


Benefits at a Glance

(October 1, 2011 - September 30, 2012)

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<p>Health Insurance Preferred Administrators 915 532-3778 Fax 915 298-7863</p>	<p>1st of the Month Following 30 Days of Service</p>	<div style="text-align: center;">  <p>UNIVERSITY MEDICAL CENTER OF EL PASO</p> </div> <p>Definitions *</p> <ul style="list-style-type: none"> • Co-insurance - Amount you pay for covered services after your deductible is met. It is the percent of bill you pay for covered services. Not applicable to UMC/TT. (PPO providers 25%) • Co-pay - Amount you pay out of your own pocket for most covered services before insurance starts to pay. • Deductible - A fixed dollar amount during the benefit period (Fiscal Year) that an insured person pays before the insurer starts to make payments for covered medical services. Ex. UMC/TT - \$100 / PPO - \$1,000 • Max Out of Pocket - A fixed dollar amount an enrollee pays when receiving services. The Plan pays 100% after Max is met each fiscal year. Does not include deductibles, co-pays, or any non-covered expenses. Not applicable to UMC/TT. Applies only to PPO providers. • Preferred Provider Organization (PPO) - Providers contracted by Preferred Administrators in El Paso County. <p>Listing of Providers, Plan Document and US Task Force A & B Recommendations are available at www.preferredadmin.net</p> <p>(Refer to Plan Document for Detailed Information)</p>																																																		
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Prescription Benefit Prescriptions Solutions 1-800-788-7871 Refill Line 915 534-5925	1 st of the Month Following 30 Days of Service	Generic Drugs - Participant is subject to price difference if the brand name drug is chosen when a generic is available. Maintenance Prescriptions - 90 days for one co-pay at any UMC El Paso Pharmacy Specialty Drugs - \$50 co-pay and will be dispensed at a 30 day supply only at UMC or by mail order. You can obtain a copy of the Drug Formulary and Specialty Drug Listing at www.preferredadmin.net
(Dental Managed Organization) MetLife 800-880-1800	1 st of the Month Following 30 Days of Service	\$50.00 Deductible UMC Pharmacies \$5 Non Formulary \$25 Brand Name In-Network Pharmacies (Retail) \$45 Brand Name \$70 Non Formulary Specialty Drugs and Prescriptions over \$500 Require Prior Authorization See Premium Sheet Reduced Fee Schedule For Services Provided By Participating Providers
(Dental Indemnity) Guardian 888-600-1600	1 st of the Month Following 30 Days of Service	(\$50 Deductible per person / \$1,000 Max per year) Preventative - 100% / Basic - 80% / Major - 50% Ortho Services - \$1,000 Lifetime Max - Children under the age of 19 Student status is required for dependents over the age of 25 up to age 26.
Vision Plan Superior Vision 800-507-3800	1 st of the Month Following 30 Days of Service	Eye Exam \$10 co-pay Lenses/Frames \$25 co-pay \$120 Contact Lens Allowance / \$100 Frame Allowance
Term Life Insurance UNUM Provident 800-421-0344	1 st of the Month Following 30 Days of Service	Provided at no cost Up to one time your annual salary to a maximum of \$50,000 provided at no cost.
Supplemental Life Insurance UNUM Provident 800-421-0344	1 st of the Month Following 30 Days of Service	Up to five times your annual salary to a maximum of \$750,000.
Non Smoker Insurance UNUM Provident 800-421-0344	1 st of the Month Following 30 Days of Service	Provided at no cost \$10,000 provided at no cost.
Dependent Life Insurance UNUM Provident 800-421-0344	1 st of the Month Following 30 Days of Service	.55 per pay period Spouse: \$5,000 Children: \$2,000

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Accidental Death & Dismemberment Insurance UNUM Provident 800-421-0344	1 st of the Month Following 30 Days of Service	Up to two times your annual salary to a maximum of \$100,000 provided at no cost.
Voluntary Long Term Disability UNUM Provident 800-321-3889	1 st of the Month Following 30 Days of Service	25% of Associate's Annual Salary 40% of Associate's Annual Salary 50% of Associate's Annual Salary After 90 days of consecutive illness or disability.
Hospital Long Term Disability UNUM Provident 800-321-3889	After 180 Days of Service	60% of Associate's monthly earnings to a maximum monthly benefit of \$5,000. After 60 days of consecutive illness or disability.
Texas County District Retirement System 800-823-7782	Immediately	Retirement Age Options: Age 60: 8 years of service Any Age: 30 or more years of service Age Plus: Rule of 75 - age plus years of service equals 75
403(b) and 457(b) Plans	Immediately	Tax Deferred Annuity Plans (Not an accrued benefit) Mormac: (915) 778-9508 ING: (915) 543-4922
Financial Advisors	Immediately	Invest up to \$16,500 on each account Available to provide financial advice based on a fee schedule. David Dick and Associates - (915) 533-9901 Lincoln Financial - (915) 543-5630

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BENEFITS	WHEN ELIGIBLE	DESCRIPTION
Paid Time Off	Accrues Immediately	<p>Exempt 8.31 hours per pay period Eligible to use immediately</p> <p>Non Exempt 6.77 hours per pay period Eligible to use after 90 day waiting period</p>
PTO Buy Back	Twelve Months	<p>Payout: June</p> <p>Can sell up to max of 40 hours / min of 10 hours.</p> <p>Payout: December</p> <p>Must have used 80 PTO hours in the previous year and leave balance of 40 hours.</p>
PTO Donation	After 90 Days	<p>Receive PTO Donation hours from fellow Associates.</p> <p>Provides assistance to eligible Associates who have experienced a catastrophic medical or other critical need.</p>
Extended Illness Leave	Accrues Immediately	<p>2.46 per pay period</p> <p>Eligible to use after 90 day waiting period</p> <p>720 Maximum Accrual</p> <p>Extended illness leave to be used only for Associate's own illness. First 3 days to be used from PTO Bank.</p>
Other Leaves	Please Refer to Policy Guidelines	<p>Funeral Leave/Jury Duty/Subpoena - Refer to Manager</p> <p>Leaves of Absence - Refer to Occupational Health</p>
Tuition Reimbursement	After 6 Mo.	<p>Pre-approved courses related to current position or any other career available in the Hospital.</p>
Education Bank	Immediately	<p>Continuous educational development.</p>
Employee Assistance Program 915 351-4680	Immediately	<p>Provides all Associates and family members short term counseling. (8 free sessions)</p> <p>www.suncitybehavioral.org</p>
My Health Folders	1 st of the Month Following 30 Days of Service	<p>Secure and confidential web-based tool that tracks your family's health information.</p> <p>www.myhealthfolders.com code: T17884</p>
Benefit Information	UMC Intranet Home Page	<p>Norma Gonzalez, Benefits Specialist - (915) 521-7580</p> <p>ngonzalez@umcelpaso.org</p>