

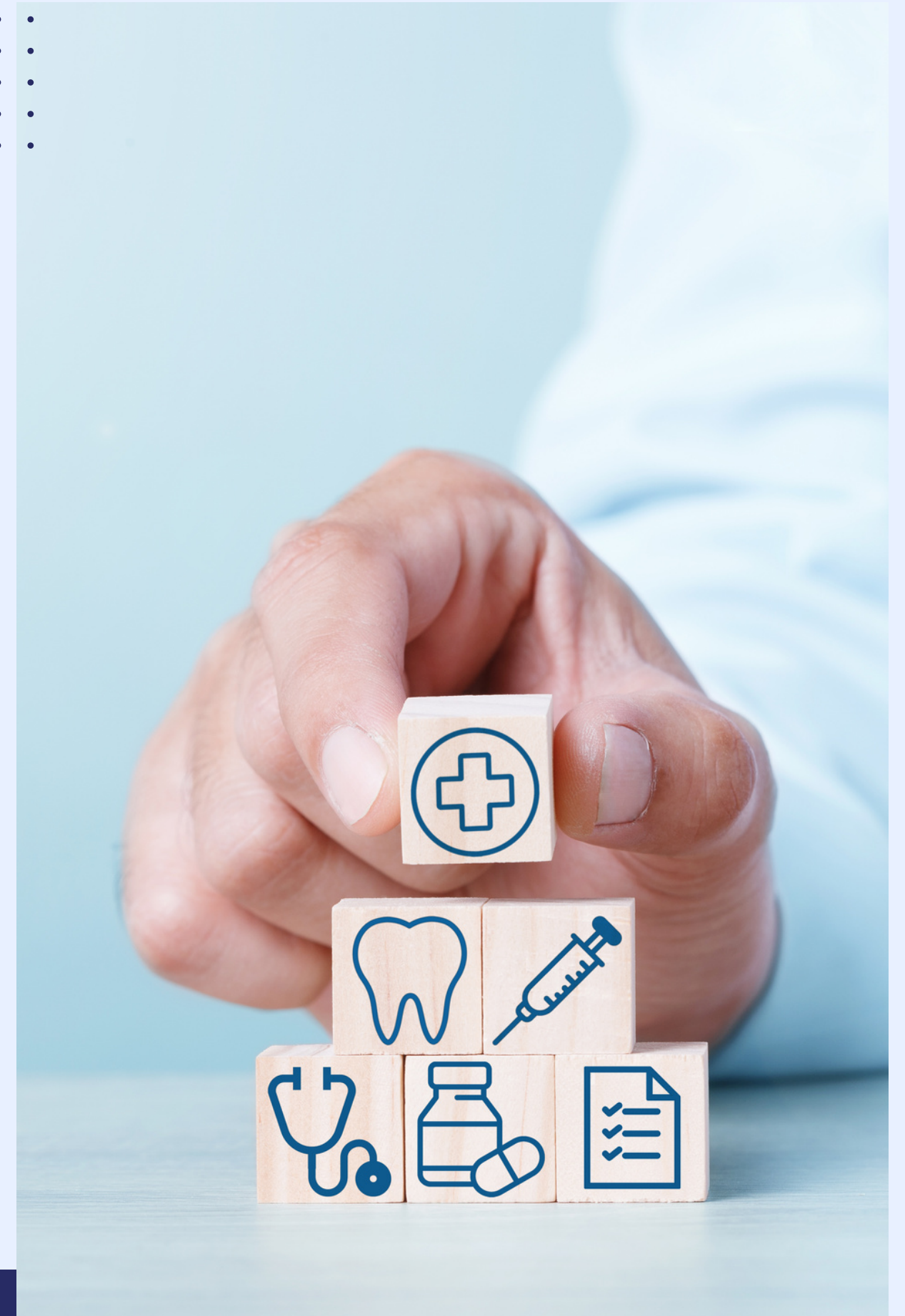
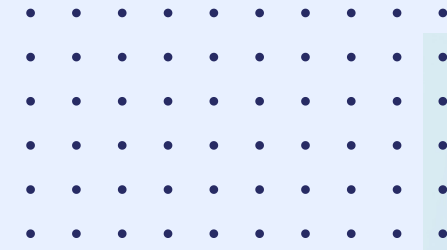


2023 CITY OF LAREDO BENEFIT ENROLLMENT PRESENTATION

FISCAL YEAR 2023/24

AGENDA

- Annual Enrollment Dates
- What's Changing
- Medical Plans (Deductibles, Co-pays)
- Prescription Drug Coverage
- Employee Health & Wellness Clinic
- Nuestra Salud Urgent Care
- Local In-Network Care
- CDHP Participants - HSA Employer Incentive
- Flexible Spending Accounts
- Dependent Eligibility Audits
- Beneficiary Designations
- Enrollment Assistance
- Benefit Portal



2023 Enrollment Period runs from:

Monday, July 24th → Friday, August 11th 2023

- All eligible full-time employees will need to make an active election and complete their online enrollment if they want to carry their current coverage to the 2023/24 plan year.
- Failure to re-enroll by the deadline, August 11, 2023, will default your medical plan to Blue Essentials HMO.
- No reversals nor enrollments permitted after the deadline of August 11, 2023.
- Your benefit selections are effective **October 1, 2023.**



COMPLETE YOUR ENROLLMENT DURING THE FIRST WEEK (JULY 24 -JULY 30) AND RECEIVE 1 WELLNESS CREDIT FOR FY 23-24! YOUR ENROLLMENT IS COMPLETED WHEN YOUR BENEFICIARIES ARE DESIGNATED AND YOU RECEIVE THE MESSAGE

"CONGRATULATIONS, YOU HAVE COMPLETED YOUR ENROLLMENT"

WHAT'S CHANGING? ANCILLARY BENEFITS

Benefit Carrier Changes

EFFECTIVE 10/1/2023

- **BCBSTX/DEARBORN LIFE INSURANCE COMPANY**

Dearborn Life Insurance Company will administer the **BASIC**, **SUPPLEMENTAL** & **VOLUNTARY LIFE** insurances. They will also be the new **DISABILITY** insurance carrier.

The City of Laredo will continue to provide all regular full time employees the Basic Life/AD&D Life Insurance, a \$40,000 coverage, at no cost to the employee.

- **COLONIAL LIFE** - The following ancillary insurance benefits will be administered by Colonial Life:

CRITICAL ILLNESS

GROUP CANCER

GROUP ACCIDENT

- **AFLAC** - The **VISION** insurance carrier will be administered by Aflac using the same extensive network, Davis Vision.



WHAT'S CHANGING? MEDICAL BENEFITS

Medical Contribution Updates

EFFECTIVE 10/1/2023

The **EMPLOYEE ONLY** Contribution Rates for the **Traditional PPO** & **Blue Essentials HMO** Medical Plans have changed.

A **\$5.00** increase for the **EMPLOYEE ONLY** tier will be effective **10/1/2023** for the **Traditional PPO** & the **Blue Essentials HMO** Medical Plans.

The rising costs of medical care including an up rise in prescription costs has caused an overall significant increase to the City of Laredo medical claims. In order to continue to serve our employees with the best value healthcare it is necessary to increase employee contributions.



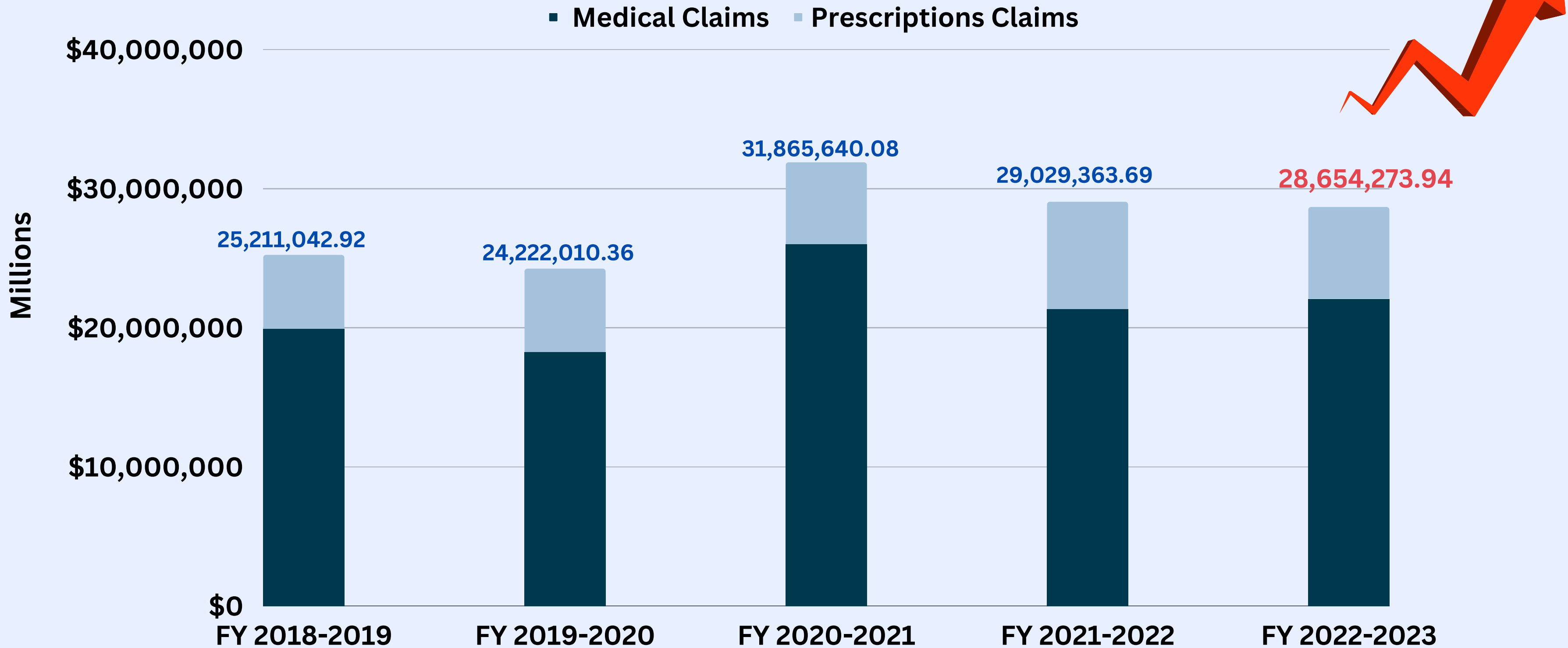
**THE CDHP, CONSUMER DRIVEN HEALTH PLAN,
EMPLOYEE ONLY TIER, WILL CONTINUE TO BE
OFFERED AT \$0**

*SUBJECT TO BUDGET & CITY COUNCIL APPROVAL -
A 5% INCREASE WILL BE APPLIED TO ALL DEPENDENT TIERS EFFECTIVE 10/1/2023

5 YEAR REVIEW : MEDICAL & PRESCRIPTION CLAIMS

Medical Claims		Prescriptions Claims		Total Claims
FY 2018-2019	\$19,890,281.78	FY 2018-2019	\$5,320,761.14	\$25,211,042.92
FY 2019-2020	\$18,229,347.59	FY 2019-2020	\$5,992,662.77	\$24,222,010.36
FY 2020-2021	\$25,957,796.64	FY 2020-2021	\$5,907,843.44	\$31,865,640.08
FY 2021-2022	\$21,315,233.57	FY 2021-2022	\$7,714,130.12	\$29,029,363.69
FY 2022-2023	\$22,045,215.35	FY 2022-2023	\$6,609,058.59	\$28,654,273.94

As of July 7, 2023

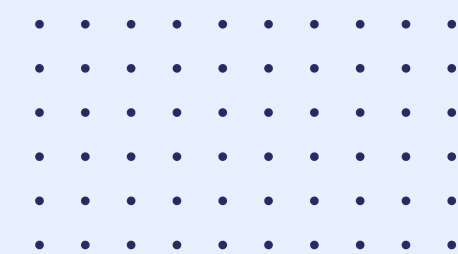


The City of Laredo will continue to offer 3 medical plans options:

- Traditional PPO
- Blue Essentials HMO
- Consumer Driven Health Plan (CDHP)

What is offered on all 3 plans?

- Same Provider Network, Blue Cross Blue Shield of Texas
- In-Network Preventive Care Screening covered at 100%
- Prescription Drug Coverage
- Free 24/7 Nurseline **1-800-581-0368**



Which Plan is right for me?

- Think about how you might need your plan next year. Who needs coverage? Any dependents?
- Any planned surgeries?
- Any visits to a specialists or your PCP?
- Do you participate in a Healthcare FSA or HSA?



MEDICAL PLAN SUMMARY FY 2023/24 At-A-Glance



Comparing Your Plan Options

TRADITIONAL PPO

BLUE ESSENTIALS HMO
TEXAS ONLY NETWORK

CONSUMER DRIVEN HEALTH PLAN

OUT-OF-NETWORK COVERAGE	✓	✗	✓
TEXAS ONLY COVERAGE	✗	✓	✗
PRIMARY CARE PHYSICIAN REQUIRED	✗	✓	✗
MDLIVE VIRTUAL VISIT	✓	✗	✓

YOUR BIWEEKLY CONTRIBUTION (EMP. ONLY)	\$35.00 ↑	\$25.00 ↑	\$0
IN NETWORK EMP. ONLY DEDUCTIBLE	\$1,000	\$1,200	\$3,000 ↑
IN NETWORK EMP. ONLY OOP MAXIMUM	\$8,150	\$8,150	\$3,000 ↑
CO INSURANCE AFTER DEDUCTIBLE	20%	30%	N/A
EMERGENCY ROOM COST	\$300 COPAY PLUS 20% CO INSURANCE	\$300 COPAY PLUS 30% CO INSURANCE	<p>MEMBER IS RESPONSIBLE FOR 100% OF THE COST OF THE VISIT UNTIL THE DEDUCTIBLE IS MET</p>
	NEW	NEW	

PRIMARY CARE VISIT Waived if using a primary care doctor. Ex: pediatrician, OB-GYN, family medicine

SPECIALIST effective 10/1/2023 **\$60.00** **\$40.00**

URGENT CARE effective 10/1/2023 **\$60.00** **\$40.00**

MEDICAL EMPLOYEE CONTRIBUTIONS FY 2023/24

***5%
DEPENDENT
CONTRIBUTION
INCREASE**

**\$5.00
INCREASE
EMPLOYEE
TIER**

**TRADITIONAL
PPO**

**BLUE
ESSENTIALS
HMO**

**CONSUMER
DRIVEN
HEALTH PLAN**

**BI WEEKLY
CONTRIBUTION**

CIVILIAN EMPLOYEE

EMPLOYEE ONLY	\$35.00	\$25.00	\$0
EMP + SPOUSE	*\$35.00 + \$154.12	\$25.00 + \$142.43	\$128.04
EMP + CHILD(REN)	\$35.00 + \$ 102.74	\$25.00 + \$ 94.95	\$ 85.36
EMP + FAMILY	\$35.00 + \$303.67	\$25.00 + \$280.64	\$252.29

**COST CALCULATION:
EFF 10/1/2023**
CIVILIAN EMP + SPOUSE
\$35.00 + \$154.12 = ***\$189.12**

**CURRENT
COST CALCULATION**
CIVILIAN EMP + SPOUSE
\$30.00 + \$146.79 = **\$176.79.**

DIFF \$12.33

FIREFIGHTER & POLICE EMPLOYEE

FF/PO ONLY	\$35.00	\$25.00	\$0
FF/PO + SPOUSE	\$35.00 + \$145.31	\$25.00 + \$137.48	\$128.04
FF/PO + CHILD(REN)	\$35.00 + \$ 96.87	\$25.00 + \$ 91.64	\$ 85.36
FF/PO + FAMILY	\$35.00 + \$286.33	\$25.00 + \$270.90	\$252.29

THE CITY OF LAREDO PAYS A PORTION OF THE COST FOR EACH EMPLOYEE TO HAVE A MEDICAL BENEFIT COVERAGE.
THE CITY OF LAREDO ALSO PAYS A COST FOR THE DEPENDENT COVERAGE MEDICAL BENEFIT.

**CITY CONTRIBUTION
PER EMPLOYEE ONLY**

\$227.49

\$220.87

\$213.40

***ANNUAL REVIEW- SUBJECT TO BUDGET AND CITY COUNCIL APPROVAL**



TRADITIONAL PPO

 YOUR BIWEEKLY CONTRIBUTION (EMP. ONLY) **\$35.00** ↑

EXTENSIVE CHOICES & FLEXIBILITY = HIGHER CONTRIBUTIONS

- NATIONWIDE NETWORK COVERAGE
- OUT OF NETWORK COVERAGE IS COVERED (HIGHER DEDUCTIBLES AND OUT OF POCKET RATES APPLY)
- PRIMARY CARE PHYSICIAN IS NOT REQUIRED, HOWEVER IS RECOMMENDED
- SPECIALIST COVERAGE WITH NO REFERRAL REQUIRED, HOWEVER A SPECIALIST MAY REQUIRE A REFERRAL
- RX MEDICATION IS COVERED WITH A COPAY
- LOWER DEDUCTIBLE (\$1,000)
- VIRTUAL VISITS BY MDLIVE IS AVAILABLE

NEW

PRIMARY CARE VISIT *(Waived if using a primary care doctor
Ex: pediatrician, OB-GYN, family medicine)*

SPECIALIST→ **\$60.00**

URGENT CARE→ **\$60.00**

NEW

RECEIVE ONE (1) PREVENTIVE EYE EXAM WITH ZERO (0) COPAY PER PLAN YEAR
COVERAGE DOES NOT INCLUDE COST OF FRAMES, LENSES OR CONTACTS.



BLUE ESSENTIALS HMO

 YOUR BIWEEKLY CONTRIBUTION (EMP. ONLY) **\$25.00** ↑

ONE DOCTOR, CARE SIMPLIFIED

- STATEWIDE NETWORK - TEXAS ONLY
- OUT OF NETWORK USAGE IS NOT AVAILABLE
- PRIMARY CARE PHYSICIAN IS REQUIRED AND CHOSEN DURING ENROLLMENT WITH THE OPTION TO REPLACE PCP ONCE MONTHLY
- SPECIALIST COVERAGE WITH A REFERRAL REQUIRED
- RX MEDICATION IS COVERED WITH A COPAY
- LOW DEDUCTIBLE (\$1,200)
- VIRTUAL VISITS BY MDLIVE IS NOT AVAILABLE



NEW

PRIMARY CARE VISIT *(Waived if using a primary care doctor
Ex: pediatrician, OB-GYN, family medicine)*

SPECIALIST→ **\$40.00**

URGENT CARE→ **\$40.00**

NEW

RECEIVE ONE (1) PREVENTIVE EYE EXAM WITH ZERO (0) COPAY PER PLAN YEAR
COVERAGE DOES NOT INCLUDE COST OF FRAMES, LENSES OR CONTACTS.

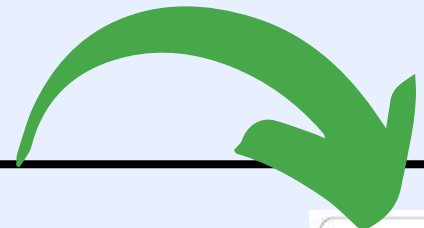


CONSUMER DRIVEN HEALTH PLAN PPO YOUR BIWEEKLY CONTRIBUTION (EMP. ONLY) **\$0**

SMART SHOPPING, PLAN AHEAD

- NATIONWIDE NETWORK
- OUT OF NETWORK USAGE IS COVERED (HIGHER OUT OF POCKET RATES APPLY)
- PRIMARY CARE PHYSICIAN IS NOT REQUIRED, HOWEVER IS RECOMMENDED
- SPECIALIST COVERAGE WITH NO REFERRAL REQUIRED, HOWEVER A SPECIALIST MAY REQUIRE A REFERRAL
- HIGHER DEDUCTIBLE/LOWER OOP MAX (IN-NETWORK \$3,000)
- VIRTUAL VISITS BY MDLIVE IS AVAILABLE
- CERTAIN NON *ACA RX ARE COVERED WITH A COPAY OF \$15, \$40, \$60.
- CERTAIN PREVENTIVE RX & SUPPLIES ARE COVERED WITH A COPAY

- ***\$600 Employer Incentive deposited into your issued HSA Bank Card***
- ***You can contribute to your HSA Bank Card via payroll.***
- ***HSA bank funds roll over from year to year.***



PRIMARY CARE VISIT
SPECIALIST
URGENT CARE

Member is responsible for 100% of the negotiated rate of the visit until the deductible is met

*COMPLETE LIST AVAILABLE ON BCBSTX.COM

HEALTH SAVINGS ACCOUNT- HSA BANK

ENROLLING IN THE CDHP MEDICAL PLAN?

CONTRIBUTE TO AN HSA.

With an HSA you can:

- Pay for IRS qualified healthcare expenses including deductibles and coinsurance or save for future medical expenses.
- You own the HSA, your funds roll over year-to-year. You even take it with you when you leave the company.

***The City of Laredo will incentivize employees who enroll in the CDHP medical plan during the 2023/2024 Fiscal Year a \$600 Employer Contribution to their issued HSA Bank Card .**

- You can also increase your Health Savings Account funds by contributing pre-tax dollars directly from your payroll check and change your contribution amount at any time.

For more information on the Consumer Driven Health Plan or how you may be eligible for the Health Savings Account under the CDHP medical plan, contact the Health & Benefits Division at 956-727-6460.

***EMPLOYER CONTRIBUTIONS VARY FROM YEAR TO YEAR DEPENDENT ON BUDGET RESTRICTIONS**



2023 CONTRIBUTION LIMITS

SELF	\$3,850	(INCLUDES THE \$600 EMPR. INC.)
FAMILY	\$7,750	(INCLUDES THE \$600 EMPR. INC.)

FLEXIBLE SPENDING ACCOUNT

If you are enrolled in a Flexible Spending Account it is important to note that these accounts do not automatically renew. You must re enroll if you wish to continue this election.

THERE ARE 2 TYPES OF FLEXIBLE SPENDING ACCOUNTS. PAY EXTRA ATTENTION WHEN ENROLLING. THEY ARE FOR VERY DIFFERENT EXPENSES.

- **Medical Reimbursement - FOR HEALTH CARE EXPENSES**
- **Dependent Care Reimbursement - FOR DAY CARE EXPENSES**

A medical reimbursement account is only applicable when enrolled in the Traditional PPO or Blue Essentials HMO medical plans.

For more information on Flexible Spending Accounts contact the Health & Benefits Division at 956-727-6460.



2023 CONTRIBUTION LIMITS

HEALTH CARE	\$3,050
DEPENDENT CARE	\$5,000

PRESCRIPTION DRUG COVERAGE FY 2023/24

COPAYS

TRADITIONAL PPO
BLUE ESSENTIALS HMO

CONSUMER DRIVEN HEALTH PLAN

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 MEDICAL INSURANCE PLAN.

GENERIC

\$15

PREFERRED BRAND NAME

\$40

NON- PREFERRED BRAND NAME

\$60

SPECIALTY DRUG

\$150

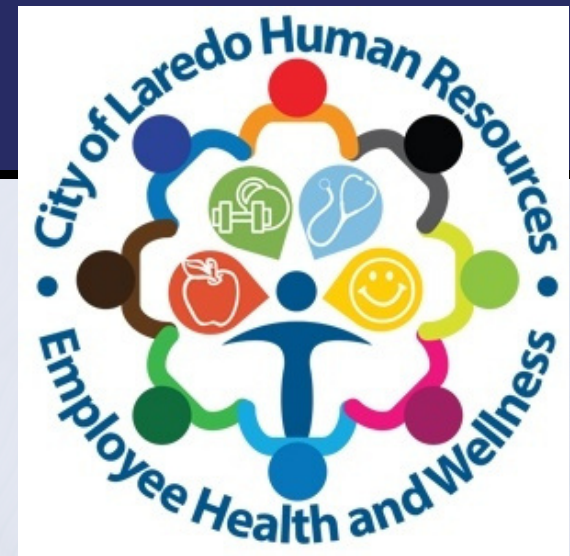
There will NOT be an increase in the cost of RX copay.

- Member pays 100% of their RX expenses until the \$3000 deductible has been met.
- Certain non *ACA RX are covered with a copay of \$15, \$40, \$60.
- Certain preventive RX & supplies are also covered with a copay.



*AFFORDABLE CARE ACT

EMPLOYEE HEALTH & WELLNESS CLINIC



TO SET UP AN APPOINTMENT CALL (956) 727-6470

1102 BOB BULLOCK

Free services available to City of Laredo employees and employees' dependents enrolled in the City of Laredo Medical Plan.

EMPLOYEE SERVICES INCLUDE:

- BUENA VIDA
- IN BODY
- HEB NUTRITION CONSULTANTS
- PHYSICIAN CONSULTATIONS INCLUDING PRESCRIPTION SERVICES
- VACCINES
- FIRST AID

DEPENDENT SERVICES INCLUDE:

- PHYSICIAN CONSULTATIONS INCLUDING PRESCRIPTION SERVICES
- COVID TESTING
- FLU VACCINE - UPON AVAILABILITY

DR. D CRUZ

WEDNESDAYS

8:00 AM - 12:00 PM

MELISSA GONZALEZ, FNP

MON., TUES., THURS., FRI.

9:00 AM - 11:00 AM

2:00 PM - 4:00 PM

NUESTRA SALUD FAMILY HEALTH CLINIC

802 E. SAUNDERS SUITE A

PH: (956) 568-5013

City of Laredo employees and employees' dependents enrolled in the City of Laredo medical plan are eligible to receive free after-hour urgent care services.

- ACUTE CARE
- FLU TEST
- STREP TEST
- URINE ANALYSIS
- VACCINES
- OTHER

IN PERSON CONSULTATIONS

MONDAY - FRIDAY
5:00 PM - 9:00 PM

SATURDAY & SUNDAY
9:00 AM - 7:00 PM

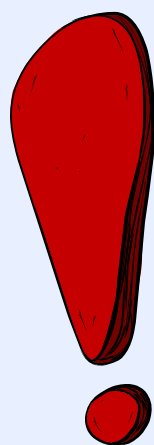
TELEMEDICINE CONSULTATIONS

CALL NUESTRA SALUD
FOR AN APPOINTMENT:

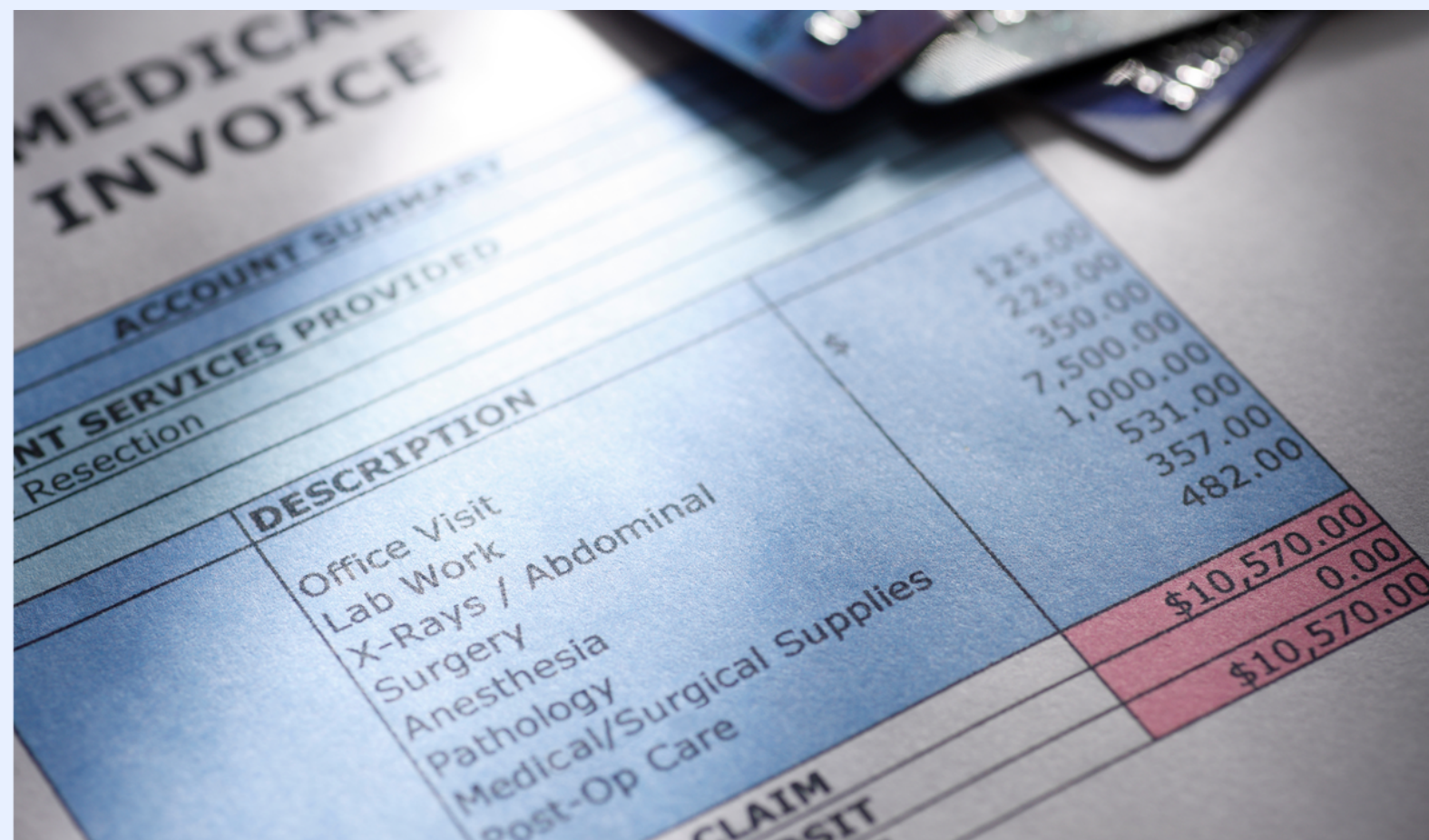
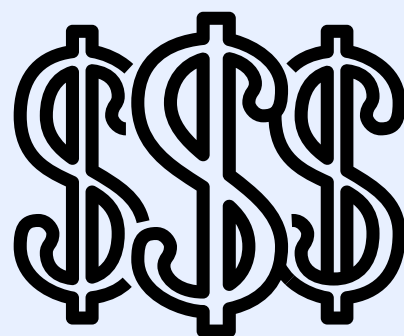
MONDAY - FRIDAY
10:00 AM - 4:00 PM

AVOID THE HIGH COSTS OF A FREE STANDING ER

FREE STANDING ER'S AND THE DOCTORS ARE OUT-OF-NETWORK



Because Free Standing ER's are not contracted with Blue Cross Blue Shield of Texas, you are not protected by a negotiated rate like you are if you use a hospital-affiliated ER that is in the network. You will be charged more than your insurance plan's fee schedule (Balance Bill). You will receive a bill for each doctor and service received. Free Standing ER's look like Urgent Care Clinics but the costs are much higher; even for the same service provided. Free Standing ER's are often not equipped for trauma and will have to transport you to a hospital if more extensive care is needed. This can mean a delay in your care. You may also be at risk of higher out-of-pocket costs due to duplicate charges from the Free Standing ER and the hospital.



LOCAL IN-NETWORK CARE



1 URGENT CARE ON DELMAR
2344 LAGUNA DELMAR STE 201
(956) 462-5029

2 VITALMED URGENT CARE NORTH
5711 MCPHERSON RD STE 103
(956) 602-8595

3 VITALMED URGENT CARE SOUTH
3120 LA PITA MANGANA STE 100
(956) 568-1350

4 DOC AID NORTH
2438 MONARCH DR STE A375
(956)523-0966

5 DOC AID SAUNDERS
2310 E. SAUNDERS STE 2A
(956)750-4898

! BCBSTX members
Effective 10/1/2023:
The copay for an
In Network Urgent Care
visit is \$60 - Trad PPO

STAYING IN NETWORK = SAVES YOU & THE MEDICAL FUND MONIES

WE GOT YOU COVERED!

OPEN 24/7/365



NOW IN NETWORK
BlueCross and BlueShield of Texas

Call Us At: ☎ (956)242.4225

NEW

! **BCBSTX MEMBERS**
It is important to remember:
The copay for an In Network
Emergency Room visit is \$300
plus the co-insurance

1

LAREDO MEDICAL CENTER
1700 E. SAUNDERS
(956) 796-5000

2

LMC - NORTH CENTRAL ER
9811 MCPHERSON RD
(956) 796-3900

3

DOCTORS HOSPITAL OF LAREDO
10700 MCPHERSON RD
(956) 523-2000

4

DOCTORS HOSPITAL ER SAUNDERS
1300 E SAUNDERS
(956) 815-4500

5

DOCTORS HOSPITAL ER SOUTH
2901 JAIME ZAPATA HWY
(956)718-9000



DEPENDENT ELIGIBILITY/AUDITS

IMPORTANT THINGS TO CONSIDER WHEN ENROLLING YOUR DEPENDENT(S)

Required documents need to be submitted to the Benefits Division before the benefit effective date. This includes the following:

SPOUSE:

- MARRIAGE OR COMMON LAW CERTIFICATE
- VALID SOCIAL SECURITY CARD

DEPENDENT CHILD(REN), UP TO AGE 26:

- BIRTH CERTIFICATE
- VALID SOCIAL SECURITY CARD
- ADOPTION RECORDS, COURT ORDERS, GUARDIANSHIP ORDERS
- MEDICAL SUPPORT ORDERS
- MARRIAGE CERTIFICATE (IF ADDING STEP-CHILD(REN))

IF DOCUMENTS ARE NOT RECEIVED BY THE END OF THE ENROLLMENT PERIOD, BENEFITS FOR SAID DEPENDENT(S) CAN & WILL BE CANCELLED.



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.

BENEFICIARY DESIGNATION



YOUR ENROLLMENT IS COMPLETE ONCE YOU REVIEW AND DESIGNATE YOUR BENEFICIARIES.

WHAT IS A BENEFICIARY?

A beneficiary is the natural person or legal entity you name in a life insurance policy to receive the insurance benefit

- A "primary beneficiary" is the person, trust, or estate you designate to receive the plan benefits in the event of the insured's death.
- A "contingent beneficiary" is a different person, trust, or estate you designate to receive your plan benefits in the event your primary beneficiaries are deceased.



City of Laredo
Employee Benefits Portal

Login



[Home](#) | [THEbenefitsHUB](#) | [Check FSA](#) | [Contact Us](#)

Plan Years

- [2023-2024](#)
- [2022-2023](#)

Benefits 2023-2024

Welcome to Your Employee Benefits Portal

We encourage you and your family to become familiar with this website. Inside, you will find detailed information about your employee benefits program including benefit summaries, claim forms, administrative forms, customer service numbers, provider directories and direct links to the insurance carriers. You will also find some helpful information regarding each employee benefit product so you can choose a benefit package that's right for you and your family.

GOALS TO STAY COVERED



ONCE LOGGED IN YOU CAN BEGIN YOUR ENROLLMENT. ALL PLAN INFORMATION IS LISTED ON EACH PAGE AS YOU NAVIGATE THROUGH THE BENEFITS HUB.

THE HEALTH & BENEFITS TEAM CAN NOT RECOMMEND A PLAN FOR YOU. EVERY SITUATION IS UNIQUE AND YOU MUST DECIDE WHAT IS THE BEST OPTION FOR YOUR NEEDS.

ENROLLMENT ASSISTANCE

EMPLOYEES WHO NEED ENROLLMENT ASSISTANCE, REPRESENTATIVES WILL BE AVAILABLE TO GUIDE YOU THROUGH THE ONLINE ENROLLMENT PROCESS AT THE FOLLOWING LOCATIONS.

PLEASE PAY CLOSE ATTENTION TO THE PLACE AND SCHEDULED TIMES:



July 24-July 28 **Public Works**
8:30am - 4:30 pm

July 31-August 4 **Public Works**
8:30am - 4:30pm

Aug. 7-Aug. 11 **City Hall Annex**
8:30am - 4:30pm

QUESTIONS?



City Hall Annex
1102 Bob Bullock Loop
(956)727-6460



4519 SAN BERNARDO
956-724-9083

THANK YOU