents that live with you
- Covers childcare for children under age 13
- Can also be used for adult day care for senior citizen dependents that live with you, such as parents
- Excludes summer camps or long-term care for parents that live elsewhere, such as in a nursing home
- Funds will not rollover year to year must use funds by 12/31/21
- If you have an HSA, you are also eligible for a Dependent Care FSA
- Must submit online or claim form for reimbursements

#### You must make FSA plan elections each year.



# **Dental Benefits – Delta Dental Vision Benefits – Davis Vision**



### Dental



In-Network Benefits	Dental PPO (DPPO)	Dental HMO (DHMO)	Plan Highlights:
Network	Plus Premier	DHMO Managed Care	
Calendar Year Maximum (Does not apply to Diagnostic & Preventive Services)	\$1,750	Unlimited	• DPPO
<b>Deductible</b> (Applies to Basic and Major Services Only)	\$50 per person; \$150 per family	None	olf you use an out-of-network dentist, you are responsible for 100% of the amount the dentist charges that exceeds Delta Dental's network-
<b>Preventive Services</b> (Cleanings, Exams, Flouride, X- Rays)	100%	\$5 exam copay	<ul><li>negotiated fee.</li><li>DHMO</li></ul>
<b>Basic Services</b> (Filling, Extractions, Anesthesia, Non-Surgical Periodontics)	80% after deductible	Per copay schedule	<ul> <li>You MUST select a primary dental office to begin using your benefits.</li> </ul>
<b>Major Services</b> (Crowns, Dentures, Bridges, Endodontics, Surgical Periodontics)	50% after deductible	Per copay schedule	<ul> <li>LOCATE A PROVIDER AT:</li> <li><u>https://www1.deltadentalins.com/individual</u> s/find-a-dentist.html</li> </ul>
Orthodontia (Adult & Child)	50%	Per copay schedule	<u>s/inu-a-uentist.ittini</u>
Orthodontia Maximum (Adult & Child)	\$1,750	\$1,750	

# **Vision High Plan**



Plan Feature	High Plan 2-Pair Benefit	Low Plan iDEALChoice	
Benefits	2 pairs mix or match	Glasses or Contacts	
Eye Exam   Retinal Imaging	\$10 copay   \$39 copay	\$10 copay   \$39 copay	
Frame Allowance OR Davis Vision Collection Frames	\$150 allowance plus 20% off balance OR covered-in-full frames at Visionworks locations	\$140 allowance plus 20% off balance OR covered-in-full frames at Visionworks locations	
Lens Benefit			
Single Vision	Covered in full after \$10 copay	Covered in full after \$20 copay	
Bifocal	Covered in full after \$10 copay	Covered in full after \$20 copay	
Trifocal   Lenticular	Covered in full after \$10 copay	Covered in full after \$20 copay	
Contact Allowance			
Davis Vision Collection	\$10 copay, then covered in full up to 8 boxes	\$20 copay, then covered in full up to 4 boxes	
Retail	\$130 allowance plus 15% off balance	\$130 allowance plus 15% off balance	
Frequency Guidelines			
Exams	Once every January 1	Once every January 1	
Frames	Once every January 1	Once every other January 1	
Contacts or Lenses	Once every January 1	Once every January 1	

### Plan Highlights:

**•FREE frames at all Visionworks stores (excludes Maui Jim)** 

 In-Network Benefits online at Glasses.com, 1-800-Contacts, and Befitting

 Go to www.davisvision.com to find providers in your network (use client code 7955 for the High Plan or 9573 for the Low Plan).

NW/	
	<b>Davis</b> Vision <sup>®</sup>
111	

Say hello to our — mobile app



### **Dental and Vision Rates**



### Per pay period rates (24 out of 26 checks) Rates Pending Council Approval

Dental HMO Plan	
Employee Only	\$6.17
Employee + Spouse	\$11.35
Employee + Child(ren)	\$11.41
Employee + Family	\$16.05

Dental PPO Plan	
Employee Only	\$22.27
Employee + Spouse	\$40.97
Employee + Child(ren)	\$41.50
Employee + Family	\$57.89

Vision High Plan	
Employee Only	\$3.32
Employee + Spouse	\$6.08
Employee + Child(ren)	\$6.37
Employee + Family	\$9.79

Vision Low Plan	
Employee Only	\$2.58
Employee + Spouse	\$4.71
Employee + Child(ren)	\$4.94
Employee + Family	\$7.59



# Value Added Benefits at No Cost to You!



# **BCBS Discount Programs**





BlueCross BlueShield of Texas

# Blue365

Blue365 offers **premier health and wellness discounts** and is **free to join for medical plan members**. Members have access to discount programs in:

- Apparel & Footwear
- Fitness
- Hearing & Vision
- Home & Family
- Nutrition
- Personal Care

How to access? Visit:

https://www.blue365deals.com/BCBSTX/



# A program administered by Sapphire Digital that offers cash rewards when a lower-cost, quality provider is selected from several options.

#### How does it work?

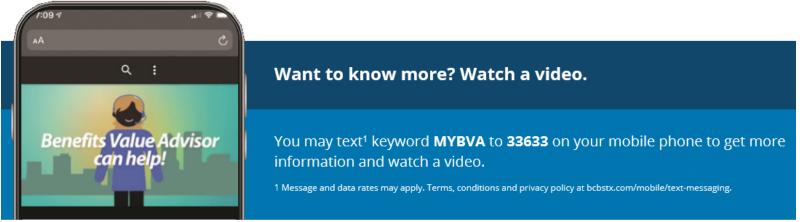
- When a doctor recommends treatment, call a Benefits Value Advisor at the number on the back of your member ID card, or log into Blue Access for MembersSM at bcbstx.com and click the Doctors and Hospitals tab – then on Find a Doctor or Hospital
- Choose a Member Rewards eligible location, and you may earn a cash reward
- Complete your procedure and, once verified, you will receive a check within 4 to 6 weeks Questions? Call the number on the back of your member ID card.



BVAs can help you save money on health procedures and tests. They can also help you understand and use your benefits more wisely.

# You'll get guidance for all your health plan benefits so you only need one call to get support. BVAs can help you:

- Maximize your benefits to get better value
- Get cost estimates for various providers and procedures Schedule appointments
- Find a doctor or facility
- Set up preauthorization



One call can help you get the most from your benefits. Call the number on the back of your member ID card before your next procedure.

# **EAP - Magellan**

# Your life's journey—made easier

No matter where you are on your journey, there are times when a little help can go a long way. From checking off daily tasks to working on more complex issues, your program offers a variety of resources, tools and services available to you and your household members.

#### Key features:

- Provided at no cost
- Confidential service provided by a third party
- Available 24/7/365

#### Here's how to get started



Mage

Give us a call and we will connect you with the right resource or professional.

#### 1-800-424-1729



Visit MagellanAscend.com to browse all of the services available.





# **CareATC Clinics – Closed until City Hall Re-opens**



#### **City Hall Onsite Clinic**

- Blue Essentials PCP and Blue Choice Copay plan members
  - Free office visits (sick and preventive), onsitedispensed medications, and onsite lab work

#### Blue Choice HSA plan members

- Free preventive office visits
- \$25 fee for sick visits, onsite-dispensed medications, and onsite lab work
  - Fee reduced to \$5 once the deductible has been met and \$0 once the out-of-pocket maximum has been met

SERVICE	EXAMPLE
Acute Care (Treatment of common illnesses	<ul> <li>Flu</li> <li>Sinus infections,</li> <li>Sprains</li> </ul>
and minor injuries) Chronic Disease Evaluation, Monitoring and Care Management	<ul> <li>Hypertension</li> <li>Diabetes</li> <li>Asthma</li> </ul>
Minor Procedures and Wound Care	<ul><li>Simple biopsies</li><li>Skin tag/mole removal</li></ul>
Preventive Care and Comprehensive Physical Exams	<ul> <li>Age appropriate physicals</li> <li>Routine gynecological exams</li> <li>prostate exams</li> <li>kids sports/camp physicals,</li> </ul>
Diagnostic Testing and Screenings	<ul><li>On-site lab work</li><li>EKGs</li></ul>

To make an appointment, call 1-800-993-8244, visit <u>www.careatc.com</u>, or use the CareATC mobile app.



# Diabetes management supplies and support program ALSO SUPPORTS HYPERTENSION AND CARDIOVASCULAR RISK

### You receive:

- Free glucometer and testing supplies delivered to your doorstep
   Option for a traditional glucometer or a smartphone-based glucometer
- Dedicated, certified diabetes coach to help you self-manage your condition
- Personalized action plan
- Free blood pressure cuff (hypertension support)

Talk to a Kannact representative today or sign up at:

# WWW.KANNACT.COM/CITYOFDALLAS

# 2021 BENEFIT REWARDS PROGRAM: Simplified Steps and rewards!



### **Participation rewards:**

• Extra \$500 in your payroll in December 2021.

# Available to Employees enrolled in a City-sponsored medical plan (09/01/20 – 08/31/21):

- Complete the online Health Assessment.
- Get an annual physical or age-appropriate screening with your physician.
- Complete a biometric screening with at a City of Dallas onsite event or CareATC onsite clinic.

You earn your wellness incentive at any point in the wellness year.



# Life and AD&D Benefits



## Life and AD&D



# **Basic Life Coverage**

• Full-time employees - \$75,000 benefit paid for by the City

### **Supplemental Life Coverage**

- Must have employee coverage to elect dependent coverage
- Employees who previously elected supplemental life can increase their amount by one increment up to the Guarantee Issue without answering Evidence of Insurability
- Election Limits
  - Employee 1x, 2x, or 3x annual salary up to \$500,000
  - Spouse \$15,000 or \$25,000
  - Child \$5,000 or \$10,000

Remember to update your beneficiary information!

# **Accidental Death & Dismemberment (AD&D)**



# Voluntary AD&D

- Must have employee coverage to elect dependent coverage
- Election limits
  - Employee \$25,000 increments up to \$250,000
    - Cannot exceed 10x annual salary
  - Spouse Only 60% of employee coverage
  - Child Only 20% of employee coverage up to \$50,000 per child
  - Spouse and Child
    - Spouse 50% of employee coverage
    - Child 15% of employee coverage

Remember to update your beneficiary information!



# **Other Voluntary Benefits**





Voluntary Benefit Plan Highlights- Benefits Paid Directly to You!		
Accident Insurance	<ul> <li>In the event of a covered benefit, this benefit will assist in paying your deductible, copays, and other medical bills or your daily expenses while you recover</li> <li>Health screening benefit of \$75</li> </ul>	
Critical Illness Insurance	<ul> <li>Includes cancer care</li> <li>Higher guarantee issue (GI) amounts and ongoing GI for future life events and future annual enrollments</li> <li>Waived pre-existing conditions limitation</li> <li>New \$50 health maintenance screening benefit</li> </ul>	
Hospital Indemnity Insurance	<ul> <li>Covers unexpected out-of-pocket expenses when you end up in the hospital</li> <li>New \$50 health maintenance screening benefit</li> <li>Guarantee Issue (GI) for employees and dependents during the 2020 enrollment and ongoing GI for future life events and future annual enrollments</li> <li>Waived pre-existing condition limitation</li> </ul>	
Short-Term Disability Insurance	<ul> <li>No pre-existing condition limitation for short-term disability coverage</li> <li>Provides up to 60% of your pre-disability income up to 6 months</li> </ul>	
Long Term Disability Insurance	After 180 day waiting period, this benefit will provide up to 60% of your income if you were to become temporarily disabled on or off the job	

**Questions?** 

### **Enrollment reminder:**

- Online: <u>https://standard.benselect.com/cityofdallas</u>
- By Phone with a Benefit Specialist: (214) 556-0971
  - Benefit Specialists will be available starting September 14<sup>th</sup>
- General benefits questions
  - Call the City Hall Benefits Service Center at (214) 671-6947 option 1, e-mail <u>hrbenefits@dallascityhall.com</u>
  - Monday-Friday, 8:00 a.m.- 5:15 p.m.



Must enter exact

address to access site.