



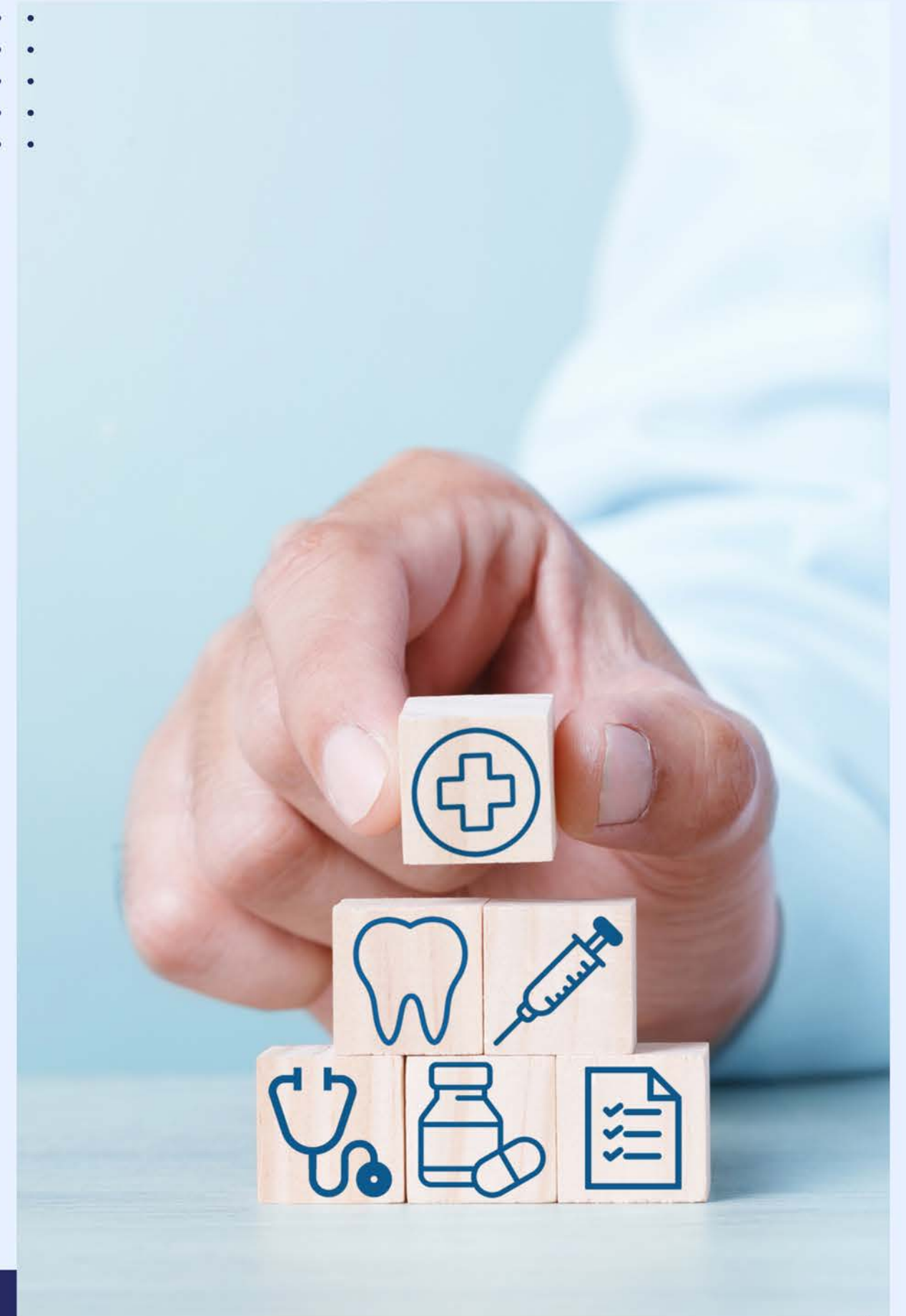
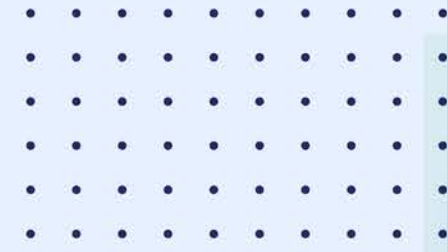
# 2023 CITY OF LAREDO BENEFIT ENROLLMENT PRESENTATION

FISCAL YEAR 2023/24



# AGENDA

- New Hire Benefit Enrollment Period
- Ancillary Benefit Providers
- 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
- Benefit Portal





## Enrollment Period runs from: Day 1 of hire THROUGH → Day 30

- All eligible full-time employees will need to make an active election and complete their online enrollment to obtain medical coverage for the current fiscal year.
- Failure to enroll by the deadline, 30th day of hire, will default your medical plan to Blue Essentials HMO, a Texas ONLY network.
- No reversals/No enrollments permitted after the deadline, Day 30
- Your benefit selections are effective **your 31st day of hire.**



YOUR ENROLLMENT IS COMPLETE WHEN YOUR  
BENEFICIARIES ARE DESIGNATED AND  
YOU RECEIVE THE MESSAGE  
*"CONGRATULATIONS, YOU HAVE  
COMPLETED YOUR ENROLLMENT"*



# ANCILLARY BENEFITS

## Benefit Carriers

**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. You may purchase additional Supplemental Life and Dependent Life during your enrollment.

- **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.







## The City of Laredo offers 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?





# DEPENDENT ELIGIBILITY/AUDITS

## IMPORTANT THINGS TO CONSIDER WHEN ENROLLING YOUR DEPENDENT(S)

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 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.



# MEDICAL PLAN SUMMARY

## FY 2023/24

### At-A-Glance



TEXAS

Comparing Your Plan Options	TRADITIONAL PPO	BLUE ESSENTIALS HMO TEXAS ONLY NETWORK	CONSUMER DRIVEN HEALTH PLAN
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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	MEMBER IS RESPONSIBLE FOR 100% OF THE COST OF THE VISIT UNTIL THE DEDUCTIBLE IS MET

**NEW**  
for 2023/24

**NEW**  
for 2023/24

PRIMARY CARE VISIT	Zero copay for Primary care Physician: Family Practice, General Practice, Internal Medicine, Obstetrics/Gynecology, Pediatrics		
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



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

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 \*COMPLETE LIST AVAILABLE ON BCBSTX.COM

- ***\$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



**RECEIVE ONE (1) PREVENTIVE EYE EXAM WITH ZERO (0) COPAY PER PLAN YEAR**

COVERAGE DOES NOT INCLUDE COST OF FRAMES, LENSES OR CONTACTS.



# 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.

There are hundreds of eligible expenses for tax free purchase with your account funds; including prescriptions, doctor's office copays, health insurance deductibles & coinsurance. Many over-the-counter medications are also eligible, though keep in mind that may require a prescription, letter of medical necessity or doctors directive.

- |                                    |                            |  |
|------------------------------------|----------------------------|--|
| • Acupuncture                      | • Eye Examination/Glasses  | • Over the Counter Treatments: cold treatments, ointments, pain reliever, stomach remedies, bandages, wraps, thermometer, etc. |
| • Ambulance                        | • Flu Shot/Immunizations   | • Prescription Drugs   |
| • Blood Pressure Monitoring Device | • Hearing Aids             |  |
| • Chiropractic Care                | • Hospital Services/X-rays |  |
| • Dental Treatment                 | • Surgery                  |  |



**\*EMPLOYER CONTRIBUTIONS VARY FROM YEAR TO YEAR DEPE**



### **2023 CONTRIBUTION LIMITS**

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



# FLEXIBLE SPENDING ACCOUNT



A Health Care Flexible Spending Account (FSA) saves you up to hundreds of dollars by allowing you to use pre-tax dollars to pay for qualified health care expenses for you, your spouse and your dependents. Flexible Spending Accounts are compatible when choosing the Traditional PPO and the HMO Blue Essentials Medical Plans. - **Unused funds do not roll over**

**FSA OFFERS YOU 2 WAYS TO SAVE ON EXPENSES FOR YOU AND YOUR FAMILY. MAKE SURE TO SELECT THE CORRECT FSA PLAN WHEN ENROLLING. THEY ARE FOR VERY DIFFERENT EXPENSES.**

- **MEDICAL REIMBURSEMENT - FOR HEALTH CARE EXPENSES**
- **DEPENDENT CARE REIMBURSEMENT - FOR DAY CARE EXPENSES**

There are thousands of eligible expenses for tax free purchase with your account funds; including prescriptions, doctor's office copays, health insurance deductibles & coinsurance. Many over-the-counter (OTC) medications are also eligible. Examples include:

- Acupuncture
- Ambulance
- Blood Pressure Monitoring Device
- Chiropractic Care
- Dental Treatment
- Eye Examination/Glasses
- Flu Shot/Immunizations
- Hearing Aids
- Hospital Services/X-rays
- Surgery
- Over the Counter Treatments: cold treatments, ointments, pain reliever, stomach remedies, bandages, wraps, thermometer, etc.
- Prescription Drugs



## **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

- 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



# RX MAIL SERVICE PROGRAM FY 2023/24



## EXPRESS SCRIPTS®

### Maintenance medications include:

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

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



1-833-715-0942



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*®



1-833-721-1619



ACCREDITO.COM

**Specialty Drug Copay - \$150**



# DENTAL PLAN SUMMARY



**CUSTOMER SERVICE:**  
**1-877-238-6200**  
**GROUP #143061**

## Plan I

**Services covered but not limited to:**

**Preventative Services**

- Oral Exams 100%
- Cleaning 100%
- Bite Wing X-Rays 100%
- Fluoride 100%
- Sealants\* 100%

**Basic Services**

- Covered at 80% after deductible is met
- Some Root Canal Therapy
- Gingivectomy
- Silver fillings

**Major Services**

- Covered at 50% after deductible is met
- Crowns
- Oral Surgery

**Annual Benefit Max \$ 2000** - Deductible Ind \$25/ Fam \$75  
Orthodontic Services & Dentures = NOT COVERED

## Plan II

**Services covered but not limited to:**

**Preventative Services**

- Oral Exams 100%
- Cleaning 100%
- Bite Wing X-Rays 100%
- Fluoride 100%
- Sealants\* 100%

**Basic Services**

- Covered at 80% after deductible is met
- Some Root Canal Therapy
- Gingivectomy
- Silver fillings

**Major Services**

- Covered at 50% after deductible is met
- Crowns
- Oral Surgery

**Annual Benefit Max \$ 5000** - Deductible Ind \$50/ Fam \$150  
Orthodontic Services - Covered at 50% after deductible is met  
\$2000 Lifetime Max Ortho - 1year waiting period  
Dentures - covered at 50 % after deductible is met

**Plan features:**

- Freedom to see any licensed provider
- Lower costs for staying IN-NETWORK
- No PCD or referrals required
- Deductibles & annual limits apply
- Mexico Dental Services are covered (Employee must fill out a claim form for reimbursement consideration.)


**Frequencies & Limitations:**


- Exam: 2 every year
- X-Ray: 1 every year
- Cleaning: 2 every year
- Fluoride: 2 every year for children ages 18 & Under
- Sealant: 2 every 3 years for children ages 15 & Under

**\*POLICE - DENTAL COVERAGE THROUGH AETNA IS ONLY AVAILABLE WHILE IN THE ACADEMY (5 MONTHS).  
DENTAL ENROLLMENT WILL CONTINUE THROUGH CLEATTHEREAFTER. CONTACT THE POLICE UNION FOR INFORMATION.**



# VISION PLAN SUMMARY





DavisVision<sup>TM</sup>

## WHAT IS COVERED?

Benefits	
FREQUENCY	
Eye examinations inclusive of dilation (when professionally indicated)	Once every 12 months
Eyeglass lenses	Once every 12 months
Frame	Once every 12 months
Contact lens evaluation, fitting and follow-up care (in lieu of eyeglasses)	Once every 12 months
CO-PAYMENTS	
Eye examination	\$10
Eyeglass lenses	\$10
Contact lens evaluation, fitting and follow-up care	\$0
EYEGLASS BENEFIT - FRAME	
Frame allowance (retail) 20% overage discount <sup>2</sup>	Up to \$150 <b>OR</b> Up to \$200 <sup>3</sup>

### Bi-Weekly Employee Contributions

Employee Only \$3.06

Employeee & Family \$7.68

### PROVIDER SEARCH:

[AFLAC.COM/VISIONNETWORK](https://aflac.com/visionnetwork)

1-800-999-5431

### CUSTOMER SERVICE:

1-877-864-0625

POLICY SERIES QNV1000



# BASIC LIFE INSURANCE

BCBSTX/DEARBORN LIFE  
INSURANCE COMPANY



**BlueCross BlueShield  
of Texas**

Basic life insurance is provided to you by your employer at no cost. This policy provides your beneficiary with a lump-sum benefit.

This cash benefit will help soften the financial blow that comes along with losing a loved one. Your beneficiary can use this benefit to help pay final expenses, bills and debt.

**Employee Only - NO COST**

**\$40,000 Natural Cause Death**

**\$40,000 Accidental Death**







Basic life insurance provided by your employer is a great employee benefit, but the amount of coverage may not cover your obligations if you were to suddenly pass away.

Voluntary Group Term Life insurance policy issues a cash benefit to your designated beneficiary in the event of your passing. This money can be used toward anything from final costs to paying off any remaining debts; like your mortgage, car loans or student loans.

It is the most affordable form of life insurance and is typically available to you, your spouse and dependent children

## Dependent Life Insurance

**0.60 (per pay period)**

**\$ 5,000 Coverage for Spouse**

**\$ 2,500 Coverage for Children (up to 26 years of age)**

## Employee Voluntary Term Life

- Lesser of 5X your annual earnings to a maximum of \$250,000

(in 10,000 increments)

- Current Insureds can increase their coverage by \$20,000

(Not to exceed 5X Salary or \$200,000 )  
without evidence of insurability

## Spouse Voluntary Term Life

- Maximum amount of insurance is \$100,000 (in \$5,000 increments)

- Current Insureds can increase their coverage by \$5,000

(not to exceed \$50,000) without evidence of insurability

## Child Voluntary Term Life

- Maximum amount of insurance is \$10,000

- up to 26 years of age

**All new applicants must complete an evidence of insurability.**



# GROUP CANCER



**Cancer Insurance** provides financial assistance in the form of a cash benefit upon a cancer diagnosis and treatment, ensuring you can concentrate on your health instead of your finances.

Dependent coverage may also be available.

- Lump-sum cash payments for certain procedures, screenings and treatments related to a covered cancer diagnosis, in addition to whatever your medical plan covers
- Payments are made directly to you and can be used for any purpose.
- INITIAL DIAGNOSIS BENEFIT - Benefit is paid when you are diagnosed with Internal cancer for the first time while insured under this Plan.



# CRITICAL ILLNESS



**Critical Illness Insurance** is a policy that provides a lump-sum benefit when you are diagnosed with a covered critical illness like a heart-attack, stroke and other serious conditions. This money can be used for anything from minimizing out of pocket costs to other expenses like your mortgage, groceries, or what your medical plan doesn't cover.

Dependent coverage may also be available.

- A cash benefit for a range of covered serious illnesses such as Cancer, Stroke and Heart Attack, in addition to whatever your medical insurance may cover
- Payments are made directly to you and can be used for any purposes
- Employee Benefit Amount: may choose a lump sum benefit of \$10,000 to \$30,000 in \$10,000 increments.- Evidence of Insurability required for any amount over \$10,000.
- Spouse Benefit: may choose a lump sum benefit of \$5,000 to \$25,000 in \$5,000 increments up to 50% of the employee's lump sum benefit.
- Child Benefit: children age Birth to 26 years 25% of employee's lump sum benefit
- Pre-Existing Conditions apply





# GROUP ACCIDENT



**Accident Coverage Insurance** helps pay the direct (medical) and indirect (non-medical) expenses that may result from a covered accident.

Provides benefits for initial care and treatment, in addition to some follow-up care that you may need following an accident. This includes accidents involving broken bones, lesions or burns.

- **Off Job Only** Accident Coverage

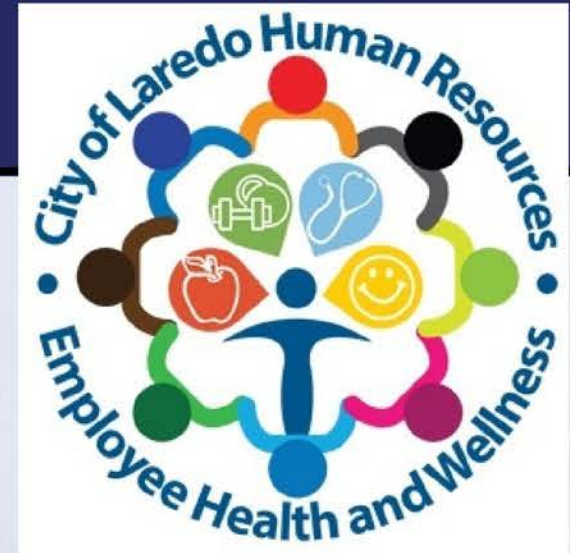




# EMPLOYEE HEALTH & WELLNESS CLINIC

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

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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

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## TELEMEDICINE CONSULTATIONS

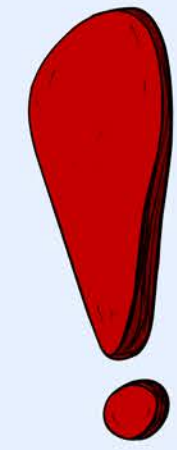
CALL NUESTRA SALUD  
FOR AN APPOINTMENT:

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

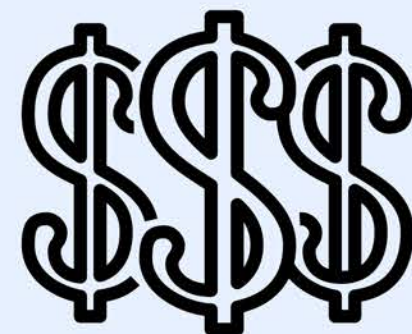


# AVOID THE HIGH COSTS OF A FREE STANDING ER

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



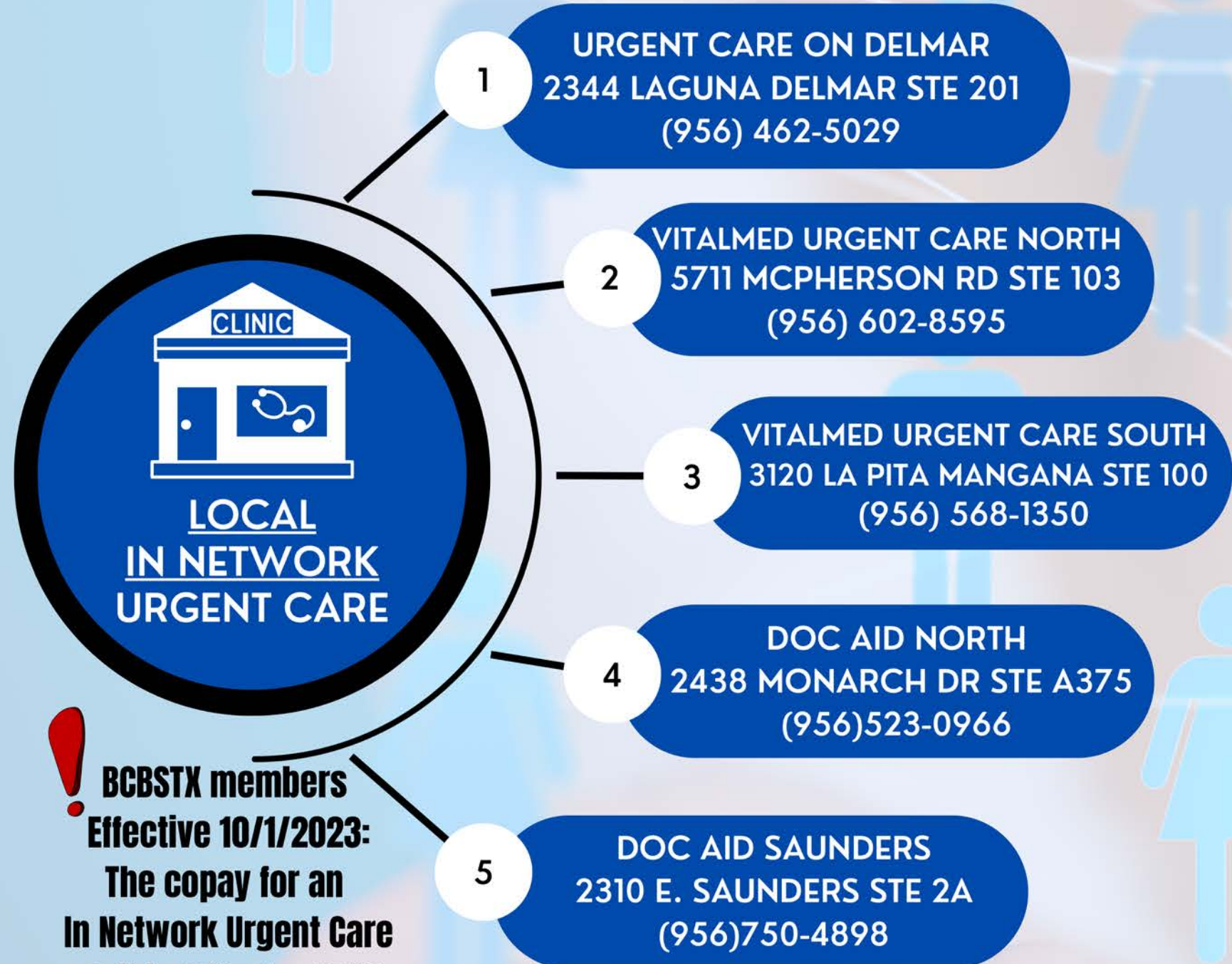
Because Free Standing ER's are not contracted with Blue Cross Blue Shield of Texas, you are not protected by a negotiated rate like you are if you use a hospital-affiliated ER that is in the network. You will be charged more than your insurance plan's fee schedule (Balance Bill). You will receive a bill 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.

A photograph of a medical invoice document. The document is titled 'MEDICAL INVOICE' and 'ACCOUNT SUMMARY'. It lists various services provided, including 'Resection', 'Office Visit', 'Lab Work', 'X-Rays / Abdominal', 'Surgery', 'Anesthesia', 'Pathology', 'Medical/Surgical Supplies', and 'Post-Op Care'. The charges are listed in a column on the right, with a total of \$10,570.00. The document is partially obscured by a blue folder or binder.

DESCRIPTION	CHARGE
Office Visit	125.00
Lab Work	225.00
X-Rays / Abdominal	350.00
Surgery	7,500.00
Anesthesia	1,000.00
Pathology	531.00
Medical/Surgical Supplies	357.00
Post-Op Care	482.00
<b>TOTAL</b>	<b>\$10,570.00</b>



# LOCAL IN-NETWORK CARE



! **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**

**NEW**

**WE GOT YOU COVERED!**

**OPEN 24/7/365**



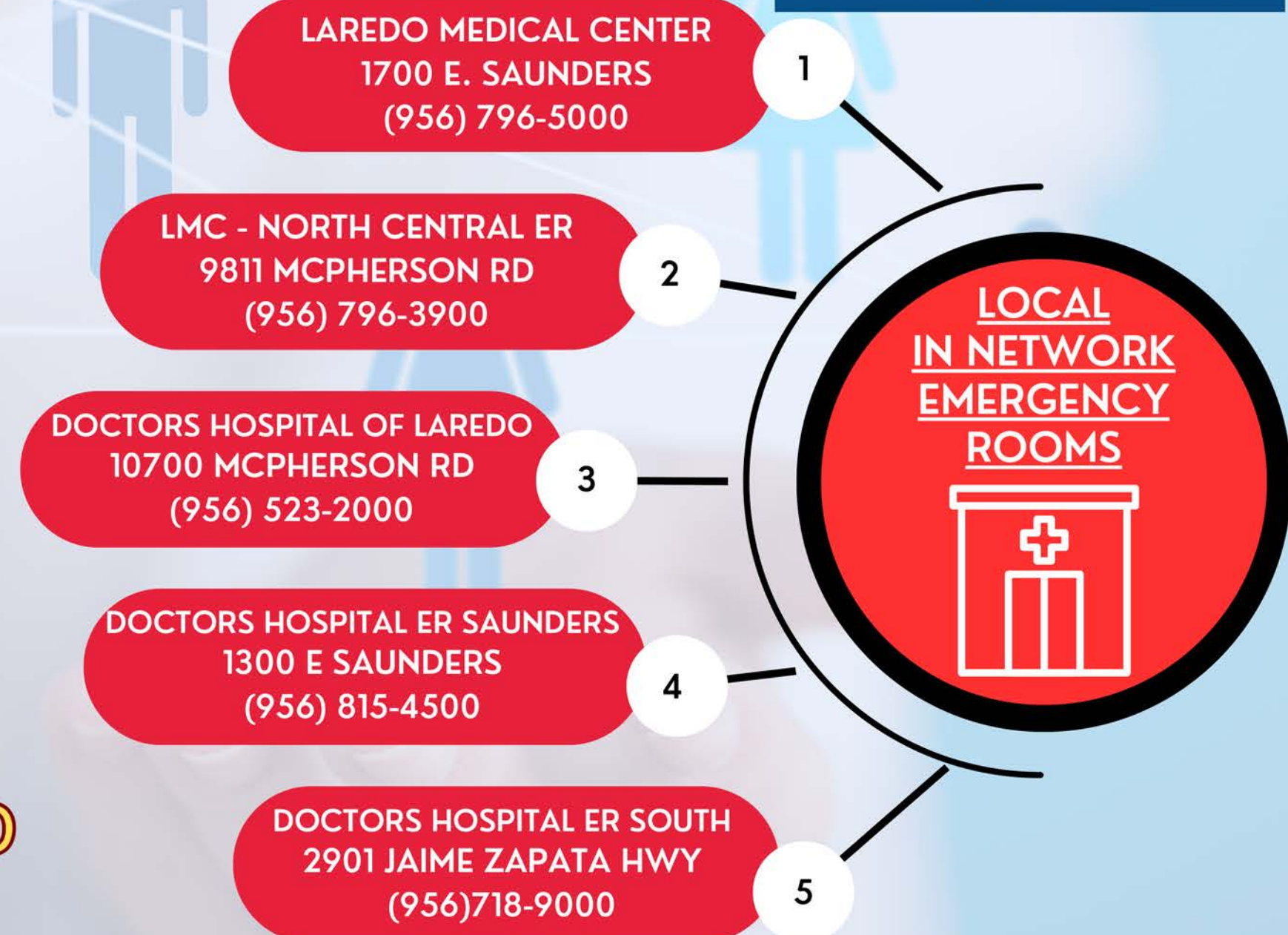
**CLEAR CHOICE**  
EMERGENCY ROOM

**NOW IN NETWORK**

**BlueCross and  
BlueShield of Texas**

Call Us At: ☎ (956) 242.4225

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





# 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



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 NEED.

- 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.



# HEALTH & BENEFITS DIVISION

**Your Health & Benefits team has created this guide to help you decide the benefit option that best suits you and your family's needs.**

**If you need additional assistance with logging in to The Benefits HUB or have questions regarding medical benefits please contact the Health & Benefits Team at 956-727-6466.**



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