

2022 RETIREE



BENEFIT

OPTIONS

YOUR BENEFITS TEAM



Jerry Pea | Benefits Manager
817-575-8992 / jerry.pea@arlingtontx.gov

**General Benefit Inquiries | Medical, Dental and Vision Plans
Retirement Options**



Laura Duran | Benefits Specialist
817-459-6848 / laura.duran@arlingtontx.gov

**General Benefit Inquiries | Medical, Dental and Vision Plans
HSA/FSA | Primary Care Physician Questions | Retirement Options**



Tracy Shelton | Benefits Specialist
817-575-8990 / tracy.shelton@arlingtontx.gov

**General Benefit Inquiries | Medical, Dental and Vision Plans
HSA/FSA | Primary Care Physician Questions | Retirement Options**

IMPORTANT PLAN NOTES FOR 2022

MEDICAL/DENTAL RATE INCREASES IN 2022

After staying flat in 2021, the monthly rates for the Medical (United Healthcare) and Dental (Delta Dental) will increase beginning January 1, 2022. See pages 14 -19 for more details based on plan selection.

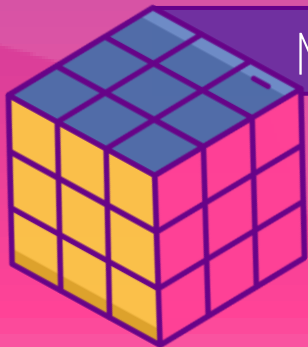


TABLE OF CONTENTS

Benefits Overview

- 4 Eligibility, Deadlines and Important Notices
- 8 Family Status Changes and Life Events
- 9 City Contribution Eligibility

Coverages: Pre-65 Retirees

- 11 Primary Care Physician Selection
- 14 UHC Medical Plans and Rates
- 17 Prescription Drug Coverage
- 18 Health Savings Account Information
- 19 Dental Plans and Rates
- 20 Vision Plans and Rates

Flexible, Focused Care Options

- 21 United Healthcare Virtual Visits and Tools
- 22 Health and Wellness Clinics

Post-65 Enrollment Information

- 23 United Healthcare Enrollment Information

Find what you need, *FAST!*

INSURANCE PLANS AND COSTS



MEDICAL
PAGE 14



DENTAL
PAGE 19



VISION
PAGE 20

RETIREE RESOURCES



RX INFO
PAGE 17



HSA
PAGE 18



CARE OPTIONS
PAGE 21

WAIVING COVERAGE

Retirees must waive the City's medical insurance coverage if eligible for an employer-based medical plan with another employer. The Retiree (and eligible dependents) may re-elect coverage with the City upon loss of coverage. Required forms and proof of your loss of coverage must be received in Human Resources within 30 days of the loss of coverage.

Note: Waiver of coverage for any reason other than enrollment in an employer-based plan is a permanent waiver. Re-enrollment will not be permitted in the City's Retiree insurance plans.

BENEFITS OVERVIEW

AM I ELIGIBLE FOR BENEFITS?

The following conditions must be met to be considered a Retiree of the City of Arlington and be eligible to elect insurance benefits:

- ✓ You are TMRS eligible for retirement
- ✓ You elect your TMRS pension benefits within 45 days of separation
- ✓ You have not previously waived coverage for reasons other than insurance available through another employer

WHEN CAN I ENROLL?

Event	Deadline to Enroll	How To Enroll	Effective Date of Change
Annual Enrollment (Pre-65)	OCT 25 th to NOV 5 th 2021	Enrollment Form	January 1, Annually
Family Status Change (See Page 8)	30 days from event	<u>Contact HR</u>	First of the month ¹
Loss of other Coverage ²	30 days to cancel	<u>Contact HR</u>	First of the month ¹

¹ For life events other than birth and adoption, the effective date of coverage is the first of the month following receipt of your enrollment form and required documentation as outlined on page 8.

² To include yourself and dependents, if coverage has not previously been permanently declined

PERSONAL INFORMATION UPDATES

Prior to making your elections, it's important that you let Human Resources know if anything has changed since the last annual enrollment period. To be sure that you receive your medical cards and other important information related to your coverages, please contact Human Resources to update any changes to your Name, Home Address, E-mail Address or Phone Number.

You can contact Human Resources at 817-459-6869 or email retireebenefitsq&a@arlingtontx.gov to make your change.

BENEFITS OVERVIEW

DEPENDENT ELIGIBILITY

*Note: All documentation for eligible dependents is due **within 30 days of new enrollment period.***

Eligible Dependents	Required Documentation
Spouse <i>*Note that spouses offered coverage through their own employer (other than the City) are not eligible for coverage on the City's medical plan.</i>	<ul style="list-style-type: none">– Marriage License, <i>or</i>– Most recent joint tax return, <i>or</i>– Informal Marriage Form (recognized by a court)
Child/Stepchild (Under 26)	<ul style="list-style-type: none">– Birth Certificate
Other dependent child under 26 years old	<ul style="list-style-type: none">– Court order for guardianship or conservatorship signed by a Judge
Adopted child	<ul style="list-style-type: none">– Adoption documents and Birth Certificate
Child placed for adoption	<ul style="list-style-type: none">– Court documents signed by judge
Qualified Medical Support Order	<ul style="list-style-type: none">– Notification from State Attorney General
Other Medical Support Order directed to the City of Arlington	<ul style="list-style-type: none">– Copy of Court Order to City of Arlington
Child incapable of self-sustaining employment due to a mental or physical disability when the child is enrolled in the City medical plan the day before age 26	<ul style="list-style-type: none">– Attending Physician Statement

SURVIVING SPOUSES

Surviving spouses may continue the medical coverage enrolled in at the time of a retiree's death. The surviving spouse must contact Human Resources at the time of the retiree's death to request the necessary paperwork to continue coverage. Coverage terminates when a surviving spouse remarries. A surviving spouse who drops or declines coverage for any reason **will not** have the option to enroll at a later date.

ANNUAL AUDITS OF RETIREES

Annually, we may conduct an audit requiring selected retirees to provide documentation proving eligibility of covered dependents. Those contacted will receive a list of acceptable documentation based upon the type of dependent enrolled. If sufficient documentation is not provided within a 30-day period, coverage will be dropped and/or denied. Providing dependent information that is false or inaccurate may result in termination of coverage. This process is intended to confirm that you have enrolled only qualifying family members under the terms of the benefit plans.

BENEFITS OVERVIEW

AUTOMATED PREMIUM PAYMENT

To make the payment of premiums as seamless as possible, you can automate your payments through your own financial institution by using the ACH form at the end of this guide. The form is also available for download by visiting www.arlingtontx.gov/employee_center and clicking “Retirees”, or you can call your Benefit Specialist at 817-459-6869 to request the form. You may start or stop automated payments at any point throughout the year.

If you are currently paying premiums by automatic bank draft, the City will update the information for 2022 automatically. There is no need to resubmit your paperwork for automated payments.

Retired Public Safety officers currently paying premiums through TMRS deduction will need to update their information if applicable. An updated TMRS-HLPS form must be completed and submitted to TMRS prior to the first of the year if you experience a change in your monthly premium. The form can be found at www.tmrs.com, the Retiree Section of the City website, or you may also contact your Benefit Specialist at 817-459-6869 to request the form.

LATE PREMIUM PAYMENTS

The City has established guidelines regarding non-payment of premiums. Benefit payments are due on the 1st of each month and must be paid in full on or before the due date. Payments may be made monthly, quarterly or annually. Your payment preference must be established with the Finance Department. Benefit payments will also be considered past due when a check that was sent in is returned by the bank.

Retirees with past due premiums due to non-payment or returned checks will be subject to cancellation of their benefits if premiums remain unpaid for 60 days.

30 Days
Past Due

1st Notice
via Mail

45 Days
Past Due

2nd Notice via
Certified Mail

60 Days
Past Due

Cancellation Notice
via Certified Mail

BENEFITS OVERVIEW



REQUIRED NOTICES

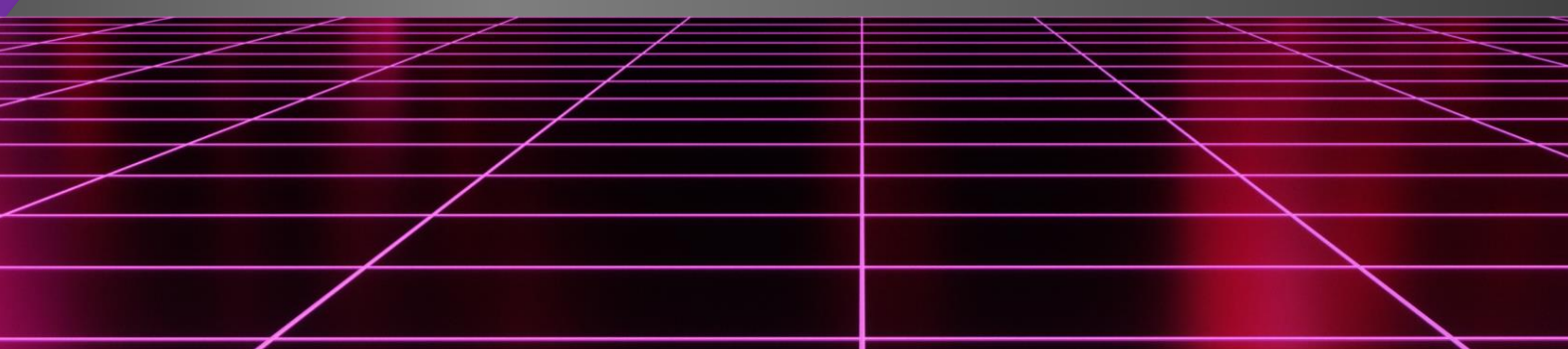
The following required notices are available on the City website at www.arlingtontx.gov/employee_center or through your Benefits Specialist.

- ✓ Children's Health Insurance Program (CHIP) Notice
- ✓ Glossary of Health Coverage and Medical Terms
- ✓ HIPAA Privacy Notice
- ✓ Medicare Part D Creditable Coverage Notice
- ✓ Newborn's Act Disclosure Notice
- ✓ No Annual Dollar Limits on Essential Health Benefits
- ✓ Provider Choice Notice – The Patient Protection and Affordable Care Act
- ✓ United Healthcare Annual Rights and Resources Disclosure Notice
- ✓ Special Enrollment Notice
- ✓ Women's Health and Cancer Rights Act of 1998 Notices

FORMS, RESOURCES AND MORE

Need an enrollment form? Do you have an address or name change to complete? Maybe you want to set up direct deposit for your premium payments?

Visit www.arlingtontx.gov/employee_center and then click on "Retirees" for tools, forms, plan documents, required notices, resources and more.



BENEFITS OVERVIEW

WHAT IS A FAMILY STATUS CHANGE?

A family status change is a life event that may allow retirees to add or drop coverage for their dependents within a specified time frame, typically within 30 days of the event (see chart below). You must contact Human Resources to make these types of changes by submitting a Family Status/Life Event Change Form.



These types of changes may include:

- ✓ Marriage or Divorce
- ✓ Birth or Adoption
- ✓ Court-ordered Guardianship
- ✓ Child or Spouse loss of other coverage
- ✓ Dependent reaching age 26



Plan changes may impact year-to-date deductible, co-insurance or co-pays. For example, If you change from retiree + spouse coverage to retiree-only, any claims incurred would follow the new employee-only coverage level.

Use the chart below or **Contact Human Resources at 817-459-6869** or retireebenefitsq&a@arlingtontx.gov for assistance.

ADDING Coverage Due To:	Required Documentation
Marriage	Marriage Certificate
Birth	Birth Certificate or Verification of Birth Facts (from hospital)
Adoption/Placement for Adoption	Provide court document signed by judge
Court-ordered Guardianship or Custody	Provide court document signed by judge
Layoff or other Loss of Coverage	Provide proof of loss of coverage
Medicaid or CHIP Eligibility Loss	Provide proof of loss of coverage
Dependent Daycare Added	Provide proof of coverage or enrollment
DROPPING Coverage Due To:	
Divorce	Provide court document signed by judge and address
Other coverage	Provide proof of coverage or enrollment
Dependent Child Maximum Age (26)	Provide address**
Death	Death Certificate
Dependent Daycare discontinued	Provide proof of loss of coverage
Medicaid or CHIP eligibility	Provide proof of coverage or enrollment

BENEFITS OVERVIEW

DO I QUALIFY FOR A CITY CONTRIBUTION?

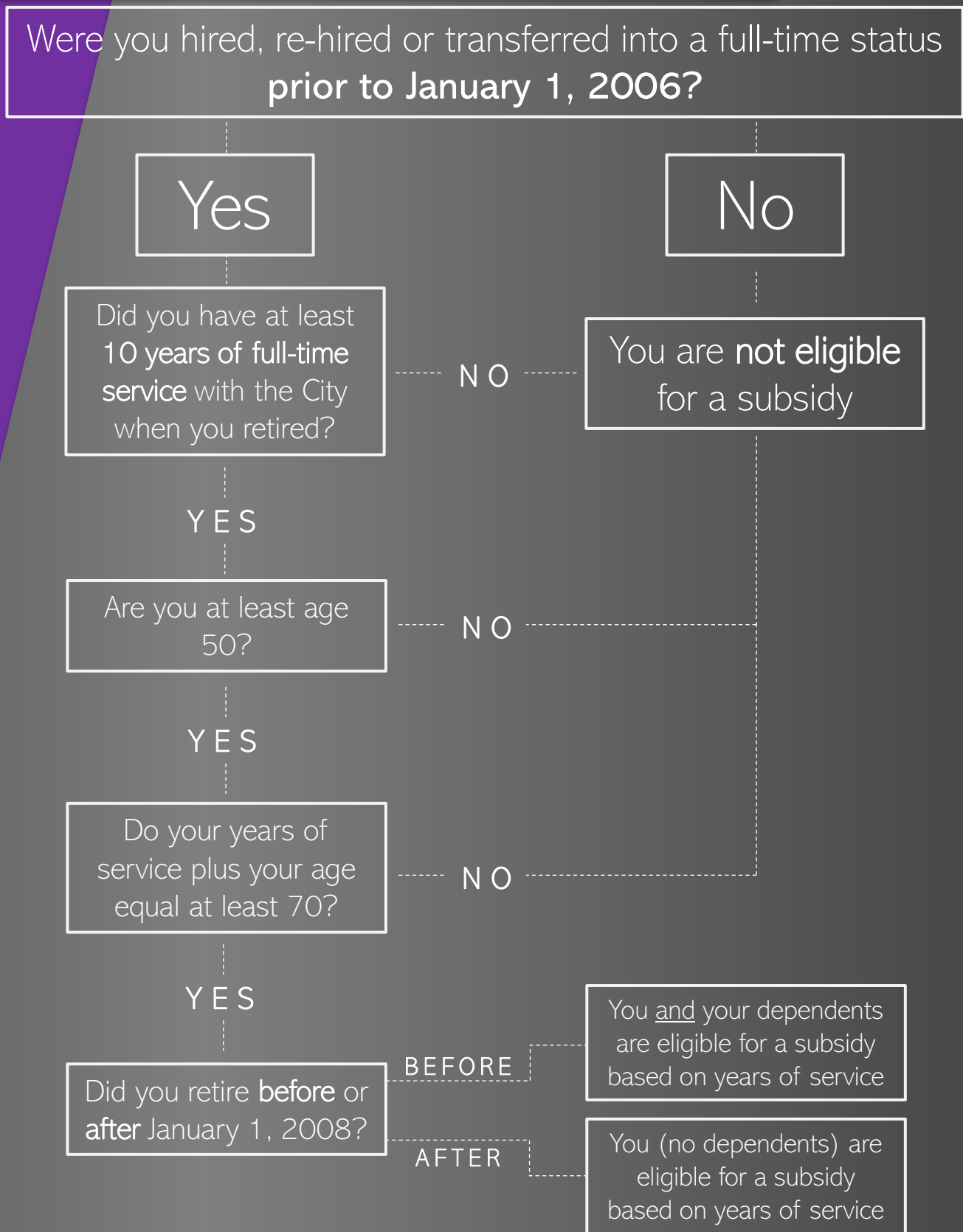
If you were hired, re-hired or promoted to a full-time status prior to January 1, 2006 and retired prior to January 1, 2008, you may be eligible for a City contribution for your medical premiums. See page 10 to determine if you qualify for a contribution and contact Human Resources at 817-459-6869 or e-mail retireebenefitsq&a@arlingtontx.gov.

Retired BEFORE January 1, 2008				
Years of Service	Maximum Monthly City Contribution - Retiree		Maximum Monthly Contribution - Dependent	
	Under Age 65	Age 65+	Under Age 65	Age 65+
30+ YOS	\$600	\$300	\$300	\$150
25-29	\$550	\$275	\$275	\$137.50
20-24	\$500	\$250	\$250	\$125
15-19	\$450	\$225	\$225	\$112.50
10-14	\$400	\$200	\$200	\$100
0-9	\$0	\$0	\$0	\$0

Retired AFTER January 1, 2008 (No Dependent Contribution)		
Years of Service	Maximum Monthly City Contribution - Retiree	
	Under Age 65	Age 65+
30+ YOS	\$600	\$300
25-29	\$550	\$275
20-24	\$500	\$250
15-19	\$450	\$225
10-14	\$400	\$200
0-9	\$0	\$0

BENEFITS OVERVIEW

DO I QUALIFY FOR A CITY CONTRIBUTION?



BENEFITS OVERVIEW

PRIMARY CARE PHYSICIAN (PCP)

United Healthcare focuses on primary care as the key to helping people live healthier lives. Your Primary Care Physician (PCP) will be your best partner for your continued health and wellness.

Newly enrolling or adding dependents must select a PCP as part of the new or annual enrollment process. The annual enrollment period for 2022 runs from 10/25/2021 to 11/5/2021. If new enrollees or added dependents do not select a PCP, one will be automatically assigned to you based on zipcode.

If you already have a PCP selected through United Healthcare, you will not be required to select one again. If you want to change your PCP, you can follow the instructions on page 12.

3 THINGS TO KNOW ABOUT YOUR PCP

1 PCP selection will be required when you enroll in one of the City's health plans. You must select a PCP within the United Healthcare Navigate Network as part of either retirement or annual enrollment. They must be 1) accepting new patients (if not already established) 2) near where you live (D/FW Metroplex) and 3) must be an individual in general practice, family practice, a pediatrician, internal medicine or an OB/GYN.

2 You can always change your PCP. Changes can be made to your PCP at anytime and will become effective the first of the following month. Changes can be made by calling the number on the back of your health insurance card or through myuhc.com

3 You must get an electronic referral from your PCP before going to a different physician or specialist.

Referrals are good for up to six months or six visits, whichever comes first, however referrals are not needed for the following, as long as they are within the UHC Navigate network: Note that these providers **can not** provide referrals to other specialists or physicians.

- Convenience Care Clinics, to include the CareATC Health and Wellness Center
- Obstetricians/Gynecologists (OB/GYN's)
- Behavioral Health or substance abuse disorder clinicians
- Urgent Care Clinics
- Designated network virtual visit providers (See page 22 for information on Virtual Visits)

WHAT ABOUT DEPENDENT PCP'S?

You must select an individual PCP for each of your eligible dependents the same way you would select one for yourself. You may choose the same PCP or a different one based on your physician preferences.

PRIMARY CARE PHYSICIAN

SELECTING YOUR PCP

Selecting your Primary Care Physician (PCP) is simple using UHC's built-in provider search. Follow the instructions below and contact Human Resources at 817-459-6869 for assistance with selecting your PCP.



You can also select your PCP through the MyUHC App



Don't have access to a computer? Call 1-855-828-7715 for help choosing a PCP or to request a paper directory.

STEP 1

In your web browser, go to www.myuhc.com and sign into your account.

STEP 2

- 1 Click "Find Care & Costs" along the top ribbon of your account page.
- 2 In the Search Box, type "Primary Care Provider".
- 3 Select the "All Primary Care Providers" link from the dropdown.



What can we help you find near:

Arlington, TX 76001

[Change Location >](#)

2

CATEGORY

- 3 [Virtual Medical Care Providers](#)
- [All Primary Care Providers](#)

PRIMARY CARE PHYSICIAN

STEP 3A (IF ANNUAL OR NEW ENROLLMENT)

Select a physician and review their information. Your PCP must be A) In-Network and B) Accepting New Patients. Once you have selected a PCP for yourself and eligible dependents, write down their Name, Address and Provider ID, and include it on the 2022 PCP Selection Form included in the back of this guide.

Craig C. Kneten, MD
Family Practice
★★★★★ 26 Reviews

Name of Provider

IN-NETWORK

SAVE (817) 921-6166

Provider ID
00001920660 006

Select PCP

OVERVIEW SERVICES & COSTS LOCATIONS PATIENT REVIEWS ENROLLMENT INFORMATION

900 W Magnolia Ave Ste 201
Fort Worth, TX 76104
12.3 Miles Away
View Hours OPEN NOW

Phone
(817) 921-6166 PHONE

Website
HTTP://WWW.FORTWORTHFAMIL...

Accessibility
Exterior Building
Bathrooms
Parking

Premium Care Physician
Accepting All Patients

STEP 3B (IF CHANGING CURRENT PCP)

Select a physician and review their information. Your new PCP must be A) In-Network and B) Accepting New Patients. Click the "Select PCP" button and follow the on-screen instructions to confirm your new PCP. *Note: You may need to adjust your pop-up blocker settings for this.

Lisa A. Abbott, MD
Family Practice
★★★★★ (35)

In-Network

Save (817) 473-7962 **Select PCP**

OVERVIEW LOCATIONS PATIENT REVIEWS

Location
3601 Highway 157 N
Mansfield, TX 76063
0.8 Miles Away | Get Directions

Phone
(817) 473-7962 Phone
711 TTY

Website
Not Available

Email

Accessibility
Bathrooms >
Parking >
Exterior Building >

Additional Information
Premium Care Physician
Accepting All Patients

Provider ID
00001984744 004

MEDICAL AND PHARMACY PLANS



The following rate tables show the monthly retiree premium rate based on date of hire, date of retirement, plan selection, years of service with the City of Arlington, and coverage level. Benefits, rates, available plans and the City Contribution are subject to change annually.

About City Contributions - You may be eligible for a City Contribution to your monthly premium if:

- You were hired, re-hired or transferred to a full-time status BEFORE JAN 1, 2006
- AND you had at least 10 years of full-time service with the City at the time of retirement
- AND your current age (minimum 50) plus your years of service (YOS) equal at least 70
- **Refer to page X to check if you are eligible for a City Contribution. If not, you are responsible for the full monthly premium.**

UNDER 65 - RETIRED AFTER 2008 RATE TABLE

Value Plan (Previously High Deductible Health Plan/HDHP)

	Retiree Only	Retiree + Children	Retiree + Spouse	Retiree + Family	Spouse Only	Spouse + Children
Monthly Premium (No City Contribution)	\$628.56	\$1,027.98	\$1,304.20	\$1,831.42	\$675.66	\$1,202.86
With City Contribution based on YOS						
30+ YOS	\$28.56	\$427.98	\$704.20	\$1,231.42	\$675.66	\$1,202.86
25-29	\$78.56	\$477.98	\$754.20	\$1,281.42	\$675.66	\$1,202.86
20-24	\$128.56	\$527.98	\$804.20	\$1,331.42	\$675.66	\$1,202.86
15-19	\$178.56	\$577.98	\$854.20	\$1,381.42	\$675.66	\$1,202.86
10-14	\$228.56	\$627.98	\$904.20	\$1,431.42	\$675.66	\$1,202.86
0-9	\$628.56	\$1,027.98	\$1,304.20	\$1,831.42	\$675.66	\$1,202.86

Core Plan (Previously Exclusive Provider/EPO Plan)

	Retiree Only	Retiree + Children	Retiree + Spouse	Retiree + Family	Spouse Only	Spouse + Children
Monthly Premium (No City Contribution)	\$695.75	\$1,143.64	\$1,450.96	\$2,037.52	\$755.21	\$1,341.77
With City Contribution based on YOS						
30+ YOS	\$95.75	\$543.64	\$850.96	\$1,437.52	\$755.21	\$1,341.77
25-29	\$145.75	\$593.64	\$900.96	\$1,487.52	\$755.21	\$1,341.77
20-24	\$195.75	\$643.64	\$950.96	\$1,537.52	\$755.21	\$1,341.77
15-19	\$245.75	\$693.64	\$1,000.96	\$1,587.52	\$755.21	\$1,341.77
10-14	\$295.75	\$743.64	\$1,050.96	\$1,637.52	\$755.21	\$1,341.77
0-9	\$695.75	\$1,143.64	\$1,450.96	\$2,037.52	\$755.21	\$1,341.77

MEDICAL AND PHARMACY PLANS

The following rate tables show the monthly retiree premium rate based on date of hire, date of retirement, plan selection, years of service with the City of Arlington, and coverage level. Benefits, rates, available plans and the City Contribution are subject to change annually.

About City Contributions - You may be eligible for a City Contribution to your monthly premium if:

- You were hired, re-hired or transferred to a full-time status BEFORE JAN 1, 2006
- AND you had at least 10 years of full-time service with the City at the time of retirement
- AND your current age (minimum 50) plus your years of service (YOS) equal at least 70
- **Refer to page X to check if you are eligible for a City Contribution. If not, you are responsible for the full monthly premium.**

UNDER 65 - RETIRED BEFORE 2008 RATE TABLE

Value Plan (Previously High Deductible Health Plan/HDHP)

 UnitedHealthcare NAVITUS PHARMACY BENEFITS REINVENTED	Retiree Only	Retiree + Children	Retiree + Spouse	Retiree + Family	Spouse Only	Spouse + Children
Monthly Premium (No City Contribution)	\$628.56	\$1,027.98	\$1,304.20	\$1,831.42	\$675.66	\$1,202.86
With City Contribution based on YOS						
30+ YOS	\$28.56	\$127.98	\$404.20	\$931.42	\$375.66	\$902.86
25-29	\$78.56	\$202.98	\$479.20	\$1,006.42	\$400.66	\$927.86
20-24	\$128.56	\$277.98	\$554.20	\$1,081.42	\$425.66	\$952.86
15-19	\$178.56	\$352.98	\$629.20	\$1,156.42	\$450.66	\$977.86
10-14	\$228.56	\$427.98	\$704.20	\$1,231.42	\$475.66	\$1,002.86
0-9	\$628.56	\$1,027.98	\$1,304.20	\$1,831.42	\$675.66	\$1,202.86

Core Plan (Previously Exclusive Provider/EPO Plan)

 UnitedHealthcare NAVITUS PHARMACY BENEFITS REINVENTED	Retiree Only	Retiree + Children	Retiree + Spouse	Retiree + Family	Spouse Only	Spouse + Children
Monthly Premium (No City Contribution)	\$695.75	\$1,143.64	\$1,450.96	\$2,037.52	\$755.21	\$1,341.77
With City Contribution based on YOS						
30+ YOS	\$95.75	\$243.64	\$550.96	\$1,137.52	\$455.21	\$1,041.77
25-29	\$145.75	\$318.64	\$625.96	\$1,212.52	\$480.21	\$1,066.77
20-24	\$195.75	\$393.64	\$700.96	\$1,287.52	\$505.21	\$1,091.77
15-19	\$245.75	\$468.64	\$775.96	\$1,362.52	\$530.21	\$1,116.77
10-14	\$295.75	\$543.64	\$850.96	\$1,437.52	\$555.21	\$1,141.77
0-9	\$695.75	\$1,143.64	\$1,450.96	\$2,037.52	\$755.21	\$1,341.77

MEDICAL AND PHARMACY PLANS

This comparison of benefits is a basic summary only. Contact Human Resources at 817-459-6869 for more detailed information or summary plan documents. Medical coverage terminates the last day of the month in which you or your dependents are no longer eligible for benefits.



Benefits (In-Network Only) ¹	Value Plan (Previously HDHP)	Core Plan (Previously EPO)
Calendar Year Deductible (CYD)	\$2,250 Individual ² \$4,500 Family	\$1,750 Individual \$3,500 Family
Calendar Year Total Out-of-Pocket Limit (Deductible, co-insurance and co-pays combined)	\$6,000 Individual \$12,000 Family	\$6,000 Individual \$12,000 Family
Co-insurance	Member pays 10%	Member pays 20%
Office Primary & Specialist	After deductible met, member pays 10%	After deductible met, member pays 20%
Preventive Care	Covered at 100%; member pays \$0	Covered at 100%; member pays \$0
Care ATC Health and Wellness Center	\$40 for office visit After deductible/out-of-pocket max is met, \$0	\$0 for office visit (no deductible requirement)
Lab Services	After deductible met, member pays 10%	After deductible met, member pays 20%
Urgent Care Center	After deductible met, \$50 co-pay	\$50 co-pay
Emergency Room	After deductible met, \$250 co-pay (waived if admitted)	\$250 co-pay (waived if admitted)
Inpatient Hospital	After deductible met, member pays 10%	After deductible met, member pays 20%
Outpatient Services		
Mental Health		
Pharmacy (local and mail order) NOTE: Specialty Medications must be filled through Navitus SpecialtyRx - Lumicera		Tier 1 = 15% Tier 2 = 25% Tier 3 = 40% Specialty Pharmacy = 50%
Pharmacy (preventive)	Members pay \$0 for preventive medications (See Navitus Preventive Drug List)	
Lifetime Maximum	Unlimited	

¹The City plans do not offer out-of-network coverage. You will be responsible for any expenses that you incur outside of the UHC network.

²Individual deductible applies to employee-only level of coverage. For all other levels of coverage, you must meet the full deductible amount.

Understanding Your Pharmacy Options

Short
Term

Use for 30-day or one-time prescriptions, filled by Navitus at over 68,000 pharmacies nation-wide.



Mail
Order

Use for maintenance medications that will continue for at least 90 days, delivered to your door through Navitus partner, NoviXus.

90-Day
Retail

As an alternative to the mail order option, your doctor may write a prescription for a 90-day period and can be filled at your local pharmacy.

Specialty Rx and Injectables

Lumicera Health Services helps manage high-cost, specialty medications and injectable drugs with a focus on patient care. Call 1-855-847-3553 to order your specialty medications.

Prior Authorizations (PA), Step Therapy (ST), and Quantity Limits (QL)

Some medications require prior authorization, have quantity limits or may be part of a step therapy program. This means you may need to try a safer or more cost-efficient drug prior to a prescription being written. Call Navitus at 1-866-333-2757 for assistance with these types of medications.

Getting The Most From Your Pharmacy Benefit Generic Drug Equivalents

Generic drug equivalents are medications that have the same active ingredients as their name brand equivalents, but at a fraction of the cost. Generic equivalents are the default option for your plan, so long as your doctor does not 1) specify brand name-only and 2) specify that no substitutions may be made. Be sure to talk with your doctor about generic equivalents when writing or refilling your prescription.





Understanding Your Health Savings Account

Exclusive to members on the City's Value Plan (previously HDHP), an HSA is a separate bank account that you deposit money into specifically for health care-related expenses. It comes with some great benefits, which include:

- ✓ Tax deductions on contributions that you or anyone else makes to your HSA account
- ✓ Contributions roll-over from year-to-year
- ✓ Earn tax-free interest on any earnings in your account

How Much Can I Contribute?

This is determined by the IRS each calendar year. For 2022, the limits are below, based on plan selection.

\$3,650

Value Plan
Retiree-Only

\$7,300

Value Plan
Retiree +1 or more

\$1,000

Age 55 Catch-Up
Additional Amount



OPTUM Bank[®]

Opening And Contributing To Your HSA

1 Open an account with Optum Bank, the City's official HSA administrator, by visiting enrollhsa.optumbank.com/enrollment

2 On the enrollment page, use **Group #702632** and continue with the enrollment process.

3 Deposit funds into your Optum bank account up to the IRS limit.

4 That's it! You can now use your HSA to pay for qualifying medical expenses.

Important Notes about HSA's

Medicare Exclusion: If you enroll in Medicare, you may not be eligible to make HSA contributions and may be penalized if you do. Consult with a tax professional for more information.

FSA Exclusion: If you are eligible to make a claim from any 2021 FSA health reimbursement account you may not contribute to an HSA until March 15, 2022.

Age 55 Catch-up Provision: Individuals age 55 and over or who will become age 55 any time in 2021 have the option to contribute an additional \$1,000 under the catch-up provision established by the IRS.

DENTAL PLAN SUMMARY

This comparison of benefits is a basic summary only. Refer to the Human Resources portal for the plan document. Dental coverage terminates the last day of the month in which you are no longer eligible for benefits.



Retiree Rate Information 2022	DeltaCare USA ¹	Delta Dental Low Option PPO ²	Delta Dental High Option PPO ²
Coverage Level	Monthly	Monthly	Monthly
Retiree Only	\$11.76	\$14.98	\$36.15
Retiree + 1	\$23.71	\$29.68	\$71.56
Retiree + Family	\$35.58	\$52.25	\$125.94

¹If you choose a DeltaCare USA plan, you must use a DeltaCare USA dentist for treatment. Your selected contract dentist will take care of your dental care needs. If you require treatment from a specialist, your contract dentist will handle the referral for you. **DeltaCare USA DHMO providers are located exclusively in Texas.**

²Delta Dental PPO products offer freedom of choice of any dentist and you can maximize savings by utilizing PPO (in-network) dentists.

Benefit Description	DeltaCare® USA TX15BDHMO ¹	Delta Dental Low Option PPO ²	Delta Dental High Option PPO ²
	Co-Payment (What You Pay)	Delta Dental Pays	
Office visit co-pay	\$5	N/A	N/A
DIAGNOSTIC - oral examinations, x-rays	\$0	80%	100%
PREVENTIVE - routine cleanings, fluoride treatment, space maintainers, sealants	Fixed co-pay according to fee schedule	80%	100%
Fillings	Fixed co-pay according to fee schedule	60%	80%
Endodontics (root canals)	Fixed co-pay according to fee schedule	50%	80%
Periodontics (gum treatment & periodontal cleanings)	Fixed co-pay according to fee schedule	50%	80%
Simple oral surgery (simple extractions)	Fixed co-pay according to fee schedule	50%	80%
Complex oral surgery (complex extractions and other oral surgery)	Fixed co-pay according to fee schedule	50%	50%
MAJOR BENEFITS - crowns, inlays, onlays, cast restorations, bridges, dentures	Fixed co-pay according to fee schedule	50%	50%
Implants	Not a covered benefit	50%	50%
Orthodontic benefits	Fixed co-pay according to fee schedule (Adults and Children)	Not Covered	50% (eligible children only)
DEDUCTIBLE - waived on diagnostic & preventive services	N/A	\$50 per person \$150 per family	\$50 per person \$150 per family
Plan year maximum	N/A	\$750 per person	\$1,750 per person
Lifetime maximum for orthodontic	N/A	Not Covered	\$1,000 per person

VISION PLAN SUMMARY



The Superior Vision National Network offers the flexibility of choice to keep out-of-pocket costs low—members may opt to get the exam and materials at one location or get the exam at one location and the materials at another location, with in-network or out of network providers. Some benefits are only available from in-network providers. This comparison of benefits is a basic summary only. Refer to the Human Resources portal for the plan document.



Retiree Rate Information 2022	Low Plan	High Plan
Coverage Level	Monthly	Monthly
Retiree Only	\$4.27	\$4.86
Retiree + 1	\$8.87	\$10.11
Retiree + Family	\$13.53	\$15.43

You have the option of choosing any provider, whether in or out of the Superior Vision network, however you will maximize your cost-savings by using an in-network provider. Call Superior Vision at 1-800-847-3553 or visit superiorvision.com

Benefit Description	Superior Vision Low Plan		Superior Vision High Plan	
	In-Network Copay	Out-of-Network Copay	In-Network Copay	Out-of-Network Copay
Exam with an Ophthalmologist (Every 12 months)	\$10, then covered in full	\$10, then up to \$42	\$10, then covered in full	\$10, then up to \$42
Exam with an Optometrist (Every 12 months)	\$10, then covered in full	Up to \$37 Retail	\$10, then covered in full	Up to \$37 Retail
Standard Lenses (Every 12 months)	\$10 Materials; Single, Bifocal, Trifocal covered in full. Polycarbonate for dependents under 18 covered in full	Single up to \$32 Bifocal up to \$46 Trifocal up to \$61 Polycarbonate not covered	\$10 Materials; Single, Bifocal, Trifocal covered in full. Polycarbonate for dependents under 18 covered in full	Single up to \$32 Bifocal up to \$46 Trifocal up to \$61 Polycarbonate not covered
Standard Frames	Every 24 Months \$130 Retail Allowance	Every 24 Months Up to \$68 retail	Every 12 Months \$140 Retail Allowance	Every 12 Months Up to \$68 retail
Contact Lens Fitting (CLF) (Once every 12 months)	\$5, then covered in full. Specialty CLF up to \$50 allowance	Not Covered	\$0, then covered in full. Specialty CLF up to \$50 allowance	Not Covered
Contact Lenses (In lieu of eyeglasses once every 12 months)	\$120 Retail Allowance	Up to \$100	\$130 Retail Allowance	Up to \$100
Refractive Eye Surgery for Lasik	Discount at participating providers	N/A	Discount at participating providers	N/A




UNITED HEALTHCARE VIRTUAL VISITS



VIRTUAL OFFICE VISITS

See a doctor online from the comfort of your home (or office). Most visits take about 10 minutes and doctors can write a prescription to pickup at your local pharmacy. Doctors can treat a wide range of non-emergency conditions from headaches, cold and flu, rashes, various infections and much more. Low co-pay of \$49 through the providers below. Visit myuhc.com for more information.

dr. on demand  amwell

 TELADOC



BEHAVIORAL VIRTUAL HEALTH

A virtual alternative to traditional office visits focused on behavioral health issues such as depression, anxiety, ADHD, addiction and many other mental health disorders. Costs may range from \$160 to \$190 per visit, subject to change during the plan year. Visit myuhc.com for more information.



MENTAL TELE HEALTH

A great alternative for traditional counseling, speak with a mental health professional from the comfort of your home (or office). Costs may range from \$160 to \$190 per visit, subject to change during the plan year. Visit myuhc.com for more information.

 UnitedHealthcare

SAVE TIME



CHECK. CHOOSE. GO.

Know your care options...before you go! From virtual visits to urgent care and emergency rooms, use the Check.Choose.Go tool on myuhc.com to determine what type of care you should find based on your situation. It's quick, easy and included with your health benefits. Visit myuhc.com for more information.

SAVE MONEY



MYHEALTHCARE COST ESTIMATOR

The myHealthcare Cost Estimator uses your benefit plan information to show you the estimated cost for a treatment or procedure and provides an estimate for your out-of-pocket cost, allowing you to be more prepared to plan your care and budget for medical expenses. Visit myuhc.com for more information.



EMPLOYEE HEALTH AND WELLNESS CLINICS

The City of Arlington has partnered with CareATC to provide medical services to employees, pre-65 retirees, eligible spouses and enrolled dependents (over age 2) covered under the City's medical plans. CareATC offers **reduced or no cost** medical services to City of Arlington medical plan members at six convenient locations with minimal to no-wait times and focused, quality care. It's important to note that CareATC physicians can no longer issue referrals for other medical care options.

\$40

CO-PAY

FOR THOSE ON
THE VALUE PLAN¹

\$0

CO-PAY

FOR THOSE ON
THE CORE PLAN

\$0

NO COST

PREVENTIVE
CARE SERVICES²

¹After deductible/out-of-pocket max is met, you pay \$0

²Contact a clinic representative for covered services



QUALITY SERVICES

ACUTE CARE

Common illnesses and minor injuries such as cold, flu, sprains, etc...

CHRONIC DISEASE MONITORING AND CARE

Hypertension, diabetes, thyroid issues, asthma, etc...

MINOR PROCEDURES AND WOUND CARE

Simple biopsies, skin tag/mole removal

PREVENTIVE CARE AND PHYSICAL EXAMS

PHA's, age-appropriate physicals, routine gynecological, prostates, Cologuard, sport physicals, etc...

DIAGNOSTIC TESTING AND SCREENINGS

Including on site lab work and EKG's

CONVENIENT LOCATIONS

ARLINGTON

3050 S Center St, Suite 130

MANSFIELD

1770 E Broad St

FORT WORTH

6618 Fossil Bluff Dr, Suite 132

IRVING

2021 N. MacArthur Blvd, Suite 500

CARROLLTON

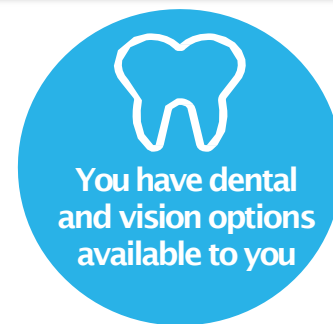
1735 Keller Springs Road

RICHARDSON

1060 W. Campbell Road, Suite 300

For clinic hours or to schedule an appointment, call **800-993-8244**
or visit careatc.com/city-of-arlington

MORE PLANS MORE CHOICE MORE CONTROL



Medicare plan options on behalf of the City of Arlington.


Medicare Annual Enrollment runs **October 15th – December 7th, 2021.**

Welcome to UnitedHealthcare®


Finding the right health plan can be overwhelming. That's why UnitedHealthcare is here to help make the process simpler for City of Arlington retirees. Our Licensed Sales Representatives will help you find a plan that fits your needs. And, if your needs change in the future, we'll help you find a new plan. You can choose from a variety of UnitedHealthcare plans including:

-  **Medicare Advantage Plans¹**
-  **Medicare Supplement Insurance Plans**
-  **Medicare Prescription Drug Plans**

Choose the coverage that's right for you

 **Medicare Advantage Plans¹**
 UnitedHealthcare Medicare Advantage plans cover all the services that Original Medicare (Part A and Part B) covers. Medicare Advantage plans combine Part A (doctor) and Part B (hospital) benefits into one plan and most plans include prescription drug coverage. Additional programs and benefits may include:

- ✓ A broad, local network of doctors, clinics and hospitals
- ✓ Out-of-pocket spending limits
- ✓ Prescription drug coverage
- ✓ Worldwide emergency care
- ✓ Fitness membership
- ✓ Convenient 24/7 online member portal access

 **Medicare Supplement Insurance Plans**
 Medicare Parts A and B cover many health care expenses, but they don't cover everything. There are certain costs (like deductibles and coinsurance) which may remain. Medicare supplement insurance plans may help with some of the expenses that you would have to pay out-of-pocket. There are various plans to fit your needs such as lower premium plans with out-of-pocket maximums and higher premiums options that may eliminate your out of pocket costs.

- ✓ Up to 8 plan options in most states
- ✓ Plans to fit your need and budget
- ✓ No referrals to see a provider or specialist
- ✓ While you're traveling, your plan will go with you anywhere in the U.S.
- ✓ Guaranteed renewable*
- ✓ No networks: visit any doctor or hospital in the U.S. (who accept Medicare patients)

PART D Medicare Prescription Drug Plans

Many UnitedHealthcare Medicare Advantage plans include prescription drugs as part of the standard plan. You can also add a prescription drug plan to Original Medicare, a Medicare supplement insurance plan or Medicare Advantage plan that does not cover prescription drugs. With a UnitedHealthcare Prescription Drug plan, you may get access to:

- ✓ More than 65,000 pharmacies nationwide
- ✓ Convenient 24/7 online access
- ✓ OptumRx® (Part A and Part B) Home Delivery Pharmacy
- ✓ Thousands of brand name and generic drugs covered

Why UnitedHealthcare?

- ✓ **A Healthcare Company you can rely on:** We've been serving people just like you for more than 40 years —so you know we'll be here when you need us.
- ✓ **Customer Service that puts you first:** Our compassionate Customer Service Advocates are an important part of your personal health care team. They can answer questions, schedule appointments and help you manage your health.

Learn, compare, then decide

Let us help you get started. We'll answer your questions and help you understand your plan choices. We are here to make your transition as easy as possible. Call toll-free **1-877-791-9964** or visit us online at myuhcplans.com.

**Medicare Annual Enrollment runs
October 15th – December 7th, 2021.**



*Plans are guaranteed renewable as long as premiums are paid when due and there has been no material misrepresentation on the application.

¹Plans available dependent upon where you reside.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies. For Medicare Advantage and Prescription Drug Plans: A Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare.

This information is not a complete description of benefits. Contact the plan for more information.

Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90-/100- day supply of your maintenance medication.

Y0066_181003_023455_M

SPRJ45074

PLAN CONTACT INFORMATION

The information contained in this guide should in no way be construed as a promise or guarantee of employment or benefits. The City reserves the right to modify, suspend or terminate any plan at any time for any reason. If there is a conflict between the information in this guide and the actual plan document or policies, the document or policies will always govern. Complete details about the benefits offered can be obtained by reviewing current plan descriptions, contracts, certificates, policies, and plan documents available from Human Resources.

Provider	Service	Contact Phone	Website/E-mail
UnitedHealthcare Medical Plans #702632	Value Plan (HDHP) Core Plan PCP Selection	HDHP: 1.866.314.0335 Core : 1.866.633.2446 PCP: 1.855.828.7715	www.myuhc.com
United Healthcare Medicare Solutions Connector Model	Age 65+ Medicare Plans	1.877.791.9964	www.myuhcplans.com
Navitus Pharmacy	Customer Care Specialty RX- Lumicera Mail Order- Novixus	1.866.333.2757 1.855.847.3553 1.800.240.2211	www.navitus.com www.lumicera.com www.novixus.com
Delta Dental	DHM-TX15B DeltaCare USA PPO High & Low Plans- TX16442	1.800.424.4234 1.800.521.2651	www.deltadentalins.com
Superior Vision	Superior Vision Network	1.844.549.2603	www.superiorvision.com
Optum Bank	Individual HSA Account	1.800.791.9361	www.optumbank.com
Medicare		1.800.633.4227	www.medicare.gov
Social Security Administration		1.877.772.1213	www.socialsecurity.gov
EMPLOYEE HEALTH & WELLNESS CENTER			
CareAtc Health & Wellness Center	Must be enrolled in City's Medical Plan	1.800.993.8677	www.creatc.com/patients
RETIREMENT PLANS			
TMRS-City #00052	Texas Municipal Retirement System	1.800.924.8677	www.tmrs.com
Mission Square (Formerly ICMA-RC) Plan #106061 Plan #301966	401(k) Thrift Plan 457 Savings Plan	1.800.669.7400	www.icmarc.org/arlington-tx
Mike Mendenhall ICMA- RC Consultant	Enrollment Assistance Retirement Planning	1.800.290.7160	mmendenhall@icmarc.org
Nicholl Aldridge ICMA- RC Consultant	Enrollment Assistance Retirement Planning	1.866.886.8023	naldridge@icmarc.org
Paul Phillips ICMA-RC	Certified Financial Planner	1.866.265.5504	pPhillips@icmarc.org