

Medical Coverage

When it comes to medical coverage, The City of Dallas offers two options through United Healthcare (UHC). You choose the option that makes the most sense for you and your family based on your needs and what you want to pay for coverage.

- EPO 70/30/\$3000 Plan
- EPO 75/25 HRA Plan

About the Plans

Both medical options both provide coverage for the same types of expenses, such as doctor's office visits, preventive care, prescription drugs, and hospitalization. Preventive care services are covered at 100%. Under both plans, you choose a network provider each time you need medical care. If you use a non-network provider, you receive no benefits from the plan — you will be responsible for 100% of the cost for all care you receive. The EPO 70/30 offers a separate pharmacy deductible with low bi-weekly rates, but the EPO 75/25 comes with an HRA to help you pay for eligible expenses.

Medical Plan Highlights

Feature	EPO 70/30	EPO 75/25 with HRA
Medical copays	ER only	No
Prescription drug copays	No	No
Deductible	\$3,000 single \$9,000 family	\$2,500 single \$5,000 family
City HRA contribution	No	Yes
Provider availability	In-network only	In-network only
Separate Rx deductible	Yes	No

Important Definitions

- **Deductible:** The amount you pay out of pocket for covered services each year before the plan begins paying for certain eligible benefits.
- **Coinsurance:** The portion of covered expenses you and the plan share after you meet the deductible. It's listed as a percentage.
- **Copay:** A specific dollar amount you pay for certain services, such as office visits. Copays count toward out-of-pocket maximums, but not toward deductibles.
- **Out-of-Pocket Maximum:** The maximum amount you pay out of your own pocket for covered expenses in a calendar year before the plan pays 100% for covered expenses.

Is Your Doctor In the UHC Network?

To find out if your doctor participates in the UHC network, log in to www.myUHC.com and click on *Physicians & Facilities*.

Enhanced Benefit Tier

Both medical plans offer an **enhanced facility benefit** that will increase the benefits you receive from your City medical plan when you use certain UHC network facilities.

Just as it does today, when you visit a regular UHC in-network facility for care, the plan pays your facility charges at 70% or 75% coinsurance after you meet your deductible. Starting in January, when you visit a facility that is part of the enhanced benefit tier, the plan pays your facility charges at 90% coinsurance after you meet your deductible! This enhanced benefit applies to facility charges only — all other charges (physician fees, lab services, etc.) are paid at your plan's regular levels.

What Facilities Are In The Enhanced Benefit Tier?

The enhanced benefit tier currently includes 90 Baylor and Methodist facilities all over the DFW metroplex. It includes hospitals, surgical centers, inpatient and outpatient facilities, MRI centers, and even some rehabilitation centers. To view the full list of facilities in the enhanced benefit network, visit www.myUHC.com and click on *Physicians & Facilities*.

What Are Facility Charges?

The enhanced benefit applies to facility charges only. Facility charges include costs for running the facility, such as:

- Supplies
- Equipment
- Exam rooms
- Inpatient rooms

Facility charges do NOT include things like:

- Physician fees
- Office visits
- Lab work
- Anesthesiologist
- Prescription drugs and medications

Please remember, the enhanced benefit tier applies **ONLY** to facility charges.



See the Enhanced Benefit in Action

Here are two examples of how the enhanced facility benefit can help lower your medical bills. **Please note that these are only examples and that the actual cost of your health care services will vary.**

Inpatient Labor and Delivery Example

	70/30 Plan		75/25 Plan	
	Regular In-Network Facility	Enhanced Benefit Network Facility	Regular In-Network Facility	Enhanced Benefit Network Facility
Physician Fees: \$2,800				
What you pay after deductible	\$840	\$840	\$700	\$700
Anesthesia: \$2,500				
What you pay after deductible	\$750	\$750	\$625	\$625
Facility Charges: \$5,500				
What you pay after deductible	\$1,650	\$550	\$1,375	\$550
Your Total After Deductible	\$3,240	\$2,140	\$2,700	\$1,875
Amount You Save	\$1,100		\$825	

Outpatient Knee Arthroscopy Example

	70/30 Plan		75/25 Plan	
	Regular In-Network Facility	Enhanced Benefit Network Facility	Regular In-Network Facility	Enhanced Benefit Network Facility
Physician Fees: \$1,500				
What you pay after deductible	\$450	\$450	\$375	\$375
Anesthesia: \$900				
What you pay after deductible	\$270	\$270	\$225	\$225
Facility Charges: \$5,800				
What you pay after deductible	\$1,740	\$580	\$1,450	\$580
Your Total After Deductible	\$2,460	\$1,300	\$2,050	\$1,180
Amount You Save	\$1,160		\$870	

You could save hundreds — even thousands — on your medical bills when you use a facility in the enhanced benefit tier.

How to Make the Most of the Enhanced Benefit Tier

We encourage you to continue seeing your regular doctor for routine care. When you need additional medical care, consider talking to your doctor about using a Baylor or Methodist facility in the enhanced benefit tier.

Need to Find a Doctor?

If you need to locate an in-network doctor, contact UHC at 1-800-736-1364 or go to www.myUHC.com and click on *Physicians & Facilities*.

Benefit Rewards Program

Benefit Rewards is the incentive program for City employees enrolled in a City-sponsored health plan. If you participate in this program, you will save a total of \$240 (\$10 per paycheck) on the cost of your 2017 medical plan contributions and receive an extra \$300 toward your HRA!

To participate in the Benefit Rewards program, you must be enrolled in a City-sponsored medical plan.

To participate in the program and earn big benefit rewards, just earn a minimum of 100 points by August 31, 2016:

1. Complete an annual physical exam OR a UnitedHealthcare (UHC) disease management program (25 Points).

- **Annual physical exam:** An annual physical can help you detect health concerns early, so you can take care of them before they become more serious. To give you a snapshot of your current overall health and assess future risks, your physical exam should include a blood test and measure your:
 - Blood pressure
 - Body mass index (BMI)
 - Fasting LDL cholesterol
 - Fasting glucose (blood sugar)
- **Disease management programs:** If you have a chronic condition, such as diabetes or certain types of heart disease, the UHC disease management programs are available to help you be at your healthiest. The programs provide education, case-management, and resources to help you manage your condition with confidence. Programs include asthma, diabetes, coronary artery disease, and heart failure.

2. **Take the MyUHC health assessment (50 Points).** The confidential online Health Assessment asks a number of health-related questions to provide personalized feedback about your health — along with detailed recommendations of where you may want to make some changes. Log in to www.MyUHC.com to complete your assessment. If this is your first visit to the site, you must create an account before logging in.

3. **Complete five health education activities (5 Points Each).** These activities include watching the City's online benefits videos at <https://cityofdallas.a.guidespark.com>.

Annual Physical Exam Verification

The Annual Physical Exam Verification form is to be used by eligible City of Dallas employees (full- or part-time) who would like to submit verification that they received an annual physical exam as part of their participation in the Benefit Rewards Incentive Program.

Please submit the Annual Physical Exam Verification form to the Benefits Service Center no later than **August 31, 2016**.

Instructions for City of Dallas Employees

Complete Section 2 of the form — including signature — and present the form to your physician at your medical appointment. Instruct the physician to complete the required information.

You must submit the completed form directly to the Benefits Service Center by August 31, 2016, by mail, in person, or via secure fax:

Benefits Service Center
Dallas City Hall
1500 Marilla Street, Room 1DS
Dallas, TX 75201
Phone: (855) 656-9114
Secure Fax: (214) 659-7098

Hours: 8:15 a.m. to 5:15 p.m. (Monday-Friday)



Annual Physical Exam Verification

SECTION 1: BACKGROUND

Dear Physician:

The City of Dallas offers an incentive program called Benefit Rewards. As a Benefit Rewards participant, an employee may receive incentives through maintaining a healthy lifestyle. One of the measures required to participate in Benefit Rewards is the completion of an annual physical exam.

Physician: Please complete Sections 3 and 4. The employee must return the completed form to the City of Dallas Benefits Service Center upon your completion.

SECTION 2: PATIENT INFORMATION

(Patient: Complete this section. Please print.)

First Name: _____ Last Name: _____

Employee ID: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____

Gender: Male Female Date of Birth: ____/____/____ Age: _____

Signature: _____ Date of Birth: ____/____/____

PATIENT: This form must be submitted by August 31, 2016.

SECTION 3: ANNUAL PHYSICAL EXAM VERIFICATION ONLY

Physician: Your signature below confirms that the employee has received an annual physical exam.

Physician

Signature: _____ Date of Birth: ____/____/____

Employee Reminders

- The Benefits Service Center has provided multiple delivery options for your results.
- Please mail, fax, or hand-deliver the results to the address provided.
- **Submit all results by August 31, 2016.**

Health Reimbursement Account (HRA)

The EPO 75/25 plan comes with a City-funded Health Reimbursement Account (HRA) to help you pay for out-of-pocket medical expenses, such as deductibles, coinsurance, and prescription drug copays. When you enroll in this plan as a new hire or during open enrollment, The City of Dallas will contribute up to \$700 to your HRA for employee-only coverage or up to \$1,700 to your HRA for family coverage.

Prorated HRA Funds

Enrollment Month	Employee Only	Employee + Dependents	Enrollment Month	Employee Only	Employee + Dependents
January	\$700.00	\$1,700.00	July	\$350.02	\$849.98
February	\$641.67	\$1,558.33	August	\$291.69	\$708.31
March	\$583.34	\$1,416.66	September	\$233.36	\$566.64
April	\$525.01	\$1,274.99	October	\$175.03	\$424.97
May	\$466.68	\$1,133.32	November	\$116.70	\$283.30
June	\$408.35	\$991.65	December	\$58.37	\$141.63

The amount The City of Dallas contributes to your HRA depends on your coverage level, your 2015 WellPoint status, and your enrollment date.

With the HRA, you receive an Optum Bank MasterCard to use for qualified health care expenses. In general, with this card you do not have to file any claims to your account. When you use the card, funds are automatically deducted from your account, and you pay nothing out of your pocket at the time of service.

You should keep all receipts and statements, because you may be required to submit them to UHC to document your expenditures.

Accessing Your HRA Funds

There are three ways to access your HRA funds:

- You may use the Optum Bank MasterCard, which will automatically debit your HRA balance at the point of purchase.
- You can pay out of your pocket and file a claim for reimbursement from your HRA.
- Your provider can submit a claim to UHC and you will be reimbursed automatically from your HRA if funds are available.
- The City will contribute up to \$700 to your HRA for employee-only coverage or up to \$1,700 to your HRA for family coverage! You'll receive an extra \$300 contribution if you complete the City's wellness steps. These funds are deposited into your account at the beginning of the year.
- Your HRA doesn't count as taxable income. That means you can cover eligible health care costs with tax-free dollars!

HRA Details

- The HRA is only available when you enroll in the EPO 75/25 plan.
- You can use the HRA to help pay for eligible out-of-pocket medical expenses including deductibles, coinsurance amounts, prescription drugs, and other medical services not covered by the plan. HRA funds cannot be used for dental or vision expenses.
- Your HRA balance rolls over from year to year until you reach a maximum \$6,000 HRA balance. There are no "use it or lose it" rules.
- You can have an HRA and a Health Care FSA at the same time. You will use the same Optum Bank MasterCard for both accounts. Eligible expenditures will be deducted from your HRA first.
- The City of Dallas sets up your HRA for you. When you have an eligible health care expense, just pay with your Optum Bank MasterCard. Funds are automatically deducted from your account.

How the EPO 75/25 Plan and Your HRA Work Together

Step 1: Your HRA Pays for Care

At the beginning of each plan year, The City of Dallas credits money to an HRA set up for you. When you have an eligible medical expense, pay with your Optum Bank MasterCard until your account is empty.

Step 2: You Pay the Remaining Deductible

Once your HRA is empty, you pay 100% of medical expenses until you finish meeting your deductible. Many payments from your HRA and from your own pocket count toward the deductible, so you are already part of the way there!

Step 3: The Plan Pays Some, and You Pay Some

If you have more expenses after your deductible is met, your EPO 75/25 plan pays coinsurance — 75% of the cost for in-network care. Your share is the difference — 25% — until you reach your out-of-pocket maximum.

Step 4: The Plan Pays the Rest

After you reach your out-of-pocket maximum for the year, your EPO 75/25 plan pays 100% of eligible in-network charges.

See the HRA in Action

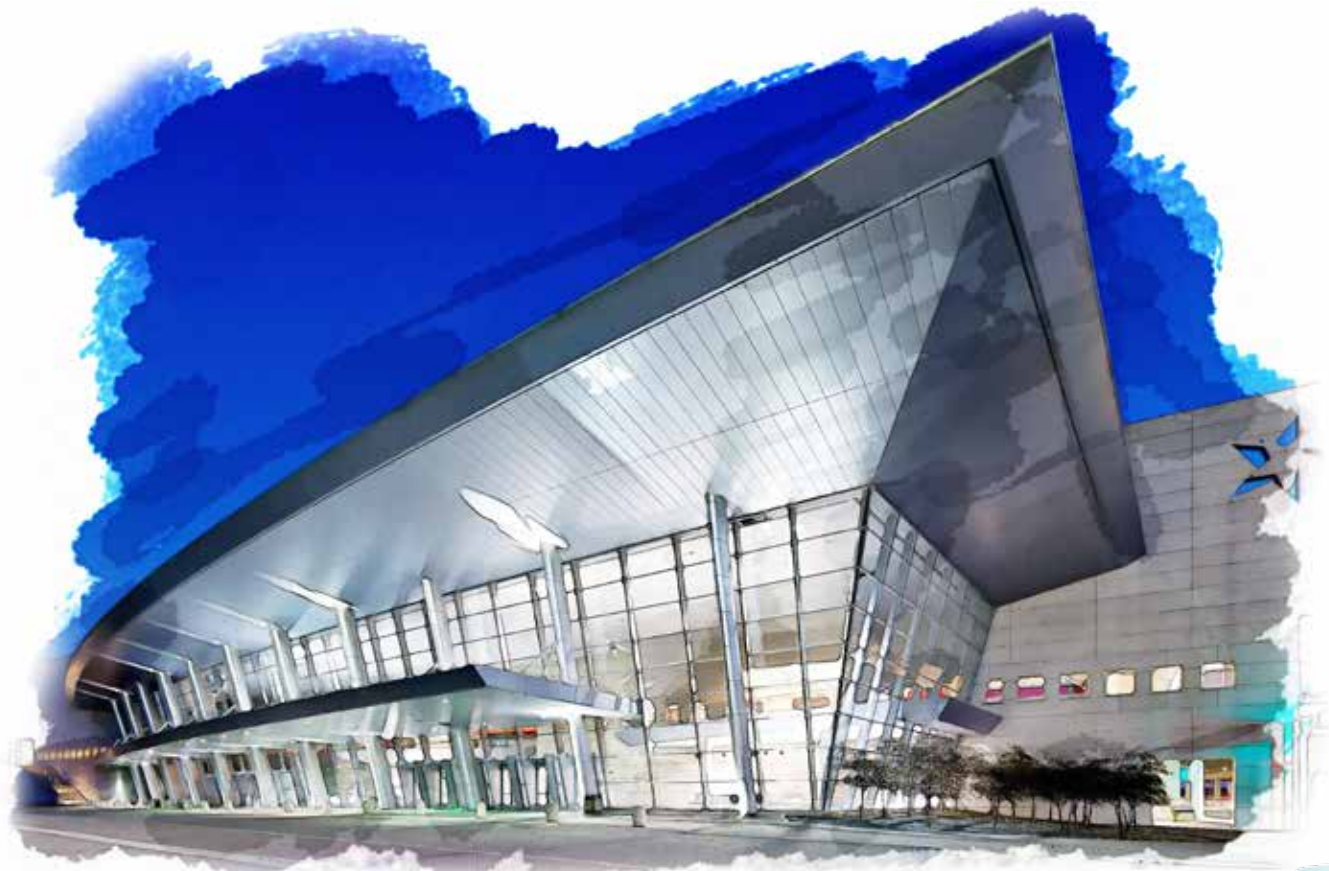
Jesse has employee-only coverage under the EPO 75/25 plan. At the beginning of the new plan year, The City of Dallas contributes \$700 to Jesse's HRA that he can use for eligible medical and pharmacy expenses. These payments also count toward his in-network individual deductible of \$2,500.

Jesse suffers a heart attack early in the year and uses in-network services for his care. In this example, Jesse is left with \$0 in his HRA account at the end of the year. However, because he used in-network doctors and services, his out-of-pocket expenses were limited to his annual out-of-pocket maximum.

Services	Payments
Ambulance	
Billed Amount:	\$200
Jesse Owes:	The full \$200 since he has not met his deductible
Jesse Pays:	\$200 out of the HRA funds provided by the City, leaving an HRA balance of \$500 (\$700—\$200)
The City's Plan Pays:	\$0
Surgery and Inpatient Hospital Stay	
Billed Amount:	\$75,000
Jesse Owes:	\$2,300 remaining on his deductible and 25% of the remaining charges
Jesse Pays:	\$500 out of his HRA, leaving a \$0 balance in the HRA and \$5,650 out of pocket. Even though 25% of the charges is much more than \$5,650, Jesse has reached his annual out-of-pocket maximum of \$6,350 (\$6,150 total to hospital + \$200 previously paid for ambulance = \$6,350 total)
The City's Plan Pays:	\$68,650
Follow-Up Visits (5)	
Billed Amount:	\$500 (in-network contracted price of \$100 per visit paid to the UHC provider)
Jesse Owes:	\$0 because he has met his out-of-pocket maximum
The City's Plan Pays:	\$500

Medical Plan Comparison: What You Pay

Plan Feature	EPO 70/30/\$3000	EPO 75/25 with HRA
	In-Network Only	In-Network Only
Total Deductible	\$3,000 single \$9,000 family	\$2,500 single \$5,000 family
City HRA Contribution	N/A	\$1,000 single/\$2,000 family with wellness \$700 single/\$1,700 family without wellness
Out-of-Pocket Maximum (Includes pharmacy)	\$6,350 single \$12,700 family	\$6,350 single \$12,700 family
Office Visits	30% after deductible	25% after deductible
X-ray and Lab Work	30% after deductible	25% after deductible
Preventive Care	Covered at 100%	Covered at 100%
Emergency Room	You pay \$100 copay plus 30% after deductible	25% after deductible
Urgent Care Facility only	30% after deductible	25% after deductible
Inpatient Services	30% after deductible	25% after deductible
Outpatient Services	30% after deductible	25% after deductible
Enhanced facility benefit	10% after deductible	10% after deductible
Prescription Drug coverage	See page 14 for details	See page 14 for details
Prescription Drug Deductible	\$750 individual	N/A



Prescription Drug Coverage

If you enroll in one of the City of Dallas medical plans, you will automatically receive prescription drug coverage through CVS/Caremark. When you need prescriptions, you can purchase them through a local retail pharmacy or, for medications you take on an ongoing basis, through the mail order program.

Retail Prescription Program

Medications taken for temporary conditions can be filled at network pharmacies. You may receive up to a 31-day supply of medication through this program.

Mail Order Program

The mail order program offers a convenient and cost-effective way to fill prescriptions for medications that you take on a regular basis (maintenance medications). When you use the mail order program, you typically receive a 3-month supply of medication. Your medications are mailed directly to your home.

To sign up for the mail order program, call *FastStart* at 800-875-0867 or register online:

- Log in to www.caremark.com
- Select *Start a New Prescription*
- Click on *FastStart*

Generic Step Therapy

For certain high-cost prescription drugs, you may need to try two alternative, generic medications first before “stepping up” to a more costly treatment. Your pharmacist will let you know at the time of purchase if your prescription requires step therapy.

Dispense As Written Penalty

If you elect to fill a brand-name medication when a generic is available, you will pay your generic copay AND the cost difference between the brand-name and the generic medication. Generic drugs can save you money! They are chemically equivalent to brand-name medications, but they generally cost a fraction of the price.

Specialty Drug Formulary Prescriptions

Certain specialty drug formulary prescriptions — medications used to treat complex conditions like cancer, multiple sclerosis, and autoimmune disorders — must be filled with a drug on CVS/Caremark’s approved list. If you choose to fill your prescription with a drug on the “excluded” list, you will be required to pay the full cost of that drug.

What You Pay

	EPO 70/30	EPO 75/25 with HRA
Annual Prescription Drug Deductible	\$750 Individual	N/A
Retail (31-day supply)		
Generic	10% (\$10 minimum)	10%
Preferred Brand-Name	25% (\$25 minimum)	25%
Non-Preferred Brand-Name	40% (\$40 minimum)	40%
Mail Order (90-day supply)		
Generic	10% (\$10 minimum)	10%
Preferred Brand-Name	25% (\$25 minimum)	25%
Non-Preferred Brand-Name	40% (\$40 minimum)	40%