



2023

# RETIREE BENEFITS



City of Arlington, Texas

# Your Benefits Team



**Jerry Pea** | Benefits Manager

817-575-8992 / [jerry.pea@arlingtontx.gov](mailto:jerry.pea@arlingtontx.gov)

General Benefit Inquiries | Plan Administration Questions  
Retirement Options | Wellness for Life Program | 401k & 457 Plans



**Laura Duran** | Benefits Specialist

817-459-6848 / [laura.duran@arlingtontx.gov](mailto:laura.duran@arlingtontx.gov)

General Benefit Inquiries | Medical, Dental and Vision Plans  
HSA/FSA | Retirement Options



**Tracy Shelton** | Benefits Specialist

817-575-8990 / [tracy.shelton@arlingtontx.gov](mailto:tracy.shelton@arlingtontx.gov)

General Benefit Inquiries | Medical, Dental and Vision Plans  
HSA/FSA | Retirement Options

## Important Plan Notes

2

### Plan Changes

The Dental and Vision plans have had their coverage levels renamed to mirror the structure of the other plans. As a result, the amount you pay for some of these levels has changed. The medical plan rates have not changed. See pages 12, 13 and 22 for more information.

### PCP Not Required

As a reminder from 2022, you are no longer required to select a Primary Care Physician for yourself or your dependents. You can visit any doctor or specialist you need to without a referral, just make sure that the provider you choose is within the United Healthcare network.

## Benefits Overview

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

## Coverages: Pre-65 Retirees

- 11 UHC Medical Plans and Rates
- 14 Prescription Drug Coverage
- 15 Health Savings Account Information
- 16 Dental Plans and Rates
- 17 Vision Plans and Rates

## Flexible, Focused Care Options

- 18 United Healthcare Virtual Visits and Tools
- 19 Health and Wellness Clinics

## Post-65 Enrollment Information

- 20 United Healthcare Enrollment Information

Find what you need, *FAST!*

### INSURANCE PLANS AND COSTS



MEDICAL  
PAGE 11



DENTAL  
PAGE 16



VISION  
PAGE 17

### RETIREE RESOURCES



RX INFO  
PAGE 14



HSA  
PAGE 16



CARE OPTIONS  
PAGE 18

## 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.

## 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 at time 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 24 <sup>th</sup> to NOV 4 <sup>th</sup> 2022	Enrollment Form	January 1, Annually
Family Status Change (See Page 8)	30 days from event	<a href="#">Contact HR</a>	First of the month <sup>1</sup>
Loss of other Coverage <sup>2</sup>	30 days to cancel	<a href="#">Contact HR</a>	First of the month <sup>1</sup>

<sup>1</sup> 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.

<sup>2</sup> 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](mailto:retireebenefitsq&a@arlingtontx.gov) to make your change.

## DEPENDENT ELIGIBILITY

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

Eligible Dependents	Required Documentation
<b>Spouse</b> <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"> <li>- Marriage License, or</li> <li>- Most recent joint tax return, or</li> <li>- Informal Marriage Form (recognized by a court)</li> </ul>
<b>Child/Stepchild (Under 26)</b>	<ul style="list-style-type: none"> <li>- Birth Certificate</li> </ul>
<b>Other dependent child under 26 years old</b>	<ul style="list-style-type: none"> <li>- Court order for guardianship or conservatorship signed by a Judge</li> </ul>
<b>Adopted child</b>	<ul style="list-style-type: none"> <li>- Adoption documents and Birth Certificate</li> </ul>
<b>Child placed for adoption</b>	<ul style="list-style-type: none"> <li>- Court documents signed by judge</li> </ul>
<b>Qualified Medical Support Order</b>	<ul style="list-style-type: none"> <li>- Notification from State Attorney General</li> </ul>
<b>Other Medical Support Order directed to the City of Arlington</b>	<ul style="list-style-type: none"> <li>- Copy of Court Order to City of Arlington</li> </ul>
<b>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</b>	<ul style="list-style-type: none"> <li>- Attending Physician Statement</li> </ul>

## 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.

## 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 by visiting [www.arlingtontx.gov/employee\\_center](http://www.arlingtontx.gov/employee_center) and clicking “Retirees”, or you can call your Benefit Specialist at 817-459-6869 or e-mail [retireebenefitsq&a@arlingtontx.gov](mailto:retireebenefitsq&a@arlingtontx.gov) 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 2023 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](http://www.tmrs.com).

## 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.

## REQUIRED NOTICES

The following required notices are available on the City website at [www.arlingtontx.gov/employee\\_center](http://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](http://www.arlingtontx.gov/employee_center) and then click on "Retirees" for tools, forms, plan documents, required notices, resources and more.



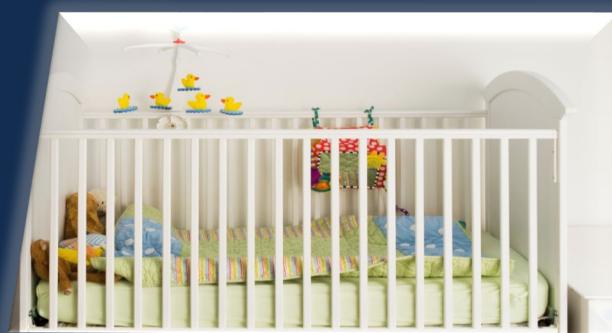
## WHAT IS A FAMILY STATUS CHANGE?

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 Retiree-only coverage level.*



Use the chart below or **Contact Human Resources at 817-459-6869** or [retireebenefitsq&a@arlingtontx.gov](mailto: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
DROPPING Coverage Due To:	
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



## 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 are currently enrolled in the City's medical plan, 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](mailto: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

## CURRENT EMPLOYEE CONTRIBUTION QUALIFICATIONS



This comparison of benefits is a basic summary only. Contact Human Resources at 817-459-6869 or email [retireebenefitsq&a@arlingtontx.gov](mailto:retireebenefitsq&a@arlingtontx.gov) 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) <sup>1</sup>	Value Plan	Core Plan
Calendar Year Deductible (CYD)	\$2,250 Individual <sup>2</sup> \$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	

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

<sup>2</sup>Individual deductible applies to reitree-only level of coverage. For all other levels of coverage, you must meet the full deductible amount.

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 specifically**, 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 are currently enrolled in the City's medical plan
- 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 10 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

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 specifically**, 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 are currently enrolled in the City's medical plan
- 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 10 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



## 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, 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 2023, the limits are below, based on plan selection.

**\$3,850**

Value Plan  
Retiree-Only

**\$7,750**

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](https://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.

**Age 55 Catch-up Provision:** Individuals age 55 and over or who will become age 55 any time in 2023 have the option to contribute an additional \$1,000 under the catch-up provision established by the IRS.



# Dental Plan Summary

In 2023, the plan has been modified to mirror the coverage level options of the City's other plans (Retiree + Child, Retiree + Spouse etc....).



Retiree Rate Information 2023	DeltaCare USA <sup>1</sup>	Delta Dental Low Option PPO <sup>2</sup>	Delta Dental High Option PPO <sup>2</sup>
Coverage Level	Monthly	Monthly	Monthly
Retiree Only	\$11.76	\$14.98	\$36.15
Retiree + Child(ren)	\$25.67	\$34.85	\$84.71
Retiree + Spouse	\$21.14	\$29.79	\$71.98
Retiree + Family	\$39.64	\$54.47	\$131.88

<sup>1</sup>If 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.**

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

Benefit Description	DeltaCare <sup>®</sup> USA TX15BDHMO <sup>1</sup>	Delta Dental Low Option PPO <sup>2</sup>	Delta Dental High Option PPO <sup>2</sup>
	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.



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 1-844-549-2603 or visit [superiorvision.com](http://superiorvision.com)

Retiree Rate Information 2023	Low Plan	High Plan
<b>Coverage Level</b>	Monthly	Monthly
Retiree Only	\$4.27	\$4.87
Retiree + Child(ren)	\$10.60	\$11.89
Retiree + Spouse	\$8.96	\$10.05
Retiree + Family	\$13.89	\$15.57

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](https://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](https://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](https://myuhc.com) for more information.



## SAVE



### 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](https://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](https://myuhc.com) for more information.

## SAVE



### 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](https://myuhc.com) for more information.

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 five convenient locations with minimal to no-wait times and focused, quality care.

\$40

**CO-PAY**

FOR THOSE ON  
THE **VALUE PLAN**<sup>1</sup>

\$0

**CO-PAY**

FOR THOSE ON  
THE **CORE PLAN**

\$0

**NO COST**

**PREVENTIVE CARE**  
SERVICES<sup>2</sup>

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

<sup>2</sup>Contact a clinic representative for covered services



## QUALITY SERVICES

### Acute Care

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

### Chronic Disease Monitoring

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

### Minor Procedures and Wound Care

Simple biopsies, skin tag/mole removal

### Preventive Care and Physicals

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

### Diagnostic Tests and Screens

Including on site lab work and EKG's

## CONVENIENT LOCATIONS

### ARLINGTON

3050 S Center St, Suite 130

### 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

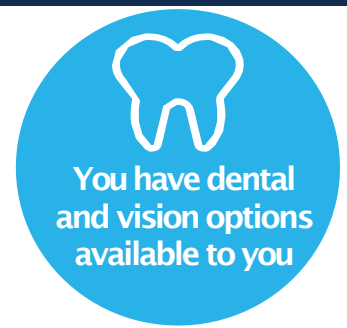
For clinic hours or to schedule an appointment, call **800-993-8244**  
or visit [careatc.com/city-of-arlington](https://careatc.com/city-of-arlington)



## MORE PLANS MORE CHOICE MORE CONTROL

Medicare plan options on behalf of the City of Arlington.

Welcome to UnitedHealthcare®



Medicare Annual Enrollment runs  
**October 15<sup>th</sup> – December 7<sup>th</sup>, 2022.**

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:


**PART C** Medicare Advantage Plans<sup>1</sup>       Medicare Supplement Insurance Plans      **PART D** Medicare Prescription Drug Plans

### Choose the coverage that's right for you

**PART C** Medicare Advantage Plans<sup>1</sup>  
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
- ✓ Prescription drug coverage
- ✓ Fitness membership
- ✓ Out-of-pocket spending limits
- ✓ Worldwide emergency care
- ✓ 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
- ✓ No referrals to see a provider or specialist
- ✓ Guaranteed renewable\*
- ✓ No networks: visit any doctor or hospital in the U.S. (who accept Medicare patients)
- ✓ Plans to fit your need and budget
- ✓ While you're traveling, your plan will go with you anywhere in the U.S.

## PART



### 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](https://myuhcplans.com).

Medicare Annual Enrollment runs  
**October 15<sup>th</sup> – December 7<sup>th</sup>, 2022.**



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

<sup>1</sup>Plans 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

# CONTACTS

Provider	Service	Contact Phone	Website/E-mail
UnitedHealthcare Medical Plans #702632	Value Plan Core Plan	Value: 1.866.314.0335 Core : 1.866.633.2446	<a href="http://www.myuhc.com">www.myuhc.com</a>
United Healthcare Medicare Solutions Connector Model	Age 65+ Medicare Plans	1.877.791.9964	<a href="http://www.myuhcplans.com">www.myuhcplans.com</a>
Navitus Pharmacy	Customer Care Specialty RX- Lumicera Mail Order- BirdiRX	1.866.333.2757 1.855.847.3553 1.855.247.3479	<a href="http://www.navitus.com">www.navitus.com</a> <a href="http://www.lumicera.com">www.lumicera.com</a> <a href="http://www.birdirx.com">www.birdirx.com</a>
Delta Dental	DHM-TX15B DeltaCare USA PPO High & Low Plans- TX16442	1.800.521.2651	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Superior Vision	Superior Vision Network	1.844.549.2603	<a href="http://www.superiorvision.com">www.superiorvision.com</a>
Optum Bank	Individual HSA Account	1.800.791.9361	<a href="http://www.optumbank.com">www.optumbank.com</a>
Medicare		1.800.633.4227	<a href="http://www.medicare.gov">www.medicare.gov</a>
<b>EMPLOYEE HEALTH &amp; WELLNESS CENTER</b>			
CareATC Health & Wellness Center	Must be enrolled in City's Medical Plan (Pre-65 Only)	1.800.993.8244	<a href="http://www.careatc.com/patients">www.careatc.com/patients</a>
<b>RETIREMENT PLANS</b>			
TMRS-City #00052	Texas Municipal Retirement System	1.800.924.8677	<a href="http://www.tmrs.com">www.tmrs.com</a>
MissionSquare (Formerly ICMA-RC) Plan #106061 Plan #301966	401(k) Thrift Plan 457 Savings Plan	1.800.669.7400	<a href="http://www.icmarc.org/arlington-tx">www.icmarc.org/arlington-tx</a>
Mike Mendenhall MissionSquare Consultant	Enrollment Assistance Retirement Planning	1.800.290.7160	<a href="mailto:mmendenhall@missionsq.org">mmendenhall@missionsq.org</a>
Nicholl Aldridge MissionSquare Consultant	Enrollment Assistance Retirement Planning	1.866.886.8023	<a href="mailto:naldridge@missionsq.org">naldridge@missionsq.org</a>

