

CITY OF AMARILLO

2016 Open Enrollment Information Sessions

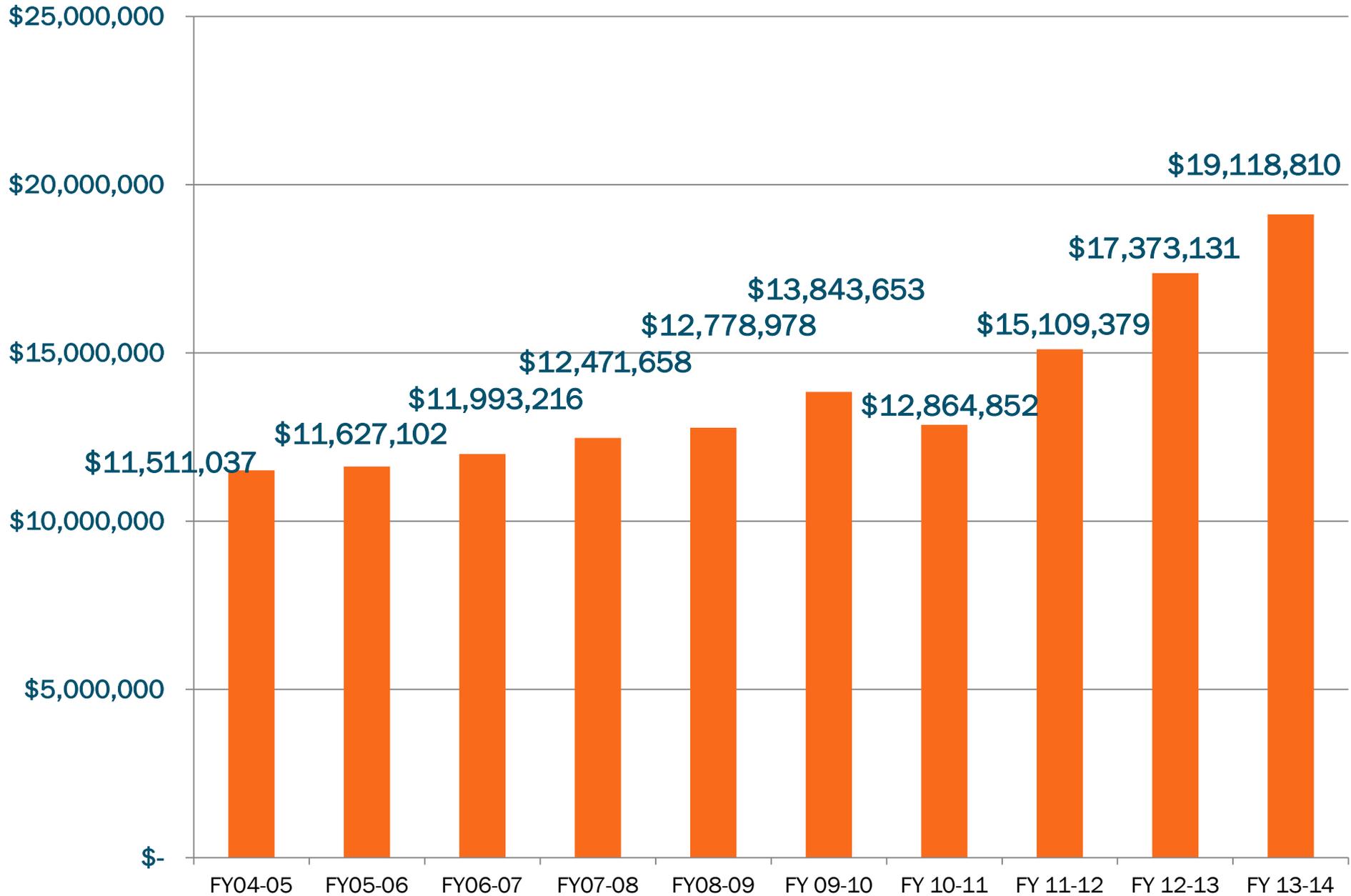


DISCUSSION TOPICS

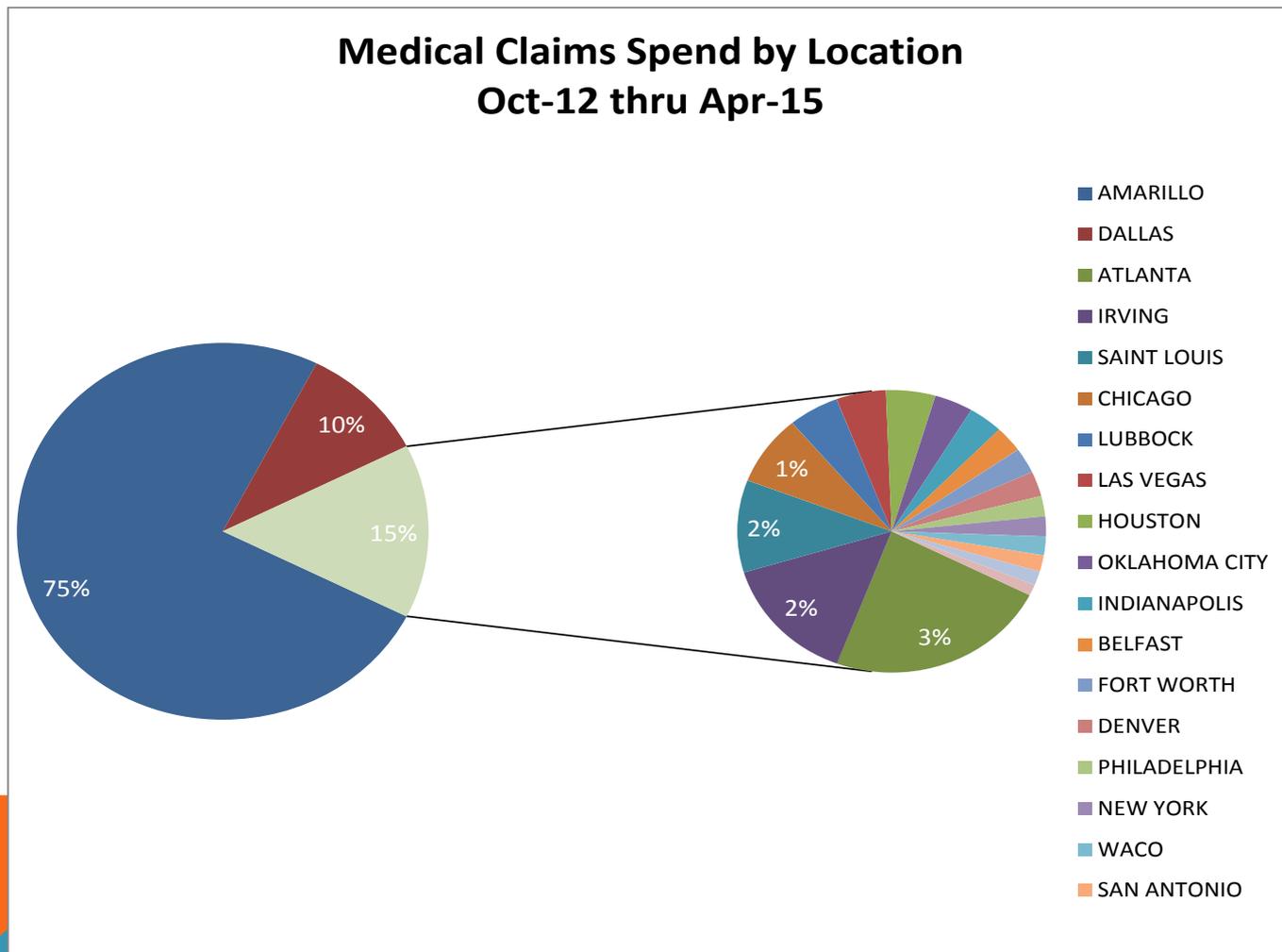
- What Is Changing for 2016?
- Why Are We Making These Changes?
- 2016 Aetna EPO Medical Plan Overview
- 2016 Maxor Pharmacy Plan Overview
- 2016 Aetna Dental Plan Overview
- 2016 ASI Flex FSA Plan Overview
- 2016 UHC Vision Plan Overview
- Next Steps



Annual Claims Spend



From Oct. 2012 – April 2015, The City of Amarillo currently had 25% of their claims spend occurring outside of the City



Why does this matter?

The City is unable to control the medical spend outside of Amarillo without having strong network discounts. This leads to increased costs each year.

If We Did Not Make A Change For 2016:

- Projected FY '14-15 shortfall of approx. \$3.5M
- Projected FY '15-16 shortfall of approx. \$5.0M
- Projected FY '15-16 increase to funding of approx. 25%

CURRENT ACTIONS TO THE HEALTH PLAN

- The City (employer) has increased their contribution by 15% for 2016.
- The employee contribution has been increased by 15% for 2016.
- The City continues to work with a consultant to identify changes in the health plan that can improve sustainability of the health plan.
- The City is worked with NWITH to significantly reduce costs for acute hospital services.
- The City has elected to move administration of the medical and dental plans to Aetna Life Insurance Company, effective 1/1/2016.

PREMIUM CONTRIBUTIONS

Coverage option	Overall Total Premium Cost (Per Pay-period)	City Contribution (Per Pay-period)	City %	Employee Contribution (Per Pay-period)	Employee %
<i>Employee Only</i>	<i>\$327.21</i>	<i>\$301.90</i>	<i>92%</i>	<i>\$25.31</i>	<i>8%</i>
<i>Employee and Spouse</i>	<i>\$454.08</i>	<i>\$372.92</i>	<i>82%</i>	<i>\$81.15</i>	<i>18%</i>
<i>Employee and Child/Children</i>	<i>\$441.61</i>	<i>\$372.92</i>	<i>84%</i>	<i>\$68.68</i>	<i>16%</i>
<i>Employee and Family</i>	<i>\$551.08</i>	<i>\$421.47</i>	<i>76%</i>	<i>\$129.62</i>	<i>24%</i>

HEALTH PREMIUMS

Plan Coverage Option	2015 Premium (Per Pay-period)	2016 Premium (Per Pay-period)	Amount of Increase (Per Pay-period)
<i>Employee Only</i>	<i>\$22.01</i>	<i>\$25.31</i>	<i>\$3.30</i>
<i>Employee and Spouse</i>	<i>\$70.57</i>	<i>\$81.15</i>	<i>\$10.59</i>
<i>Employee and Child/Children</i>	<i>\$59.72</i>	<i>\$68.68</i>	<i>\$8.96</i>
<i>Employee and Family</i>	<i>\$112.71</i>	<i>\$129.62</i>	<i>\$16.91</i>

DENTAL PLAN PREMIUMS

Plan Option	2015 Premium (Per Pay-period)	2016 Premium (Per Pay-period)	Amount of Increase (Per Pay-period)
<i>Employee Only</i>	\$13.00	\$14.95	\$1.95
<i>Employee and Spouse</i>	\$24.50	\$28.17	\$3.67
<i>Employee and Child/Children</i>	\$22.87	\$26.30	\$3.43
<i>Employee and Family</i>	\$34.30	\$39.45	\$5.15

City Care

Employee Health and Wellness Clinic



808 South Buchanan
Amarillo, Texas 79101
(806) 378-9090
Hours of operation:
Monday – Friday
7:30 a.m. – 5:00 p.m.

All services are 100% covered!

2016 AETNA EPO MEDICAL PLAN

Plan Features	In-Network Only
Deductible - <i>Per Calendar Year</i>	\$1,000 Individual \$2,000 Family
Out-of-Pocket Limit - <i>Per Calendar Year</i>	\$4,500 Individual \$9,000 Family
Out-of-Network Coverage	None , except for Emergencies
Preventive Care	In-Network Only
Routine Adult Physical Exams/Immunizations	Covered 100%, deductible waived
Routine Well Child Exams	Covered 100%, deductible waived
Routine Well Woman/Man Exams	Covered 100%, deductible waived
Routine Mammograms - 1 baseline for females age 35-39, 1 annual mammogram ages 40 and over	Covered 100%, deductible waived
Colorectal Cancer Screening - Recommended for all members age 50 and over	Covered 100%, deductible waived
Physician Services	In-Network Only
Office Visits	Covered 80%, after deductible
Specialist Office Visits	Covered 80%, after deductible

2016 AETNA EPO MEDICAL PLAN

Plan Features	In-Network Only
Diagnostic Procedures	In-Network Only
Diagnostic X-Ray	Covered 80%, after deductible
Diagnostic Laboratory	Covered 100%, deductible waived if performed by Quest Diagnostics Lab Covered 80%, after deductible if done by any other laboratory/physician office
Diagnostic Complex Imaging (MRI/CT/PET Scan)	Covered 80%, after deductible
Urgent / Emergency Medical Care	
Urgent Care Provider	Covered 80%, after deductible
Emergency Room	Covered 80%, after deductible
Ambulance	Covered 80%, after deductible
Hospital Care	
Inpatient Coverage (In Amarillo, the only in-network facility is Northwest Hospital)	Covered 80%, after deductible
Inpatient Maternity Coverage (includes delivery and postpartum care)	Covered 80%, after deductible

FINDING PHYSICIANS IN THE NETWORK - DOCFIND

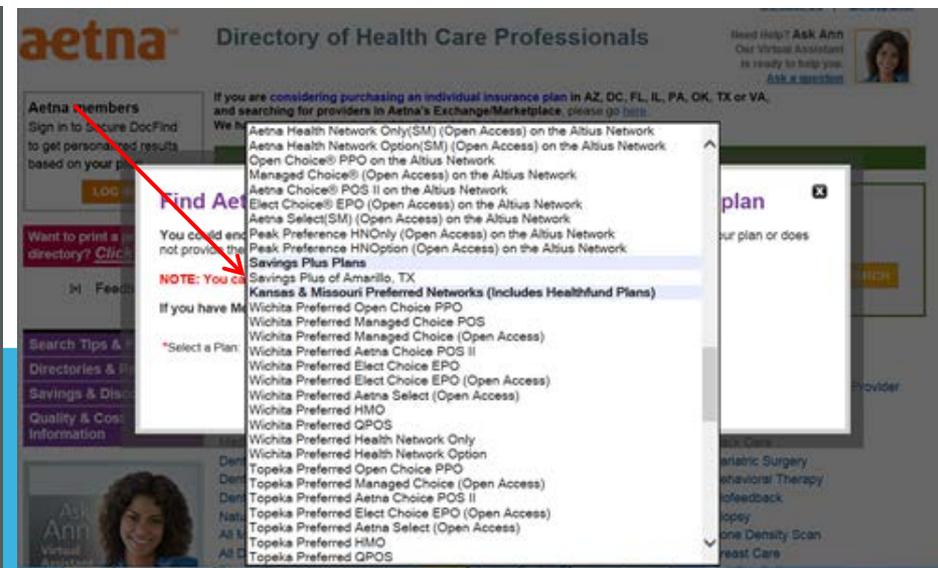
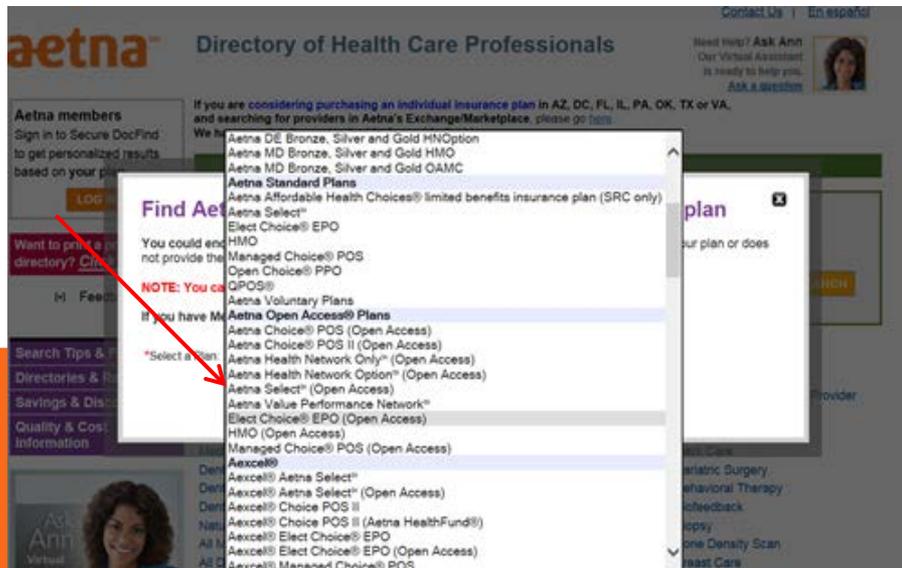
- Go to www.aetna.com
- Scroll down or use the menu to click on *Find a Doctor*
- Once in DocFind, provide the geographic information requested to start your search.
- Under *Select a Plan*, scroll down to find:

Outside of Amarillo

Aetna Open Access Plans and select
Aetna Select

In Amarillo

Savings Plus Plans and select *Savings Plus of Amarillo, TX*



YOUR AETNA EPO MEDICAL PLAN ID CARD

- The ID cards are family style ID cards
 - You will get 2 sets of ID cards per family
 - You will use this ID card for both medical and pharmacy
- The ID card will include:
 - First name
 - Middle initial
 - Last name
 - Member ID number and Member Services Number
- In the event that there are more than five (5) family members, another set of two ID cards will be generated for the remaining family members.



YOUR MEDICAL WEBSITE - AETNA NAVIGATOR



[Logout](#) [Your Profile](#) [Site Map](#) [Help & Resources](#) [Contact Us](#) [En español](#)

Type your question here

ASK ANN



Home Coverage & Benefits Claims Care & Treatment Health Records Health Programs

You are logged in as RANDALL ROBBINS

I want to...

- Compare cost estimates
- Find a Doctor, Pharmacy or Facility
- View Deductibles & Plan Limits
- Get an ID Card
- Take a Health Assessment
- Find a Form
- More...

Welcome to your secure Aetna Navigator® website.

Clearing away the clouds

Make your mental and emotional health a priority. Learn about stress relief, silence your inner critic and find out if you're at risk for depression. Visit our [Reawakening Center](#)



Accounts & Funds

Health Savings Account
[Access Your Account](#)

Cost of Care

Stay in the Network and Save
Cardiac Catheterization National Average

In network:	Out of network:
\$7,916	\$20,812

Find out what YOU will pay for common services based on YOUR medical plan.

[Use Member Payment Estimator](#)

[Get more cost information](#)

Your Messages

You have no messages right now.

Your Claims

Member Name

All Members

Type of Claim

Medical

Dates

Last 365 Days

[VIEW CLAIMS](#)

[View your Explanation of Benefits](#)

We are here to help



ASK A QUESTION

[E-mail us](#)
[Contáctenos](#)
[More contact options](#)

AETNA NAVIGATOR – WHAT CAN YOU DO ONLINE

WWW.AETNA.COM

- Find a Doctor
- Review Your Medical Claims
- Download an Explanation of Benefits (EOB)
- Review Your Medical Plan Coverage
- Estimate Your Healthcare Costs
- Talk to a Nurse 24/7
- Get Access to Wellness Resources



AETNA WELLNESS INCENTIVE – WWW.AETNA.COM



You can earn a **\$50 incentive** simply by doing the online health assessment or completing one of the online wellness classes.

Additional details on this incentive will be sent out early next year.



Aetna Member Services: 1-800-410-2386

DISCOUNT PROGRAMS



- Vision – Discounts on eye care products and services
- Hearing – Discounts on hearing exams and hearing aids
- Fitness – Discounts on health club memberships and home exercise equipment and videos
- Natural Products and Services – Discounts on acupuncture, chiropractic care, massage therapy, vitamins, etc.
- Weight Management – Discounts on programs such as CalorieKing™, Jenny Craig® and Nutrisystem®

Plus many, more....information can be found on Aetna Navigator

DENTAL PLAN – ADMINISTERED BY AETNA

Plan Feature	Dental Plan - PPO
Annual Deductible Individual Family	\$50 \$100
Annual Benefit Maximum per person	\$1,000
Preventive Services – no waiting period applies (Exams, routine cleanings, fluoride treatments, space maintainers)	100% (no deductible)
Basic Services – For <u>new</u> dental enrollees benefits are only available after member has been enrolled for 3 months (X-rays, fillings, periodontics, sealants, denture repairs)	80% after deductible
Major Services - For <u>new</u> dental enrollees benefits are only available after member has been enrolled for 12 months (Crowns, inlays, onlays, bridges, dentures)	50% after deductible
Orthodontia (for children only) - For new dental enrollees benefits are only available after member has been enrolled for 12 months	\$1,500 per Lifetime (payable in increments of \$500 per year)

YOUR DENTAL PLAN WITH AETNA

- You will not need an ID Card.
 - When visiting a dentist, simply provide your name, date of birth and Member ID# (or social security number).
- If you still would like an ID card for you and your dependents, you can print a customized ID card by going to www.aetna.com



A screenshot of the Aetna website. At the top, there is a navigation bar with links for Home, Coverage & Benefits, Claims, Care & Treatment, Health Records, and Health Programs. Below this is a search bar with the text "Type your question here" and an "ASK ANN" button. The main content area is divided into several sections: "I want to..." with links like "Compare cost estimates" and "Get an ID Card"; "We are here to help" with a "Ask Ann Virtual Assistant" button; "Accounts & Funds" with a "Health Savings Account" link; "Cost of Care" showing "In network: \$7,916" and "Out of network: \$20,812"; "Your Messages" with the text "You have no messages right now."; and "Your Claims" with a "VIEW CLAIMS" button. The website is logged in as "RANDALL ROBBINS".

To find an in network dentist go to
www.aetna.com or
call 1-800-410-2386

2016 PHARMACY BENEFITS

Good News!



There are very few changes to your pharmacy benefits for 2016

CHANGES FOR 2016:

- Generic Retail (30 day) Prescriptions available at Walmart/Sam's for a \$10 copay.
- You can now get a 90 day supply of your prescription drug at Walmart/Sam's.
- Generic Retail (30 day) Prescriptions anywhere except for Walmart/Sam's will now be a \$15 copay.
- You will no longer use your Maxor ID Card. You will receive an ID Card from Aetna that will be used for pharmacy beginning 1/1/2016.

2016 PHARMACY PLAN

	30 Day Supply at Walmart / Sam's Pharmacy	30 Day Supply ALL other pharmacies	90 Day Supply at Walmart / Sam's / Maxor Mail Order
Generic	\$10	\$15	\$20
Preferred Brand	\$35	\$35	\$70
Non-Preferred Brand	\$50	\$50	\$100
Specialty Medications	\$65 – Only available at a 30 day supply through Maxor Specialty		

PREVENTIVE MEDICATIONS – COVERED AT 100%

Medication	Coverage Guidelines
Aspirin	Covered only for ages 45 and over Prior Authorization is required for women under the age of 45. Used as a preventive medication after 12 weeks of gestation in pregnant women who are at high risk for preeclampsia
Fluoride Supplements	Covered for up to the age of 6
Folic Acid	Covered for women only, up to the age of 55
Immunizations	Influenza (flu), Herpes Zoster (shingles), Pneumococcal (pneumonia)
Contraceptives	For women only. Generic drugs or Brand drugs with no generic equivalent
Vitamin D Supplements	Covered for ages 65 and older
Tobacco Cessation	Annual limit of 2 cycles of treatment (12 weeks per cycle)
Breast Cancer Preventive	Prior Authorization is required

Flexible Spending Accounts – ASIFlex

Flexible Spending Accounts (FSA)

- Year to year account
- Set aside pretax dollars
- Automatic payroll deductions
- Pay for current year expected expenses

Two Accounts:

HealthCare FSA

Dependent Care FSA



Confirmation Letter – Will be sent in December with your PIN.

asi@asiflex.com

www.asiflex.com | www.asiflex.com/debitcards

800.659.3035

WHAT IS THE ADVANTAGE?



All contributions are pretax

You don't pay Federal or FICA taxes

That means you can save 25% or more!

Assumptions: Family Income = \$35,000 Assume \$6,000 in health and dependent care expenses	Without FSA	With FSA
Annual Earnings	\$35,000	\$35,000
Expenses paid through FSA		- 6,000
Taxable Compensation	\$35,000	\$29,000
Estimated 25% Tax	- 8,750	- 7,250
Expenses paid after-tax	-\$6,000	\$0
Net Spendable Income	\$20,250	\$21,750
EXTRA MONEY		\$1,500

YOU WILL NEED TO SIGN UP TO RECEIVE THIS CARD

Things to Know:

- May use for out-of-pocket Health Care expenses
- Two cards issued per employee
- Arrives in plain white envelope
- Use PIN for debit; or sign for credit
- Good for 5 years – do not toss
- Know your account balance



ASIFLEX CARD

DOCUMENTATION REQUIREMENTS



Use of card is NOT paperless

ASIFlex will notify you when documentation is required

Documentation not required for:

- Flat dollar co-payments for prescriptions under the employer plan
- Qualified over-the-counter health care items
- Recurring expenses for same dollar amount, same provider each month

Documentation required for:

- Other percentage co-payments, doctor expenses, x-ray, lab, hospital, deductibles, coinsurance, etc.
- Dental expenses such as deductibles and coinsurance
- Vision that is not a co-pay amount

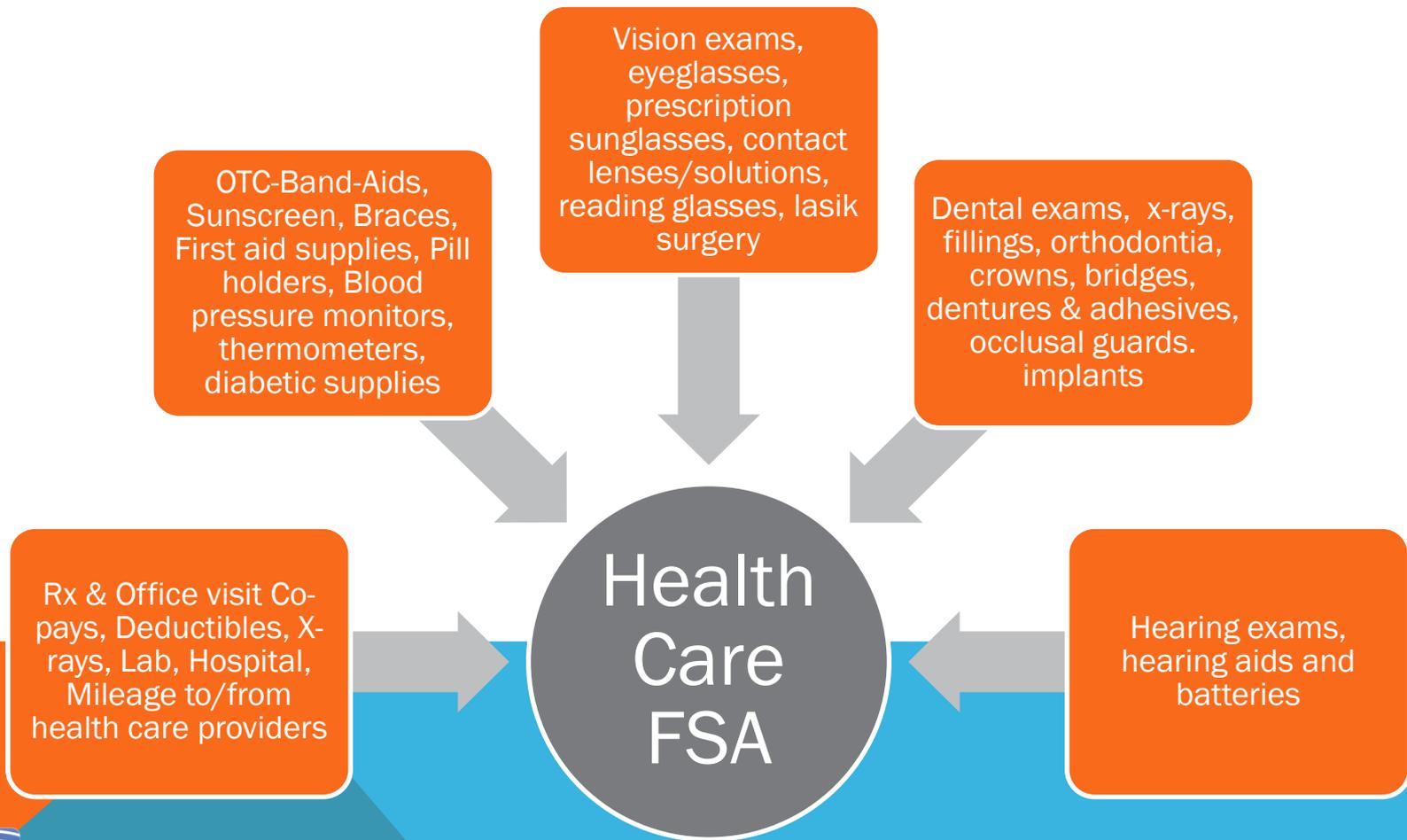
Respond to requests

IRS requires card be inactivated if you do not respond



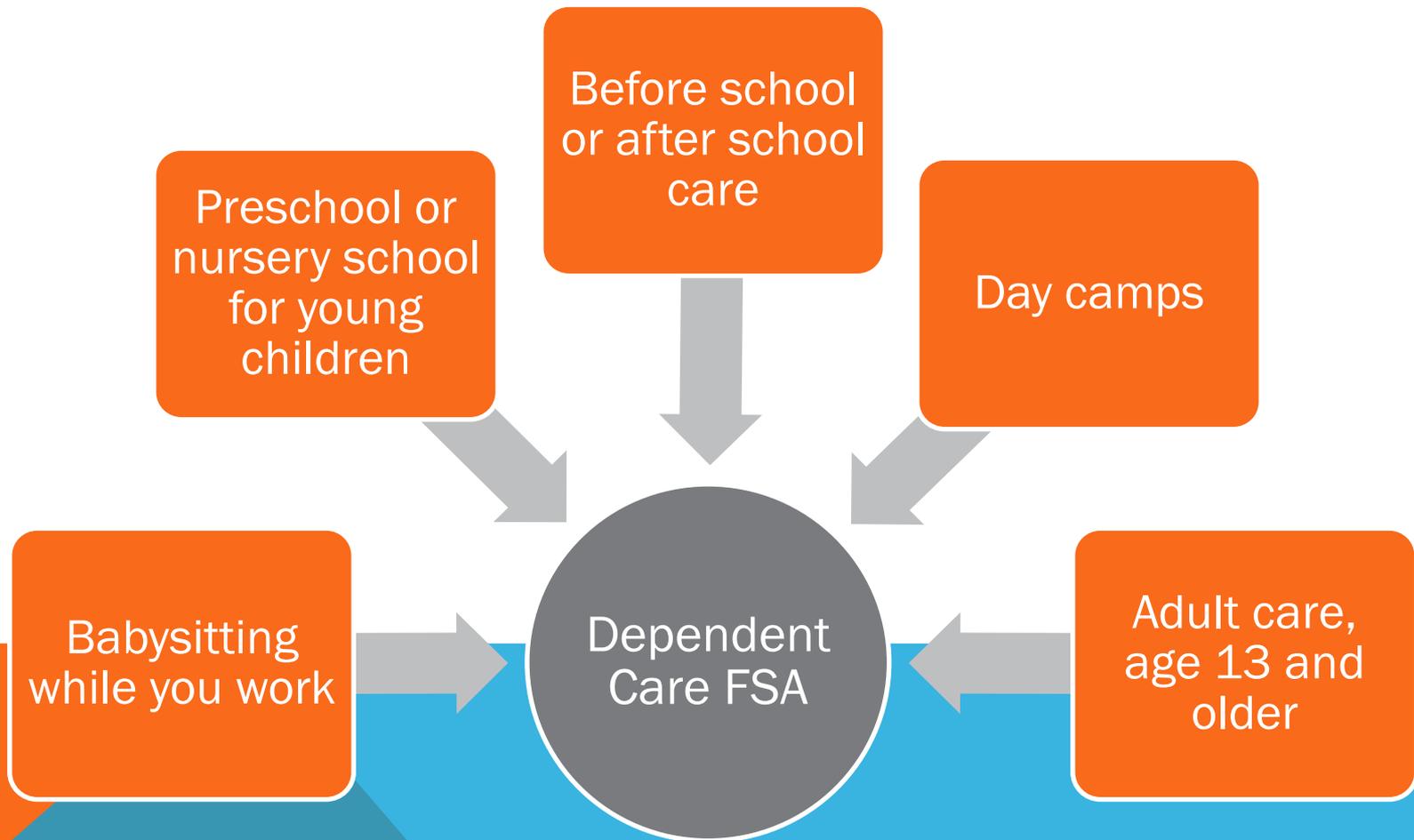
HEALTH CARE FSA

THE MOST YOU CAN CONTRIBUTE IS \$2,550



DEPENDENT CARE

MOST YOU CAN CONTRIBUTE IS \$5,000



FSA CLAIM FILING OPTIONS

Online

www.asiflex.com

- Scan documentation, upload to submit claim
- FlexMinder will capture your Aetna Explanation of Benefit (EOB) statements and present a list to you
- You simply click on a “Submit” button and FlexMinder will submit the claim directly to ASIFlex

ASIFlex Mobile App

- Download the App
- Take picture of documentation and file claims on the go! Check your balance 24/7!

Manual Claim Submission

- Fax toll-free
- USPS Mail
- Claims forms available at asiflex.com

Expenses Incurred: Jan 1, 2016 – Mar 15, 2017
Deadline to File Claims: March 31
USE IT OR LOSE IT



Vision – Administered by UHC

Plan Feature	In-Network Benefits	Out-of-Network Reimbursement
Eye Exam (every 12 months)	100% after \$10 copay	Up to \$45
Glasses (lenses every 12 months)	\$25 copay (Copay includes single, bifocal, trifocal, or lenticular lenses and frames)	Up to: \$50 Single Vision \$60 Bifocal \$80 Trifocal \$80 Lenticular
Frames (every 24 months)	You have a \$130 frame allowance	Up to \$50
Contact Lenses (in lieu of glasses every 12 months)	Medically necessary contacts covered in full. Elective contacts up to \$150.	Up to \$150 for medically necessary contacts. Elective contacts up to \$150

To find a provider please call 1-800-839-3242 or www.myuhcvision.com

The Employee Assistance Program (EAP) is designed to confidentially help you cope with life's challenges and the variety of personal problems that can develop from them.

Professional counselors are available to counsel BOTH employees and their household members in a safe, private atmosphere.

[These services are completely paid for by the City of Amarillo!](#)

You can get 3 FREE Visits a year. There are a variety of services available including, but not limited to:

- Relationship Problems
- Depression or Anxiety
- Child Care Issues
- Legal Difficulties
- Financial Difficulties
- Alcoholism
- Drug Addiction



**Professional Counseling & Biofeedback
Center**

www.counselingamarillotexas.com

OPEN ENROLLMENT – NEXT STEPS

We will mail you an Open Enrollment guide in the next few weeks with all of the plan details.

You will receive an enrollment form from your supervisor later this week.

CALL AETNA @
1-800-410-2386

- If you want to add/change/drop coverages – **fill out the enrollment form**
- If you want to add/change/drop dependents – **fill out the enrollment form**
- If you want to elect the FSA account(s) – **fill out the enrollment form**
- If you are not making any changes – **no action is required.**