FY 2022-2023

City of Laredo

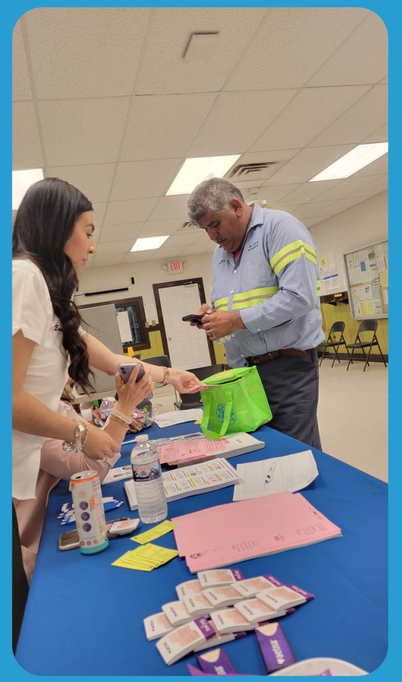
Employee Benefit Enrollment Guide

City of Laredo
Human Resources
Our purpose is OUR people

Inside: Benefit Providers . Dependent Eligibility . Medical Plan Premiums . Helpful Tools . Enrollment Dates

956-727-6460

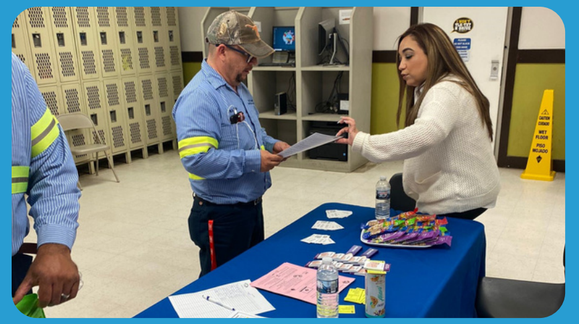
Welcome to your 2022-23 Online Benefit Enrollment Guide



As we transition to our new normal we want to spread a friendly reminder about the annual benefit enrollment. Annual enrollment requires your active participation. Annual enrollment comes around once a year. Annual enrollment is your opportunity to re-evaluate your current coverage and choose benefits that best support you & your family for the upcoming year.

In order to maintain your current coverage, you are required to re-elect your coverage.

Failure to re-enroll will default your medical plan to HMO Blue Essentials, a Texas ONLY IN-NETWORK plan. There will be NO EXCEPTIONS nor reversals after the benefit enrollment period.



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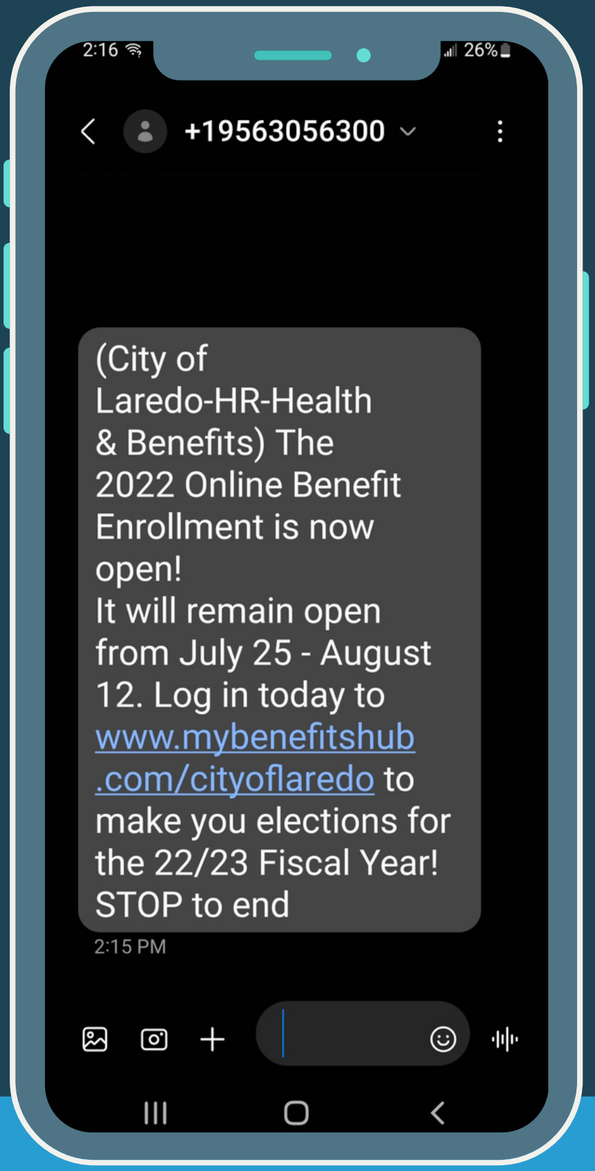


2022 Annual Online Benefit Enrollment Dates:

July25 **THROUGH** Aug. 12

Complete your enrollment during the first week, July 25-31, 2022 and receive 1 Wellness Credit for FY 22-23!
Get ahead of your health by simply COMPLETING YOUR ENROLLMENT EARLY!

Enroll to receive text messages from the Health & Benefits Division as a great reminder tool. Stay in touch with benefit updates.

Failure to re-enroll will default your medical plan to HMO Blue Essentials, a Texas ONLY IN-NETWORK. There will be NO EXCEPTIONS nor reversals after the benefit enrollment period.

Your Benefits 2022

- Medical Plan Options

Employees will continue to have the opportunity to choose between 3 medical plans:

1. Traditional PPO
2. Blue Essentials HMO
3. Consumer Driven Health Plan PPO

The claims administrator will continue to be BCBSTX.

- Medical Contribution Updates

Employee Only Contribution Rates for the Traditional PPO & HMO Blue Essentials Medical plans have changed. A $5.00 increase for the EMPLOYEE ONLY tier will be effective for the Traditional PPO & HMO Blue Essentials Medical Plans.
CDHP EMPLOYEE ONLY tier will continue to be $0.

- CDHP Medical Plan Participants

Employees who enroll in the CDHP Medical Plan for FY 22-23 will receive a city contribution incentive of $600 to you HSA account. You may also contribute pretax dollars to your HSA account via payroll deductions to pay for eligible health care expenses. The city contribution will be effective on 11/01/2022.

- Basic Life & AD&D

The city provides a Basic Life Insurance and Accidental Death Insurance equal to $40, 000 at no cost to you. You may purchase additional Supplemental Life and Dependent Life during your enrollment.

Dependent Eligibility

All full-time City of Laredo employees and their eligible dependents are allowed to participate in the benefits program, provided eligibility requirements are met. We support all our City of Laredo families, but it is important to follow the City of Laredo policy on dependent eligibility when adding benefit coverage.

Required documents need to be submitted to the Benefits Division before the effective date: 10/1/2022

SPOUSE

- Marriage or Common Law Certificate
- Valid Social Security Card

DEPENDENT CHILD(REN), UP TO AGE 26

- Birth Certificate
- Valid Social Security Card
- Adoption Orders, Court Orders, Guardianship Orders
- Medical Support Order
- Marriage Certificate (if adding step-child(ren))

Please keep in mind the City of Laredo conducts dependent verification audits to ensure the validity of dependents covered. Any false information or omission of relevant information may result in denial of claims and or cancellations or rescission of coverage. If documents are not recieved by the end of the enrollment period, benefits for said dependent will be cancelled.

It is important that all NON ELIGIBLE dependents are reported IMMEDIATELY to the Health & Benefits division. Failure to report a loss in eligibility status can result in reversal of paid claims for that dependent.

2022/2023 Medical Plans At-A Glance

For the 2022/23 FY employees have the option to choose from three medical plans. The three plans feature co-insurance & deductibles.
IN-Network preventive screenings covered at 100%.
The amount you pay out of pocket varies.

EMPLOYEE ONLY CONTRIBUTION	$30
IN NETWORK EMP. DEDUCTIBLE	$1000
IN NETWORK EMP ONLY OOP MAXIMUM	$8150
MDLIVE MEDICAL VISIT	$25

Traditional PPO

EMPLOYEE ONLY CONTRIBUTION	$20
IN NETWORK EMP. DEDUCTIBLE	$1200
IN NETWORK EMP ONLY OOP MAXIMUM	$8150
MDLIVE MEDICAL VISIT	N/A

Blue Essentials HMO

IN-NETWORK TEXAS COVERAGE ONLY

EMPLOYEE ONLY CONTRIBUTION	$0
IN NETWORK EMP. DEDUCTIBLE	$2800
IN NETWORK OOP MAXIMUM	$2800
MDLIVE MEDICAL VISIT	$44

Consumer Driven Health Plan PPO

Traditional Core PPO

BlueCross BlueShield of Texas

EXTENSIVE CHOICES & FLEXIBILITY = HIGHER CONTRIBUTIONS

- Nationwide Network
- Out of network usage ***is covered*** (higher deductibles & out of pocket rates apply)
- Primary Care Physician is ***not required***
- Specialist Coverage with ***no referral required***
- RX medication is covered with a copay
- Lower deductible ($1,000)
- Virtual visits by MDLIVE ***is available***

Effective 10/01/2022

Bi-Weekly Payroll Contributions

Civilian Employees	Traditional PPO Core
	Bi-weekly Payroll Contribution
Employee Only	$30.00
Spouse additional	$146.78
Child(ren) additional	$97.85
Family additional	$289.21
FireFighter & Police Officers	Traditional PPO Core
	Bi-weekly Payroll Contribution
FF/PO Only	$30.00
FF/PO Spouse additional	$138.39
FF/PO Child(ren) additional	$92.26
FF/PO Family additional	$272.69

Blue Essentials HMO

ONE DOCTOR, CARE SIMPLIFIED.

BlueCross BlueShield of Texas

- Statewide Network ***TEXAS ONLY***
- Out of network usage ***is not covered***
- Primary Care Physician is ***required and chosen during enrollment***
- PCP may be replaced monthly if necessary
- Specialist Coverage with ***a referral required***
- RX medication is covered with a copay
- Low deductible ($1,200)
- Virtual visits by MDLIVE ***is not available***

Effective 10/01/2022

Bi-Weekly Payroll Contributions

Civilian Employees	Blue Essentials HMO
	Bi-weekly Payroll Contribution
Employee Only	$20.00
Spouse additional	$135.65
Child(ren) additional	$90.43
Family additional	$267.28
FireFighter & Police Officers	Blue Essentials HMO
	Bi-weekly Payroll Contribution
FF/PO Only	$20.00
FF/PO Spouse additional	$130.93
FF/PO Child(ren) additional	$87.28
FF/PO Family additional	$258.00

Consumer Driven Health Plan PPO

SMART SHOPPING, PLAN AHEAD

$600 Employer Incentive deposited to your issued HSA Bank Card

BlueCross BlueShield of Texas

Effective 10/01/2022

- Nationwide Network
- Out of network usage ***is covered*** *(higher out of pocket rates apply)*
- Primary Care Physician is ***not required***
- Specialist Coverage with ***no referral required***
- Higher deductible/Lower OOP Max (In-Network $2,800)
- Virtual visits by MDLIVE ***is available***
- ***Certain ACA RX medication is covered with a copay, all other medications covered at 100% after deductible is met

**complete list available on BCBSTX.com*

Bi-Weekly Payroll Contributions

	Consumer Driven Health Plan Bi-Weekly Payroll Deduction
Employee Only	$0.00
Emp + Spouse	$121.94
Emp + Child(ren)	$81.30
Emp + Family	$240.28

NEW!! CERTAIN PREVENTIVE MEDICATION NOW COVERED WITH A COPAY!!

HEALTH SAVING ACCOUNT
HSA BANK CARD

Great News for FY 2022/23!

The City of Laredo has budgeted a *$600 Employer Contribution* to your issued H.S.A. account with your enrollment into the Consumer Driven Health Plan.

You can also increase your Health Savings Account funds by contributing pre-tax dollars every paycheck for your medical expenses.

If you have a balance in your H.S.A. by the end of the plan year, expenses will rollover to next year for future qualified medical expenses.

Who is eligible for an HSA?

Anyone who is:

- Covered by a qualifying High Deductible Health Plan
- Not enrolled in Medicare
- Not covered under other health insurance that is not a qualified HDHP*
- Not another persons dependent for income tax purposes

Contribution Limits for 2023

Self: $3850
Family: $7750

2022/2023 Medical Plans
in depth

Deductibles,
Copays,
Contributions,
Etc.

Plan Benefits		Traditional PPO Core		Blue Essentials HMO TEXAS ONLY Network		Consumer Driven Health Plan	
		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Annual Deductible -	Employee Only	$1,000	$2,000	$1,200	N/A	$2,800	$5,600
	Family	$2,000	$4,000	$2,400		$5,600	$11,200
Co-Insurance After Deductible		20%	40%	30%	N/A	None	None
Annual Out of Pocket Max.							
	Employee Only	$8,150	$16,300	$8,150	N/A	$2,800	$5,600
	Family	$16,300	$32,600	$16,300		$5,600	$11,200
Primary Care		$25	40% coinsurance	$25	N/A	Covered at 100% *after* calendar year deductible is met	40% coinsurance *after* calendar year deductible is met
Specialist		$40		$40			
Urgent Care		$40		$40			
Virtual Visit (MDLive)		$25	N/A	N/A	N/A	$44	N/A
Emergency Room		$300 copay plus 20% coinsurance	$300 copay plus 40% coinsurance	$300 copay plus 30% coinsurance	N/A	Covered at 100% *after* deductible is met	40% coinsurance
Preventive Screenings		Covered at 100%	40% coinsurance	Covered at 100%	N/A	Covered at 100%	40% coinsurance
Generic Drug:		$15	$15	$15	N/A	*Certain non-ACA Preventive Drugs covered with a copay ($15/$40/$60) NOW WITH HSA EXTENDED CATEGORIES All other drugs 100% *after* deductible is met	
Preferred Brand Name:		$40	$40	$40			
Non-Preferred Brand :		$60	$60	$60			
Specialty Drug:		$150	$150	$150			

	Civilian Employees Bi-weekly Payroll Deductions		
	Traditional PPO Core *NEW CONTRIBUTION RATES EMPLOYEE ONLY	HMO Blue Essentials *NEW CONTRIBUTION RATES EMPLOYEE ONLY	Consumer Driven Health Plan
Employee Only	*$30.00	*$20.00	$0.00
Spouse additional	$146.78	$135.65	$121.94
Child(ren) additional	$97.85	$90.43	$81.30
Family additional	$289.21	$267.28	$240.28

	FireFighter & Police Officers Bi-weekly Payroll Deductions		
	Traditional PPO Core *NEW CONTRIBUTION RATES EMPLOYEE ONLY	HMO Blue Essentials *NEW CONTRIBUTION RATES EMPLOYEE ONLY	Consumer Driven Health Plan
FF/PO Only	*$30.00	*$20.00	$0.00
FF/PO Spouse additional	$138.39	$130.93	$121.94
FF/PO Child(ren) additional	$92.26	$87.28	$81.30
FF/PO Family additional	$272.69	$258.00	$240.28

Traditional PPO, Blue Essentials HMO & Consumer Driven PPO...HOW DO THEY DIFFER?

	Traditional PPO	Blue Essentials HMO	Consumer Driven PPO
Bi-weekly Contribution	High	Medium	Low $0 (Employee Only)
Annual Deductible	Low ($1000)	Low ($1200)	High ($2800)
Co-Pay	Yes	Yes	N/A
Co - Insurance IN - NETWORK	20% after deductible	30% after deductible	N/A
Primary Care Physician	N/A	Yes PCP MUST BE SELECTED AT ENROLLMENT	N/A
Specialist Visits	No referral required	Referral from PCP required. IN - NETWORK coverage	No referral required
Nationwide Network	Yes	No TEXAS ONLY	Yes
*City Contribution to Health Savings Account	None	None	*$600
Pre-Tax Health Care Savings Account Option	Health Care Flexible Savings Account	Health Care Flexible Savings Account	Health Savings Account (HSA)

*annual review- subject to budget and city council approval

CDHP RX PROGRAM

100%OF PHARMACY EXPENSES COVERED *AFTER* $2800 DEDUCTIBLE IS MET.

HOWEVER, CERTAIN NON *ACA MEDICATIONS ARE COVERED WITH A COPAY OF:
$15, $40, 60

A COMPLETE NO COST PREVENTIVE DRUG LIST & PERFORMANCE DRUG LIST IS AVAILABLE ON BCBSTX.COM. THIS LIST IS REVIEWED FROM TIME TO TIME AND IS SUBJECT TO CHANGE. CALL THE CUSTOMER SERVICE NUMBER LISTED ON YOUR MEMBER ID CARD TO FIND OUT WHAT DRUGS ARE COVERED AT NO COST OR WITH A COPAY UNDER YOUR CDHP MEDICAL INSUANCE PLAN.

*Affordable Care Act

NEW TO CDHP!!

CERTAIN PREVENTIVE MEDICATION & SUPPLIES NOW COVERED WITH A COPAY!!

VERIFY IF YOUR MEDICATION IS ON THE *LIST. CDHP WOULD BE A GREAT OPTION FOR YOU!

HSA Standard Preventive Categories	
Anticoagulants/Antiplatelets	Diabetes - Insulin Only, Oral Only & Hypoglycemic Agents
Antihypertensives (High Blood Pressure)	Diabetic Supplies
Asthma/COPD (Respiratory)	Fluoride Supplements
Bowel Preparation Medications	Lipid-lowering (Hign Cholesterol)
Breast Cancer - Primary Prevention	Osteoporosis
Contraceptives	Smoking Cessation
Depression - Selective Serotonin Reuptake Inhibitors (SSRIs)	Vaccines

Extended Categories
Anticoagulants - Preferred Brands/ $182 plan paid, 2 utilizers
Antiplatelets - Preferred Brands/ $0 plan paid
Diabetes - Oral (SGLT2, DPP4, DPP4+SGLT2 combo) - Preferred Brands/ $2,777 plan paid, 3 utilizers
Diabetes -GLP1 Oral/Injectibles / $14,050 plan paid, 11 utilizers
Diabetes Supplies - Continuous Glucose Monitors (CGMs) & Associated Supplies/ $0 plan paid
Respiratory Devices & Supplies - Spacers/ $0 plan paid

RX Mail Service Program:

EXPRESS SCRIPTS®

Examples include:

- High blood pressure
- Heart disease
- Asthma
- Diabetes
- Birth Control

Receive 3 months of your maintenance medication for the cost of 1 copay.

Generic **$15**
Preferred Name Brand **$40**
Non-Preferred Name Brand **$60**
Specialty Drug **$150**
Price may vary for CDHP members depending on deductible met.

Phone: 1-833-715-0942

Online: express-scripts.com/rx

Talk To Your Doctor

Physicians can call
1-888-327-9791 for faxing instructions or
call the pharmacy at 1-833-715-0942.

accredo®

833-721-1619

accredo.com

Specialty Drug Copay - $150

ADDITIONAL MEDICAL BENEFIT INFORMATION AND ACCESSIBILITY...

VIRTUAL VISITS POWERED BY MDLIVE 24/7

*MDLIVE board certified doctor when you may need care. MDLIVE doctors treat non-emergency medical issues.
Have your BCBSTX ID card ready when you call.

- allergies
- asthma
- cold/flu
- ear infections 12+
- fever 3+
- headaches
- insect bite
- nausea
- pink eye
- rash
- sinus infections
- sore throat

956-727-6460

Medical Visit >>> Traditional Plan $25
CDHP $44

Therapist >>>

Psychiatrist >>>

Co pays vary

MDLIVE phone : 1-888-680-8646
Website : MDLIVE.com/BCBSTX

*Not applicable with HMO Medical Plan

BlueCross BlueShield of Texas

Employee Health & Wellness Clinic

The below medical services are provided at NO COST to the employee & their covered dependents (those covered under the City of Laredo medical plan)

- First Aid
- Flu Vaccines
- Covid-19 Testing
- Over the counter Medication
- Minor Wound Care
- Blood Pressure Counseling
- Urine Analysis/Glucose check
- InBody - Body Composition Assessment
- Lactation Counseling
- Wellness Incentive Program
- "Buena Vida" Lab Work - Review & Advise
- Referrals to Employee Assistant Program - ComPsych
- Disease Management (chronic & acute)
- Health Stations (Located at 10 locations around the city departments)
- Medical Doctor On Site - Dr. Cruz (Wednesdays 9am-12pm)
- Nurse Practioner On Site - Melissa Gonzalez RN (M-F 8am-5pm)
- After Hours Clinic - Nuestra Salud
- Nutrition Counseling by a registered HEB Dietician

Call to schedule an appointment or for information on wellness points or other services.
956-727-6470

FREE NIGHT CLINIC FOR EMPLOYEES WITH MEDICAL BENEFITS!

CITY OF LAREDO EMPLOYEES AND THEIR COVERED DEPENDENTS (THOSE WITH CITY OF LAREDO MEDICAL BENEFITS) CAN VISIT NUESTRA SALUD FAMILY HEALTH CLINIC FOR AFTER HOUR ACUTE/MINOR EMERGENCIES FREE OF COST!

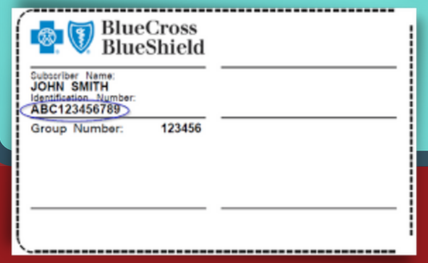
Nuestra Salud
Family Health Clinic

802 E. Saunders Ste. A
(956) 568-5013

For in-person consultations no appointment is necessary, simply walk into the clinic.

IN PERSON CONSULTATIONS:
Monday - Friday: 4:00pm - 9:00pm
Saturday - Sunday: 9:00am - 7:00pm

Have your BCBSTX insurance card handy for insurance verification



hello@reallygreatsite.com

Enrollment Reminders

Enrollment Dates:

Begins -------- July 25, 2022

Last Day ----- August 12, 2022

Enrollment Assistance

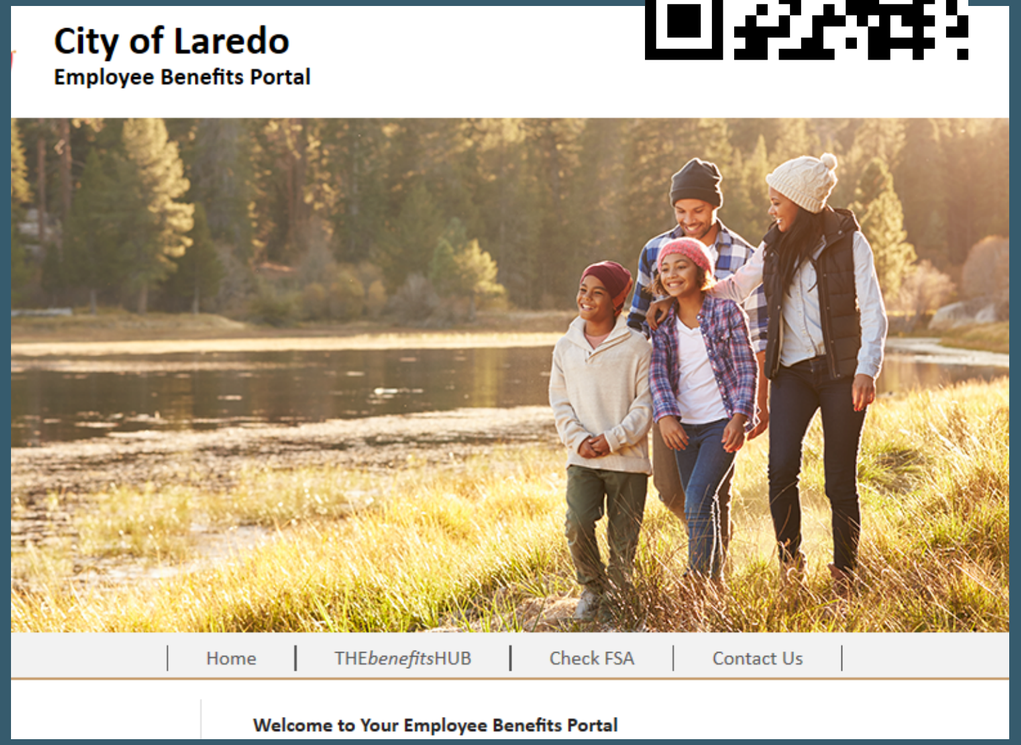
Computer Assistance will be available to ALL City Employees at The City Hall Annex training room. Representatives will be present to guide you through your enrollment.

Flexible Savings Accounts

Employees enrolled in a Medical or Dependent care reimbursement account must re-enroll if they wish to continue this election. This election does not automatically renew.

HSA Incentive

The $600 Employer Incentive will be available to all existing and NEW CDHP members that qualify.
2023 Contribution Limits;
Self: $3850
Family: $7750



Frequently Asked Questions

WHAT HAPPENS IF I DO NOT LOG IN & ENROLL?

ALL EMPLOYEES WHO DO NOT ENROLL DURING THE 3 WEEK ENROLLMENT WINDOW, WILL BE DEFAULTED TO THE HMO BLUE ESSENTIALS PLAN EFFECTIVE 10/1/2022. NO EXCEPTIONS!

I WILL NOT BE MAKING ANY CHANGES; DO I NEED TO LOG IN & ENROLL?

ALL EMPLOYEES WHO DO NOT ENROLL DURING THE 3 WEEK ENROLLMENT WINDOW, WILL BE DEFAULTED TO THE HMO BLUE ESSENTIALS PLAN EFFECTIVE 10/1/2022. NO EXCEPTIONS!

MY MEDICAL PLAN IS CURRENTLY WAIVED, DO I NEED TO LOG IN & WAIVE IT AGAIN?

ALL EMPLOYEES WHO DO NOT ENROLL DURING THE 3 WEEK ENROLLMENT WINDOW, WILL BE DEFAULTED TO THE HMO BLUE ESSENTIALS PLAN EFFECTIVE 10/1/2022. NO EXCEPTIONS!

Ancillary Benefits

Connect Your Care Flexible Spending Account	Aetna Dental Police Officers - Contact Cleat	Cancer & Critical Illness
Health Savings Account (runs concurrent with CDHP Medical)	Guardian - Davis Vision	Disability Insurance
The Standard Basic Life Insurance	Term Life, Dependent Life & Personal Accidental Life Insurance	Group Accident Insurance

The City of Laredo has carefully selected health plans as one of the benefits to your employment. These plans are offered to all regular full-time employees with benefits. The benefits provided are intended to assist you with many of your health care services, supplies and/or expenses. It is important that you read this guide carefully so that you will have knowledge of all the benefits offered and their requirements.

Should you have questions regarding details of ancillary products, you may also reach out to Laurel Insurance Agency at 956-724-9083.

LAUREL
INSURANCE AGENCY & ASSOCIATES, INC

956-724-9083

Benefit Carrier Contact Information FY2022/2023

Benefit		Carrier	Contact Info.
Medical	Traditional Core (PPO)	BCBSTX	1-800-521-2227
	Blue Essentials (HMO)	BCBSTX	1-800-521-2227
Consumer Driven Health Plan (CDHP)		BCBSTX	1-800-521-2227
Express Scripts Mail Order Pharmacy		BCBSTX	1-833-715-0942
Dental - Group #143061		Aetna Dental	1-877-238-6200
Vision - Group #563860		Guardian (Davis Vision)	1-877-393-7363
Cancer		Guardian	1-800-541-7846
Critical Illness		Guardian	1-800-268-2525
Accidental		Colonial	1-800-325-4368

BlueCross BlueShield of Texas

aetna™

DavisVision™

Guardian®

Colonial Life

City of Laredo
Human Resources
Our purpose is OUR people

Benefit Carrier Contact Information FY2022/2023

Benefit	Carrier	Contact Info.
Personal Accidental Life Ins. (PAI)	The Standard	1-800-291-2171
Dependent Life	The Standard	1-800-291-2171
Term Life	The Standard	1-800-291-2171
Disability	UNUM	1-866-679-3054
Flexible Spending Account	Optum Financial	1-800-243-5543
Health Savings Account (CDHP plan)	H.S.A. Bank	1-855-731-5220

LAUREL
INSURANCE AGENCY & ASSOCIATES, INC

956-724-9083

TheStandard®

unum℠

OPTUM Financial™

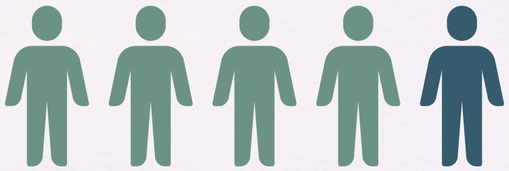
hsabank
own your health®

Health & Benefits Team

1102 Bob Bullock
City Hall Annex, 2nd Floor

Alma Alviar	(956)727-6461	aalviar@ci.laredo.tx.us
Erika Maldonado	(956)727-6463	emaldonado@ci.laredo.tx.us
Eva Lozano	(956)727-6460	elozano@ci.laredo.tx.us

Your Health & Benefits team has created this guide to help you decide the benefit option that best suits you and your family's needs. In addition, video guides have also been promoted throughout the year and are available on the City of Laredo website at https://www.cityoflaredohr.com/index.php/employee-benefits

The Health & Benefits Team understands that each individual and family have unique circumstances and we are here to assist.

ANY QUESTIONS?