

Preparing for Open Enrollment



Open Enrollment is from **Monday, October 12** through **Sunday, November 15, 2015**. Benefit changes and deductions are effective on January 1, 2016.

New in 2016

Tobacco Premium for Spouses or Domestic Partners The City is introducing a Tobacco Premium of \$12.50 per pay period for spouses or domestic partners *who are enrolled in a City medical plan* and use tobacco products. If your spouse or domestic partner is a non-tobacco user, you must participate in Open Enrollment and change the selection from tobacco user to non-tobacco user. If you do not participate, you will pay a Tobacco Premium of \$12.50 per pay period beginning in January 2016.

- If you indicated you were a non-tobacco user during Open Enrollment in 2014 or during New Employee Orientation in 2015, no action is needed. You will not pay the Tobacco Premium in 2016.
- If you completed Tobacco Cessation 101 from July 1, 2014 through June 30, 2015 and successfully quit using tobacco, you must participate in Open Enrollment to indicate this and avoid paying the Tobacco Premium in 2016.
- If you or your spouse uses tobacco products, you can avoid paying the premiums if you or your spouse completes Tobacco Cessation 101 before December 31, 2015. For a list of classes, visit the HealthyConnections webpage at austintexas.gov/benefits.

New Medical Plan Programs Use of Premium Designated Providers will reduce PPO and HMO primary care and specialist copays by \$10. Several other new medical programs will be introduced in 2016; these are Spine and Joint, Cancer Support, Comprehensive Kidney, Maternity, Applied Behavior Analysis, Medical and Pharmacy Necessity, and Transgender Reassignment Surgery.

Administrative Leave Increase from Four to Eight Hours Employees will see an increase from four hours to eight hours of ADL for completing the online Health Assessment. HealthyConnections will be offering Health Assessment screenings throughout the year. You can also use data from your annual physical to complete the assessment at myuhc.com.

Changes

Medical Rates Employees enrolled in Employee Only coverage for the PPO will pay a \$5 per pay period premium. Employees enrolled in Employee Only coverage for the HMO will pay \$10 per pay period. Premiums for dependent coverage will increase by ten percent.

CDHP w/HSA Plan For employees enrolled in Employee Only coverage, the City will continue to pay 100 percent. The City will decrease the individual deductible amount and the out-of-pocket maximum for Family coverage.

Coinsurance for Prescriptions The City will introduce a coinsurance for Tier 2 and Tier 3 prescriptions on the PPO and HMO Medical Plans. See the chart below for your costs.

	PPO Retail Pharmacy	HMO Retail Pharmacy
Tier 1	\$10 copay	\$10 copay
Tier 2	\$30 copay, or 20% of the cost, with a \$60 maximum copay.	\$35 copay, or 20% of the cost, with a \$70 maximum copay.
Tier 3	\$50 copay, or 20% of the cost, with a \$100 maximum copay.	\$55 copay, or 20% of the cost, with a \$110 maximum copay.

Dental Plan For employees enrolled in Employee Only coverage, the City will continue to pay 100 percent. For full-time employees covering dependents, premiums will increase from \$22.18 to \$23.43 per pay period.

Vision Plan Increased frame retail allowance from \$125 to \$175, if purchased at Vision Works. Up to \$125 retail allowance if purchased at other contracted providers, and rates will increase.

Changes (Continued)

Legal Protection Plan No rate increase. Plan design enhancements include coverage for Purchase of Primary Residence and Sale of Primary Residence, Postnuptial Agreement and Credit Records Correction.

Disability Programs The City will continue to provide Short Term Disability for employees working 20 or more hours per week at no cost to employees. Employees may continue to buy Long Term Disability. Rates will decrease on Long Term Disability, and the amount paid for disability will increase on both plans.

FLEXTRA Health Care Account Maximums will increase from \$104 to \$106 per pay period, for a total annual maximum amount of \$2,544.

Participate

Review

- The *2016 Employee Benefits Guide*.
- Your **2015 Coverage Information Statement**. Your statement lists your current benefits and the names of your dependents covered for each benefit plan with 2016 rates.

Step 1

Attend an Open Enrollment benefits presentation. Look for posters in your work area with the date, time, and location of the presentations at your worksite. If you are unable to attend a presentation, you can view the Open Enrollment videos online at coaopenrollment.com. Scan the QR code for easy access.



Step 2

Have these items on hand when participating in Open Enrollment:

- Your **Employee ID Number**, **Social Security Numbers**, and **dates of birth** for the dependents you wish to enroll.
- The *2016 Employee Benefits Guide* for rates and eligibility guidelines.

Step 3

Ways to participate in Open Enrollment:

- **Online** – coaopenrollment.com
- **Telephone** – **512-493-1350** Spanish speakers are available.



Online

Go to coaopenrollment.com

Available 24/7, beginning Monday, October 12 through Sunday, November 15, 2016. To log in, you will need your **Employee ID Number** (located on your timesheet and on your 2015 Coverage Information Statement) and the **first** five digits of your **Social Security Number**.

To make changes to your benefits, select the appropriate tabs.

- **Employee tab** – To update your address and marital status.
- **Dependents tab** – To update your dependents' personal information as well as add or drop them from coverage.
- **Tobacco Certification/Save tab** – To complete the Tobacco Certification Form for you and your spouse, finalize your benefits changes, and print a copy of your **2016 Online Verification**.



Phone

Call **512-493-1350**

Available weekdays, Monday, October 12 through Friday, November 6, 2015.

- Representatives are available from 8 a.m. to 5 p.m., CST.
- Spanish-speaking representatives are available.

Remember

After you participate in Open Enrollment . . .

You will receive a 2016 Confirmation Statement within two business days of participating online or by telephone.

- Carefully check your statement to make sure your changes are correct.
 - ❖ If you notice a mistake, contact CompuSys/Erisa Group, Inc. (Erisa) at **512-250-9397** to make corrections.
 - ❖ If you don't receive a statement, contact Erisa to verify that your changes were processed correctly and request a copy of your 2016 Confirmation Statement.
- Keep your statement.
 - ❖ Your first benefits deductions in 2016 will be on January 25, 2016.
 - ❖ Payroll deduction errors must be reported to the Employee Benefits Division at **512-974-3284**.

If you added dependents during Open Enrollment . . .

If you added a spouse, domestic partner, or children to your benefits, you will need to provide the following documentation to your department's Open Enrollment Coordinator or the Employee Benefits Division by Friday, November 13, 2015; refer to the **2016 Employee Benefits Guide**.

Qualifying Life Events

Open Enrollment benefit elections remain in effect for 2016; however, you may make changes to your benefits during the year if you experience a qualifying life event such as:

- Marriage or divorce; domestic partnership or dissolution of domestic partnership.
- Birth, adoption, court order, death, or dependent child reaching age 26.

Your benefits change must be consistent with your qualifying life event. For example, if your spouse loses benefits coverage, you can add your spouse to your benefits and/or increase your FLEXTRA Health Care contribution. Contact the Employee Benefits Division.

Qualifying Life Events During Open Enrollment

If you experience a qualifying life event during Open Enrollment, you must contact the Employee Benefits Division within **31 days** to schedule an appointment to make any changes to be effective from October through December of 2015. During your visit, a staff member will help you make Open Enrollment changes. Participating in Open Enrollment alone will not **add** or **drop** dependents for the remainder of 2015.

New Medical Plan Programs

Premium Designated Providers – Using Premium Designated Providers will reduce PPO and HMO copays for primary care physicians and specialists by \$10. CDHP participants will pay lower overall amounts for office and specialist charges. Participants who use these providers have lower overall net paid costs, fewer emergency room visits and inpatient days. Providers must meet UnitedHealthcare criteria based on quality and cost efficiency.

UnitedHealthcare developed the UnitedHealth Premium® designation program to recognize physicians who meet quality and cost efficient care guidelines. The program uses national industry standards to evaluate for quality and local market benchmarks for cost efficiency across 27 medical specialties, including family practice, internal medicine, pediatrics, cardiology and orthopedics.

Spine and Joint Program – Participants receive access to care teams that qualify for UnitedHealthcare's Orthopedic Center of Excellence designation. Care teams include a network of surgeons, hospitals and surgery facilities. The Spine and Joint Solution Program provides employees and their dependents access to Centers of Excellence surgical facilities. They provide experienced surgeons for spine fusion surgery, spine disc surgery, total hip replacement and total knee replacement. Participants also receive support from a dedicated nurse.

New Medical Plan Programs - (Continued)

Cancer Support Program – Specialized cancer nurses offer needed support to participants throughout cancer treatment, recovery and at end of life to assist with treatment decisions and improve a participant's health care experience. Experienced, caring cancer nurses from the cancer support program are available to support participants in several ways. They can:

- Find the right doctor for you.
- Explore your treatment options.
- Help you manage symptoms and side effects.
- Explain your medications.
- Work with your doctors to make sure all your questions are answered.
- Talk to your spouse, family, children and employer.
- Keep your doctors informed about how you're feeling.

Comprehensive Kidney Program – Specialized nurses offer education, motivation and reinforcement to ensure integration with other programs. UnitedHealthcare offers access to the top-performing centers through their network of preferred dialysis centers. You'll also receive ongoing clinical expertise and help from specialized nurses who can help you:

- Understand your treatment options.
- Manage your symptoms and side effects.
- Work with your doctor and ask the right questions.
- With other health concerns, such as high blood pressure, anemia or nutrition.

Maternity Program – Provides 100 percent outreach for every pregnancy, offering guidance on preventive care, early risk detection and education. Personalized support for each participant's unique experience. If you're thinking about having a baby, or you already have one on the way, the Maternity Support Program can help. Enroll and get access to an experienced maternity nurse who can:

- Answer your questions on everything from pre-conception health to newborn care.
- Offer support throughout pregnancy and after birth.
- Provide specialized resources if your pregnancy is considered high-risk to help you stay healthy and prevent premature birth.

Applied Behavior Analysis Program – Participants can receive up to 680 hours of intervention each year after being diagnosed with autism. Applied Behavior Analysis is the process of systematically applying interventions based upon the principles of learning theory.

Medical and Pharmacy Necessity Program – Management of medical clinical effectiveness, appropriateness and cost effectiveness for treated condition and severity. Duration of medication usage is also reviewed.

Transgender Reassignment Surgery – Procedures to physically change an individual's gender from male to female, or female to male. Lifetime maximum of \$75,000.