



PLAN WELL



CHOOSE WELL



LIVE WELL

# 2015 Lubbock County Open Enrollment Guide





## WELCOME

This guide is designed to help you understand your benefits. Review this material carefully before making your enrollment decisions. Keep this guide to refer to periodically throughout the year. An electronic copy is located on the Lubbock County intranet at <http://countynet>.

Every eligible employee must enroll. Coverage and/or participation in County benefits ***is not automatic***. It is important to familiarize yourself with the various options and enroll in those that best meet your needs.

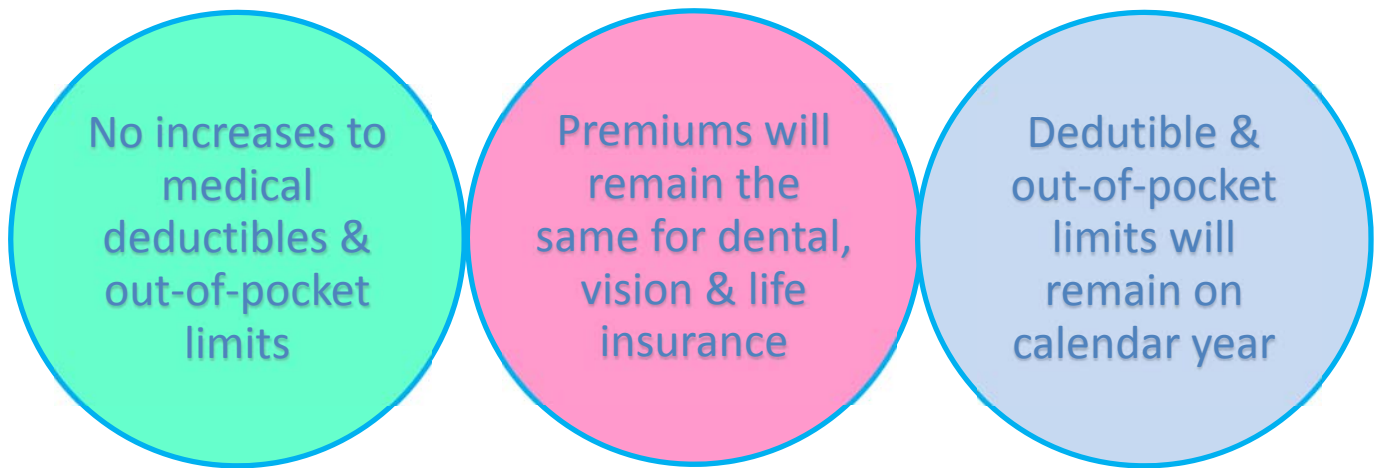
If you have any questions or need additional information, the Human Resources Department is here to assist you. Do not hesitate to contact us.

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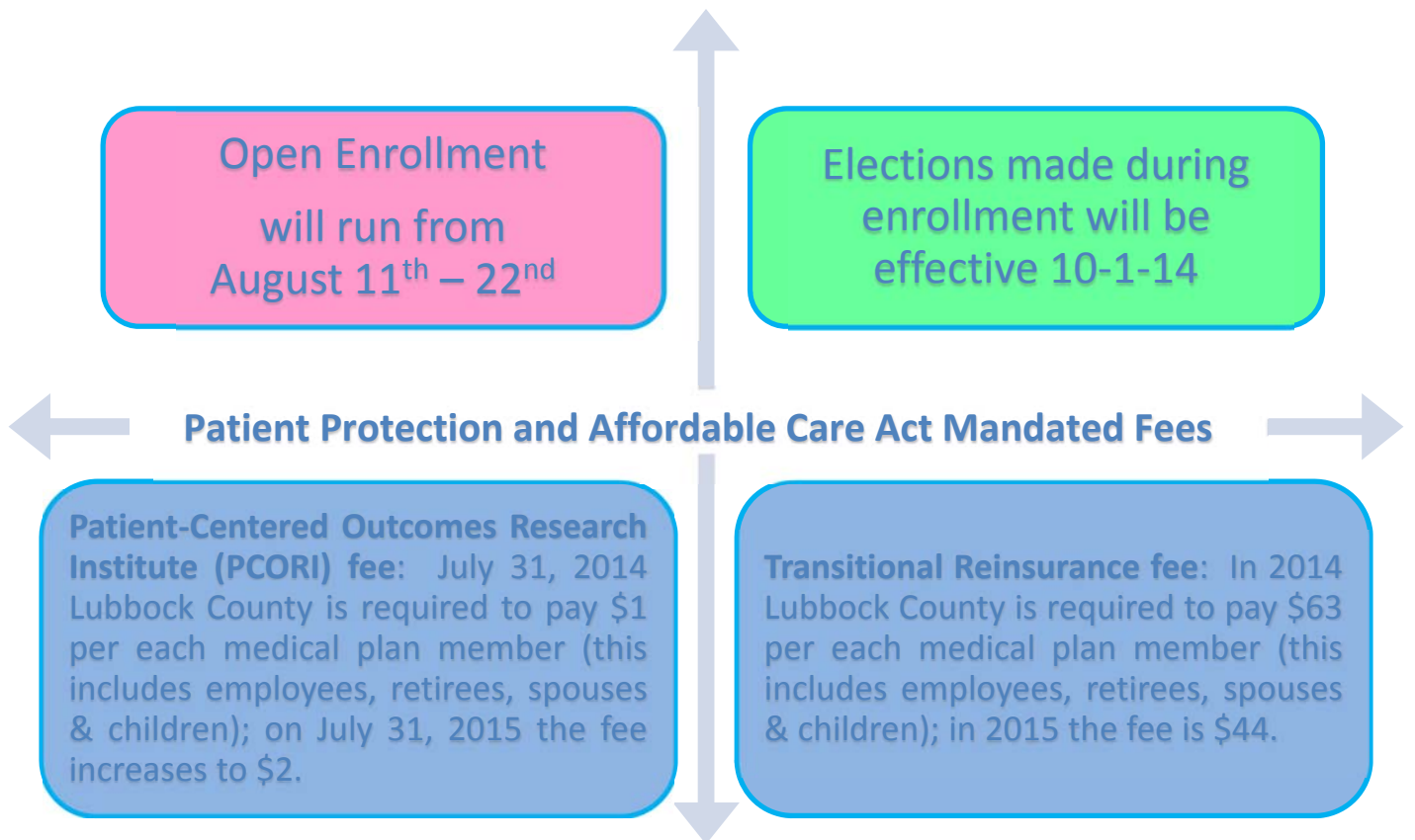
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## What's Not Changing



## What's Changing



# IMPORTANT CONTACT INFORMATION

## **Medical Insurance Plans**

TeamChoice HSA

To locate participating providers:

[www.team-choice.com](http://www.team-choice.com)

Group Name: Lubbock County

Customer Service: 806-795-5959

Aetna HSA

To locate participating providers:

[www.aetna.com/docfind/home.do](http://www.aetna.com/docfind/home.do)

Plan name: Aetna Choice POS II (Open Access)

Customer Service: 1-888-340-6139

User Name \_\_\_\_\_

Password \_\_\_\_\_

## **Pharmacy Benefit Management (PBM)**

Med Impact

[www.medimpact.com](http://www.medimpact.com)

Customer Service: 1-800-788-2949

User Name \_\_\_\_\_

Password \_\_\_\_\_

## **Dental Insurance Plan**

Aetna

To locate participating providers:

[www.aetna.com/docfind/home.do](http://www.aetna.com/docfind/home.do)

Plan name: Dental PPO/PDN

Customer Service: 1-877-238-6200

User Name \_\_\_\_\_

Password \_\_\_\_\_

## **Vision Insurance Plan**

Block Vision

[www.blockvision.com](http://www.blockvision.com)

Customer Service: 1-866-265-0517

## **Employee Assistance Program (EAP)**

Interface EAP [www.4eap.com](http://www.4eap.com)

Customer Service: 1-800-324-4327 or

1-800-324-2490 (Se Habla Espanol)

[www.4eap.com](http://www.4eap.com)

Login: Lubbock County

Password: 842

## **HSA FSA COBRA**

CONEXIS

Customer Service: 1-866-279-8385

[www.conexis.org](http://www.conexis.org)

User Name \_\_\_\_\_

Password \_\_\_\_\_

## **TCDRS Retirement**

[www.tcdrs.org](http://www.tcdrs.org)

Customer Service: 1-800-823-7782

User Name \_\_\_\_\_

Password \_\_\_\_\_

## **Life Insurance**

ING

Customer Service: 1-800-537-5024

## **Security Benefits**

Whitney Brady

432-333-5680

# ELIGIBILITY AND ENROLLMENT

## Eligibility

Employees: You are eligible to receive benefits as a full-time employee if:

- You work at least 30 hours per 7 day work period

Dependents: Eligible dependents are:

- Your spouse
- Your natural child under 26 years of age
- Your legally adopted child under 26 years of age
- Your stepchild under 26 years of age
- A child
  1. Whose primary residence is your household; or
  2. To whom you are legal guardian of related by blood or marriage; or
  3. Who is dependent upon you for more than one-half of his/her support as defined by the Internal Revenue Code of the United States and less than 26 years of age.

## Open Enrollment

***Open Enrollment will run from August 11<sup>th</sup> – 22<sup>nd</sup>. All benefit eligible employees must enroll during Open Enrollment.***

Simply log into Infinity HR at <https://www.infinityhr.com/>

- User ID: last name payroll ID#  
Example: smith01-8888
- Password: Set by the employee
- Below ***Change Events – Open Enrollment*** will appear under ***Events Available***. Choose ***Open Enrollment*** click on ***Begin Event*** and complete the steps.
  1. Personal & Dependent Information ***\*Email is required***
  2. Benefit Elections
  3. Beneficiary Assignments
  4. Emergency Contacts
  5. Review
  6. Save & Confirm Elections
- All newly enrolled dependents will require eligibility documentation prior to being added to coverage. Required verification documents are found under the Dependent Verification Eligibility Documentation section. This documentation can be added on your Infinity home page under ***Documents***; click on ***upload document*** and attach marriage certificate, birth certificate, etc.

# MID-YEAR CHANGES

Most benefits are paid for on a pre-tax basis therefore Federal law limits your ability to make changes during the year. This means you may only change your elections at open enrollment unless you experience a “Change in Status Event” or “Special Enrollment Event.” Benefit elections made during open enrollment are effective at the beginning of the plan year.

A “Change in Status Event” or “Special Enrollment Event” is defined as:

- Marriage
- Divorce
- Birth
- Adoption
- Spouse loses or gains employment
- Dependent loses or gains coverage
- Dependent eligibility
- Death
- Court Order

An event allows you to add or drop coverage, and/or make dependent coverage changes. It is your responsibility to make the change online within 30 days of the event. After the 30 days have passed, open enrollment is the only time that you can make changes.

Simply log into *Infinty HR* at <https://www.infinityhr.com/>

- User ID: last name payroll ID#  
Example: smith01-8888
- Password: Set by the employee
- Below **Change Events** select an event under **Events Available** and click **Begin Event**
- Then below *Change Events* you will see that the event you completed is waiting for Administrative Approval. You will be emailed once your change has been approved or denied.
- All dependents will require eligibility documentation prior to being added to coverage. Required verification documents are found under the Dependent Verification Eligibility Documentation section of this guide. This documentation can be added on your home page under Documents; click on upload document and attach marriage certificate, birth certificate, etc.

# DEPENDENT VERIFICATION ELIGIBILITY DOCUMENTATION

Documentation needed to qualify your dependent for coverage

Documents must be provided within 30 days of enrollment

## Legal Marriage Documents

- State issued Marriage Certificate and Federal Tax Return within the last 2 years; or
- State issued Marriage Certificate and proof of joint ownership issued within the last 6 months; or
- State issued Marriage Certificate only; if married in the past 12 months

## Common Law Marriage Documents

- Affidavit of Common Law Marriage filed with the County & proof of joint ownership within the last 6 months

## Biological Child Documents

- State issued Birth Certificate

## Stepchild Documents

- State issued Birth Certificate with state issued Marriage Certificate or affidavit of Common Law Marriage filed with the County

## Adopted Child Documents

- Adoption Certificate
- Adoption Placement Agreement

## Disabled Dependent Documents

- Medical Certification as disabled and incapable of self-sustaining employment
- All other appropriate dependent documentation as listed above

## Grandchild Documents

- Court papers demonstrating legal guardianship and federal tax return within the last 2 years

## Legal Guardianship Documents

- State issued Birth Certificate and court order establishing guardianship

# 2015 Employee Premium Rates

## Medical

TeamChoice EPO	Your Bi-Weekly Cost	Aetna PPO	Your Bi-Weekly Cost
Employee Only	\$5.00	Employee Only	\$50.00
Employee Child(ren)	\$90.00	Employee Child(ren)	\$125.00
Employee Spouse	\$130.00	Employee Spouse	\$185.00
Employee Family	\$170.00	Employee Family	\$240.00

## Dental

Aetna Dental	Your Bi-Weekly Cost
Employee Only	\$0
Employee Child(ren)	\$10.00
Employee Spouse	\$15.00
Employee Family	\$20.00

## Vision

Vision Plan	Your Bi-Weekly Cost
Employee only	\$3.42
Employee + 1	\$5.83
Employee + Family	\$8.58



# MEDICAL INSURANCE

## Summary of Medical Plans

PLAN	TEAMCHOICE EPO	AETNA PPO	
		IN NETWORK	NON NETWORK
Deductible	\$1,600	\$2,500	\$5,000
Co-Insurance	20%	20%	40%
Max Out of Pocket	\$4,000	\$5,000	UNLIMITED
Family Deductible	\$3,200	\$5,000	\$10,000
Family Max Out of Pocket	\$8,000	\$10,000	UNLIMITED
Routine Annual Exam	\$0 – 100% every 12 months	\$0 – 100% every 12 months	DEDUCTIBLE THEN 40%
Physician Visit	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 40%
Specialist Visit	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 40%
Emergency Room	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 40%
Urgent Care	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 40%
Prescription Drugs	DEDUCTIBLE THEN 20% of allowable	DEDUCTIBLE THEN 20% of allowable	DEDUCTIBLE THEN 40%
Complex Imaging	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 40%
Outpatient Services	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 40%
Inpatient / Hospitalization	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 20%	DEDUCTIBLE THEN 40%
Lifetime Maximum	UNLIMITED	UNLIMITED	UNLIMITED
Network	Team Choice	Aetna	Non Network

Benefits presented are only a summary. Please refer to the Plan Document and ACA summaries for the complete details of coverage at <http://countynet/Intranet/Publish/Default.html>

# DENTAL INSURANCE

You can choose to seek treatment from any dentist. If your dentist does not file insurance claims you will pay up front and then complete a reimbursement form and submit to Aetna. If you select a dentist in the Aetna network you will receive guaranteed savings.

Preventive Services	County Pays 100%
Basic Services	County Pays 80%
Major Services	County Pays 50%
Annual Maximum Benefit	\$1,500
Orthodontic Lifetime Maximum	\$1,000
Annual Deductible	Individual \$25/Family \$100*

\*The deductible applies to basic & major services only

# VISION INSURANCE



## BLOCK VISION, INC. BENEFIT ILLUSTRATION LUBBOCK COUNTY

*Platinum \$150 VISION PLAN*

*\$10 Exam/\$10 Eyewear Copayments Full Service – Illustration*

<u>Service / Material</u>	<u>Participating Provider</u>	<u>Non-Participating Provider</u>
<b>Vision Examination:</b>	Paid in full*	Up to: \$40.00 Retail Value*
<b>Frame:</b>	Up to: \$150.00 Retail Value*	Up to: \$70.00 Retail Value*
<b>Lenses: (Clear, Standard, Glass or Plastic)</b>		
Single Vision (per pair)	Paid in full*	Up to: \$40.00 Retail Value*
Bifocal (per pair)	Paid in full*	Up to: \$60.00 Retail Value*
Trifocal (per pair)**	Paid in full*	Up to: \$80.00 Retail Value*
Lenticular (per pair)	Paid in full*	Up to: \$80.00 Retail Value*
<b>Contact Lenses:***</b>		
Elective	Up to \$150.00*	Up to: \$105.00 Retail Value*
Medically Required	Paid in full*	Up to: \$210.00 Retail Value*

**Laser Vision Correction:** \$250.00 allowance (in or out of network)

(Laser Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations)

\* After applicable copayment listed above are fulfilled.

\*\* Member pays difference in retail price between standard trifocal lenses and progressive lenses.

\*\*\* Contact lenses and related professional services (fitting, evaluation and follow-up) are covered *in lieu of* eyeglasses.

Coverage to include all contact lens types (i.e. standard daily wear, extended wear, disposable, toric, gas permeable, and bifocal).

### Frequency:

Vision Examination	Once Each 12 Months
Frame	Once Each 12 Months
Lenses	Once Each 12 Months
Contact Lenses	Once Each 12 Months

# Healthcare Consumerism

Gives consumers control over their own healthcare, allowing them to make informed decisions about treatment, provider and prescription drug options.

Increases consumer involvement and raises awareness about the difference in healthcare cost. Placing the economic purchasing power and decision making in the hands of the consumer.

Utilize preventive care services. See enclosed recommended health and vaccination summary.

## Health Savings Account

A Health Savings Account is a savings vehicle that allows you to put money aside for eligible expenses pre-tax.

- ❖ Contributions are made through a pre-tax payroll deduction
- ❖ Unused dollars roll over into the next year

### 2015 Contribution Limit

Individual	\$3,350
Family	\$6,650
HSA catch-up 55 +	\$1,000

### 2015 HSA High Deductible Health Plan minimum deductible & maximum out-of-pocket limits:

Deductible	
Individual	\$1,300
Family	\$2,600
Out-of-Pocket	
Individual	\$6,450
Family	\$12,900

## 2013 Lubbock County TeamChoice Participants Average Cost



Primary Office Visit  
\$53

Specialist Office Visit  
\$68

**84%** of people feel that health insurance is extremely important *yet* **19 minutes** They only spend enrolling in their benefits

**Let's be real!** SHOPPING FOR BENEFITS ISN'T LIKE SHOPPING FOR A NEW COMPUTER

**1 in 3** shoppers spend a **FEW DAYS** when making major purchases such as TVs and computers.

**\$650** average cost of computer

**\$4,000** average spent by an employee on benefits

**\$19,000** average spent by the employer per employee

## Life Insurance

Lubbock County provides every benefit eligible employee with a \$20,000 basic life policy and \$20,000 AD&D policy.

### Supplemental Life Insurance

Voluntary Term Life and AD&D coverage options are:

- Employee: One to five times your annual salary rounded. Not to exceed \$500,000. NOTE: **Coverage will require employee to complete an Evidence of Insurability form if purchasing for the first time or increasing coverage. Coverage is not guaranteed.**
- Spouse: Half employee election. NOTE: **Coverage will require the spouse to complete an Evidence of Insurability form if purchasing for the first time or increasing coverage. Coverage is not guaranteed.**
- Children: Benefit election maximum is \$10,000 for children 6 months to 19 and full-time students less than 23. Benefit election maximum is \$1,000 for children birth to 6 months.

**All life insurance premiums will be deducted from your pay post-tax.**

### Term Life Coverage Rates

Age Band	Life Bi-weekly Rate/\$1,000
<25	\$.028
25-29	\$.033
30-34	\$.042
35-39	\$.051
40-44	\$.070
45-49	\$.107
50-54	\$.180
55-59	\$.300
60-64	\$.462
65-69	\$.887
70+	\$1.436
	Life Bi-weekly Rate/\$10,000
Children 6 months to 19 and full-time students less than 23*	\$0.924

AD&D Rate/\$1,000	AD&D Bi-weekly Rates
Employee	\$.014
Spouse	\$.014
Child(ren)	\$.014

Benefits reduce by 35% at age 65 and further reduce by 50% of the original amount at age 70.

\*For children over 14 days but less than 6 months of age benefit election maximum is \$1,000

# WORK-LIFE BALANCE

## **Employee Assistance Program**

The Employee Assistance Program (EAP) provides cost-free professional consultation and referral services for employees that are experiencing work and personal related issues. Immediate family members are also eligible for EAP services. This benefit is confidential.

Issues commonly addressed through your EAP benefit include:

- Stress management
- Depression/Anxiety
- General Wellness
- Family/Parenting
- Emotional
- Alcohol/Drug Abuse
- Legal referrals
- Financial referrals

Employees and their immediate family members will have access to 3 free face-to-face counseling sessions per problem, per family, per plan year.

This guide is provided for informational purposes only and is a general overview of the provisions described in the plan documents. Please see the actual plan documents for the specifics of each of your benefit plans. If any discrepancy exists between this guide and the plan documents, the plan documents will govern.