

2019 Retiree Benefits Enrollment Guide



ENNIS
TEXAS

The bluebonnet spirit of Texas

Plan Year 2019

WELCOME TO YOUR 2019-2020 BENEFITS!

The City of Ennis offers you as a retiree and your eligible family members a comprehensive and valuable benefits program. This document is designed to assist you in making informed benefit decisions.

Imagine Network	3
Medical and Prescription Benefits	5
Group & Pension Administrators, TPA	
Group Number: H870922	
Phone: (800) 827-7223	
Website: www.gpatpa.com	
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HealthWatch – Nurse Navigator	10
Phone: (800) 843-6705 option 1	
Website: www.nursenavigator@gpatpa.com	
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Ameritas	
Group Number: 010-43904	
Phone: (800) 487-5553	
Website: www.ameritas.com	
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Aetna	
Group Number: 839648	
Phone: (888) 416-2277	
Website: www.aetnavision.com	

Now direct access to quality care is just around the corner.

DALLAS, TX

Your health plan now includes **Imagine Health**, which means you have direct access to high-quality healthcare where you live.



NO GUESSWORK

- Imagine Health providers are chosen for their high standards of clinical excellence. Their proven results support improved outcomes, so you're getting the right provider for your needs.

NO REFERRALS

- You have direct access to quality hospitals and physicians in your area. It's that easy.

PEACE OF MIND

- When you use an Imagine Health provider, you won't be billed for more than your patient responsibility. It makes good sense.

Now it's easier than ever before to get quality healthcare in Dallas.



26 hospitals



70+ urgent care centers



4,200+ primary care and specialty care physician locations



32 ambulatory surgical centers

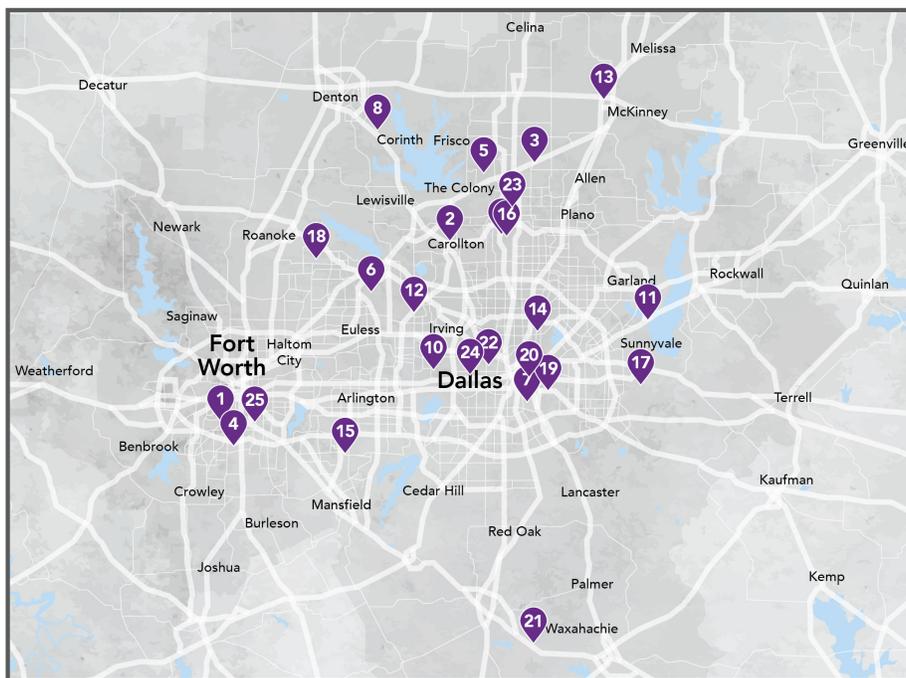
► For a current and complete list of providers in your area, visit providers.imaginehealth.com.

Have questions?

Call the member services number on your insurance ID Card.

imagine
HEALTH

Now it's easier than ever before to get quality healthcare in Dallas.



NOTE: Members also have access to ambulatory surgical centers, urgent care centers and all CVS MinuteClinic® locations.



Hospitals

- 1. All Saints & Andrews Women's**
1400 8th Ave
Fort Worth, TX 76104
- 2. Baylor North TX - Carrollton**
4343 N Josey Ln
Carrollton, TX 75010
- 3. Baylor North TX - Centennial**
12505 Lebanon Rd
Frisco, TX 75035
- 4. Baylor North TX - Fort Worth Surgical**
1800 Park Place Ave
Fort Worth, TX 76110
- 5. Baylor North TX - Frisco**
5601 Warren Pkwy
Frisco, TX 75034
- 6. Baylor North TX - Grapevine**
1650 W College St
Grapevine, TX 76051
- 7. Baylor North TX - Hamilton Heart**
621 N Hall St
Dallas, TX 75226
- 8. Baylor North TX - Heart Denton**
2801 S Mayhill Rd
Denton, TX 76208
- 9. Baylor North TX - Heart Plano**
1100 Allied Dr
Plano, TX 75093
- 10. Baylor North TX - Irving**
1901 N Macarthur Blvd
Irving, TX 75061
- 11. Baylor North TX - Lake Pointe**
6800 Scenic Dr
Rowlett, TX 75088
- 12. Baylor North TX - Las Colinas**
400 W I-635
Irving, TX 75063
- 13. Baylor North TX - McKinney**
5252 W University Dr
McKinney, TX 75071
- 14. Baylor North TX - N. Central Surgical**
9301 N Central Expy
Dallas, TX 75231
- 15. Baylor North TX - Orthopedic & Spine**
707 Highlander Blvd
Arlington, TX 76015
- 16. Baylor North TX - Plano**
4700 Alliance Blvd
Plano, TX 75093
- 17. Baylor North TX - Sunnyvale**
231 S Collins Rd
Sunnyvale, TX 75182
- 18. Baylor North TX - Trophy Club**
2850 E State Hwy 114
Trophy Club, TX 76262
- 19. Baylor North TX - University**
3500 Gaston Ave
Dallas, TX 75246
- 20. Baylor North TX - Uptown**
2727 E Lemmon Ave
Dallas, TX 75204
- 21. Baylor North TX - Waxahachie**
2400 N I-35E
Waxahachie, TX 75165
- 22. Childrens MC - Childrens Dallas**
1935 Medical District Dr
Dallas, TX 75235
- 23. Childrens MC - Childrens Plano**
7601 Preston Rd
Plano, TX 75024
- 24. Childrens MC - Childrens House**
1340 Empire Central Dr
Dallas, TX 75247
- 25. Cook Childrens - Fort Worth**
801 7th Ave
Fort Worth, TX 76104

For a current and complete list of providers in your area,
visit providers.imaginehealth.com.

Have questions?

Call the member services number on your insurance ID Card.

imagine
HEALTH



CITY OF ENNIS

COST PLUS PLAN

Effective October 1, 2019

Group #H870922

PLEASE CONTACT GROUP & PENSION ADMINISTRATORS OR THE PPO NETWORK AT THE PHONE NUMBER OR WEBSITE SHOWN ON YOUR PLAN I.D. CARD FOR INFORMATION ABOUT WHICH PROVIDERS ARE INCLUDED.

DEDUCTIBLE AND ANNUAL OUT-OF-POCKET MAXIMUM	IMAGINE HEALTH FACILITIES/PHYSICIANS	ENNIS REGIONAL FACILITY/PHYSICIANS AND HEALTHSMART PPO PHYSICIANS 2), 3)	NON IMAGINE/ENNIS REGIONAL FACILITIES AND NON- PPO PHYSICIANS 2), 3)
Lifetime Maximum	Unlimited		
Plan Year Deductible			
- Per Covered Person	\$200	\$400	\$1,000
- Family Limit*	\$600	\$1,200	\$3,000
Annual Out-of-Pocket Maximum (includes Deductible, Medical and Rx Copays)			
- Per Covered Person	\$1,500	\$3,000	\$3,000
- Family Limit*	\$3,750	\$7,500	\$7,500

FACILITY BENEFITS – Payment Levels:

This section applies to covered expenses for services rendered by Hospitals and other types of facilities which are not included in the **Preferred Provider Organization (PPO) network**.

BENEFIT PERCENTAGE FOR:	IMAGINE HEALTH FACILITY BENEFIT	ENNIS REGIONAL FACILITY BENEFIT	NON IMAGINE/ ENNIS REGIONAL FACILITY BENEFIT	MAXIMUM BENEFITS, LIMITS & PROVISIONS
Inpatient Hospital Services	90% after Deductible	80% after Deductible	70% after Deductible	UR Notification required.
Maternity Inpatient Hospital Services	90% after Deductible	80% after Deductible	70% after Deductible	Contact UR Company for coordination of care.
Routine Newborn Care Inpatient Hospital Services	90%; Deductible waived	80%; Deductible waived	70% after Deductible	Payable under covered mother' claim.
Skilled Nursing Facility/Rehabilitation Facility	90% after Deductible	80% after Deductible	70% after Deductible	UR Notification required. Limited to 60 days combined per Plan Year.
Hospital Services for Mental/ Nervous Disorders, Chemical Dependency, Drug and Substance Abuse Inpatient/Residential Treatment Facilities	90% after Deductible	80% after Deductible	70% after Deductible	UR Notification required.
Hospital Emergency Room - Medical Emergency/Accidental Injury - Illness not a Medical Emergency	100% after \$150 Copay; Deductible waived 80% after \$250 Copay; Deductible applies		70% after Deductible	Contact UR Company for coordination of care.
Outpatient Surgical Facility	90% after Deductible	80% after Deductible	70% after Deductible	UR Notification required.
Outpatient Therapy/Other Services Physical/Occupational Therapy/Speech Therapy Cardiac Rehabilitation	90% after Deductible 90% after Deductible	80% after Deductible 80% after Deductible	70% after Deductible 70% after Deductible	Limited to 20 visits per therapy per Plan Year.
Outpatient Diagnostic Services Select Diagnostic Procedures (CT Scans, MRIs, PET Scans, etc.)	90% after Deductible	80% after Deductible	70% after Deductible	
All Other Diagnostic Lab/X-ray (Facility only)	100%; Deductible waived	80% after Deductible	70% after Deductible	
Preventive and Wellness Lab and X-ray	100%; Deductible waived		70% after Deductible	



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PHYSICIAN BENEFITS – Payment Levels and Limits:

This section applies to Physicians and all other Providers of service not included as Facility Providers. Benefits shown are available **based upon the Provider's participation in the PPO network.**

BENEFIT PERCENTAGE FOR:	IMAGINE HEALTH BENEFIT	ENNIS REGIONAL AND HEALTHSMART PPO BENEFIT 2), 3)	NON-HEALTHSMART PPO BENEFIT 2), 3)	MAXIMUM BENEFITS, LIMITS & PROVISIONS
Physician Hospital Visits/Surgeon/Anesthesia	90% after Deductible	80% after Deductible	70% after Deductible	
Physician Hospital Visit for Mental & Nervous Disorders/ Chemical Dependency, Drug and Substance Abuse	90% after Deductible	80% after Deductible	70% after Deductible	
Maternity (Including Prenatal delivery and Postnatal care)	90% after Deductible	80% after Deductible	70% after Deductible	Contact UR Company for coordination of care.
Routine Newborn Care (Pediatric care to date of mother's discharge.)	90% after Deductible	80% after Deductible	70% after Deductible	
Office Visit (includes Exam, treatment, office surgery)	100% after \$10 Copay PCP/\$30 Copay Specialist	100% after \$25 Copay PCP/\$50 Copay Specialist	70% after Deductible	
Allergy Testing/Serum	100% after \$10 Copay PCP/\$30 Copay Specialist	100% after \$25 Copay PCP/\$50 Copay Specialist	70% after Deductible	
Allergy Injections (without office visit billed)	90%; Deductible waived	80%; Deductible waived	70%; Deductible waived	
Mental/Nervous Disorders and Substance Abuse Office Visits	100% after \$10 Copay PCP/\$30 Copay Specialist	100% after \$25 Copay PCP/\$50 Copay Specialist	70% after Deductible	
Urgent Care Facility Physician Medical Care - Medical Emergency/Accidental Injury - Illness not a Medical Emergency	100% after \$25 Copay Deductible waived 100% after \$25 Copay Deductible applies	100% after \$45 Copay Deductible waived 100% after \$45 Copay Deductible applies	100% after \$75 Copay Deductible waived 100% after \$75 Copay Deductible applies	
Teladoc Telephone Consultation	N/A	\$0 Consult Fee		Call 1-800-835-2362
Chiropractic Services	100% after \$30 Copay Deductible waived	100% after \$50 Copay Deductible waived	70% after Deductible	
Select Diagnostic Medical Procedures CT Scans, MRIs, PET Scans, etc. (Physician's Office or Freestanding Facility)	90% after Deductible	80% after Deductible	70% after Deductible	
Diagnostic Lab/X-ray (Freestanding Facility, Independent Lab)	100%; Deductible waived	100%; Deductible waived	70% after Deductible	

2) This plan is a PPO Physician Only plan. Benefits shown in this summary apply to PPO provider services.

3) Plan limits apply collectively/combined for PPO and Non-PPO services.



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BENEFIT PERCENTAGE FOR:	IMAGINE HEALTH BENEFIT	ENNIS REGIONAL AND HEALTHSMART PPO BENEFIT 2), 3)	NON-HEALTHSMART PPO BENEFIT 2), 3)	MAXIMUM BENEFITS, LIMITS & PROVISIONS
Outpatient Therapy/Other Services Physical/Occupational Therapy, Speech Therapy	100% after \$30 Copay Deductible waived	100% after \$50 Copay Deductible waived	70%; Deductible waived	Limited to 20 visits per therapy per Plan Year.
Cardiac Rehabilitation	90% after Deductible	80% after Deductible	70% after Deductible	
Home Health Services	90% after Deductible	80% after Deductible	70% after Deductible	UR Notification required. Limited to 60 visits per Plan Year.
Inpatient Hospice (Home Hospice)	90% after Deductible	80% after Deductible	70% after Deductible	UR Notification required.
Durable Medical Equipment	90% after Deductible	80% after Deductible	70% after Deductible	UR Notification required.
Prosthetic Devices and Orthotics	90% after Deductible	80% after Deductible	70% after Deductible	
Ambulance Services	90% after Deductible			Contact UR Company for Coordination of Care.
All Other Provider Covered Physician Services	90% after Deductible	80% after Deductible	70% after Deductible	

2) This plan is a PPO Physician Only plan. Benefits shown in this summary apply to PPO and Non-PPO provider services.

3) Plan limits apply collectively/combined for PPO and Non-PPO services.

Retiree Monthly Contributions – effective 10/1/2019	
Retiree Only	\$981.81
Retiree + Spouse	\$2,276.03
Retiree + Child(ren)	\$1,859.63
Retiree + Family	\$3,153.85

ELAP Facts and Questions

1. ***What is the Claim Review and Audit Program?***

ELAP protects your Health Plan against unreasonable charges for medical services. The Program reimburses hospitals, doctors, and other medical providers in a manner that recognizes appropriate charges as defined by federal ERISA laws.

2. ***Why is it so important to review each bill; isn't the price for medical care standard from one provider to the next or one patient to the next?***

No. The price of care from one provider to the next (or one patient to the next) can vary significantly. This is the issue. It is not uncommon to see prices for a procedure (surgery) vary from \$10,000 to over \$100,000 in the same region for the same operation. The price charged for an aspirin can be as much as \$8.00 in the hospital, and many other items are equally inflated. When your benefit Plan pays these inflated prices, even with a “discount,” this may result in overspending which can ultimately result in higher costs to you the medical consumer.

3. ***What happens when ELAP audits a medical provider's bill and the provider is not satisfied with the Plan's payment?***

The Plan allows for two levels of appeal. The medical provider is encouraged to follow the appeal process to obtain higher payment if it can be justified. ELAP will utilize independent experts to address the provider's appeal and make every effort to keep charges consistent with ERISA Laws.

4. ***Does ELAP audit every bill for our Plan?***

ELAP audits bills from all hospitals (and from other facilities such as nursing homes and rehab centers), all ambulatory surgical centers, and all dialysis clinics in excess of \$10,000 in billed charges.

5. ***Don't some medical providers bill employees directly for amounts over the Plan's payment?***

Yes. This is known as a “balance bill.” If an employee is balanced billed by a provider, they should immediately submit this bill directly to ELAP. Once received, ELAP takes over all correspondence and communication should be between ELAP and the provider. ELAP will notify the provider of their representation of the employee in the dispute of their over charge. There are some cases where providers have computer generated automatic billing services and in that case, the employee may receive several follow up statements. These should be forwarded to ELAP as soon as they are received. Of course in the case of any phone calls or collection agency service, the caller should be provided ELAP contact information. These services are provided by ELAP at no charge to the employee or covered dependent.

Advocating for Members and Their Families



Personal and proactive outreach is the hallmark of the **Member Services team**. When you work with our team, you'll never stand alone in the face of resolving a bill for healthcare services that exceed your responsibility.

How will you know if you're being charged too much?

After receiving medical care, you will get an Explanation of Benefits (EOB) from your plan administrator specifying what you owe for services. If you receive a bill for more than this amount, immediately contact ELAP.



What will ELAP do for you?

Once ELAP receives your bill, you and your family are assigned a personal Member Services Advocate who will provide you with support every step of the way. After you give us written permission to advocate on your behalf, our team begins working to resolve the claim with your healthcare provider.

Who can you call with questions?

Your dedicated Advocate is your main line of support, continually monitoring the progress of your account while proactively keeping you up to date.

Have a question? Call or email your Advocate at any time. You'll get a response within 24 hours. We are always here to help you better understand your plan benefits.



Keep an Eye on Your Mail

If it sounds easy, it's because it is. If you receive any billing correspondence in the mail, send it to us right away.

Your Advocate will take it from there, keeping you in the loop throughout the process.

Our Motto: Advocate, Engage, Empower.



Members and their families are at the center of all we do.

Phone: 1-800-977-7381 | Email: bb@elapservices.com

Fax: 1-888-560-2447 | Mail: 1550 Liberty Ridge Drive Ste. 330 Wayne, PA 19087



HEALTHWATCH NURSE NAVIGATOR



See other side for more information on our programs >>>

**CONTACT YOUR NURSE
NAVIGATOR TODAY!**

LOCAL PHONE: 972.238.7900 (ask for Nurse Navigator)

TOLL FREE PHONE: 800.843.6705 option 1

EMAIL: nursenavigator@gpatpa.com



Locate Provider Options for Medical Services

The Nurse Navigator will assist you in locating diagnostic and lab testing and appropriate provider services based on your needs to include physician services, inpatient/outpatient facilities, durable medical equipment, home health care, therapy, and other needs as indicated.



Coordinate Required Provider Negotiations

The Nurse Navigator will provide you assistance in obtaining single-case agreements (as indicated), coordination of scheduling at a different facility (if necessary to prevent any delay in services), and facilitate coordination of care based upon individual needs.



Research Physician Quality & Credentials

The Nurse Navigator will search public databases for qualified physicians based on location, specialist, network status, availability, as well as, patient reviews, board certification, and sanction/ malpractice information.



Provide Guidance + Education by a Nurse

The Nurse Navigator will provide education regarding your treatment plan, diagnosis care options, medications, and any other questions pertaining to your specific needs. The Nurse Navigator and you together will decide upon the appropriate level of care based upon your needs, whether it's a Primary Care Physician or a Specialist.



Schedule Appointments

The Nurse Navigator will coordinate with you to determine appointment preferences and schedule those appointments for you based upon your preferences. The Nurse Navigator will obtain any indicated paperwork or forms for you to complete prior to your appointment, and provide maps/directions as needed.



Medication Coordination

The Nurse Navigator will coordinate with your PBM (Pharmacy Benefit Manager) to assist in arrangements with your separate pharmacy benefit vendor. In addition, we will provide education regarding brand medications vs. comparable generic alternatives as well as any other medication education needs that you may have.



Obtain Your Medical Records for Appointments

The Nurse Navigator will obtain signed medical release forms from you to request your medical records to prevent duplication of services and encourage coordination of care between providers.



Provide Continuous Patient Support

The Nurse Navigator will be available to you until you have received assistance with each step of the process and you no longer have any remaining needs.



Assist with Health Plan Benefits

The Benefit Advocate Specialist will assist you in understanding your benefit and deductible information and assist you with the understanding of your bills/ claims and/or correcting errors in bills/ claims processing.



Getting started with Teladoc®



Teladoc's U.S. board-certified doctors are available 24/7/365 to resolve many of your medical issues through phone or video consults. Set up your account today so when you need care now, **a Teladoc doctor is just a call or click away.**

SET UP YOUR ACCOUNT

It's quick and easy online. Visit the Teladoc website at Teladoc.com, click "Set up account" and provide the required information. You can also call Teladoc for assistance over the phone.

REQUEST A CONSULT

Once your account is set up, request a consult anytime you need care.

PROVIDE MEDICAL HISTORY

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

Online: Log into the Teladoc website at Teladoc.com and click "My Medical History".

Mobile app: Log into your account and complete the "My Health Record" section. Visit Teladoc.com/mobile to download the app.

Call Teladoc: Teladoc can help you complete your medical history over the phone.

Talk to a doctor anytime for a \$0 Copay

 Teladoc.com

 [Facebook.com/Teladoc](https://www.facebook.com/Teladoc)

 **1-800-Teladoc**

 Teladoc.com/mobile



Dental Benefits – Ameritas

Network: Ameritas Dental

PPO Dental Benefits		
	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Preventive Services		
<ul style="list-style-type: none"> Routine Exams, Bitewing X-Rays, Full Mouth X-Rays, Prophylaxis/Cleaning, 	0%	0% of U&C*
Basic Services		
<ul style="list-style-type: none"> Fillings 	20%	20% of U&C*
Major Services		
<ul style="list-style-type: none"> Crowns, Onlays, Endodontics, Periodontics, Implants, Complex Extractions, Anesthesia 	50%	50% of U&C*
Calendar Year Maximum Benefit:		
		\$2,250
Orthodontia Benefit (Child up to age 19)		
<ul style="list-style-type: none"> Orthodontia Services 		50%
<ul style="list-style-type: none"> Orthodontia Lifetime Maximum 		\$1,000

*The non-network percentage of benefits is based on the schedule of usual and customary (U&C) fees in the geographic area in which the expenses are incurred.

** Ameritas Rewards is an enhanced product that offers an increased maximum for dental. Rewards are accumulated each year that you see a dentist and stay under the claim threshold of \$750. The annual amount of \$400 of Ameritas rewards is available to carryover for the following year's maximum.

Inspection and early detection of dental conditions are key elements to having a healthy smile!



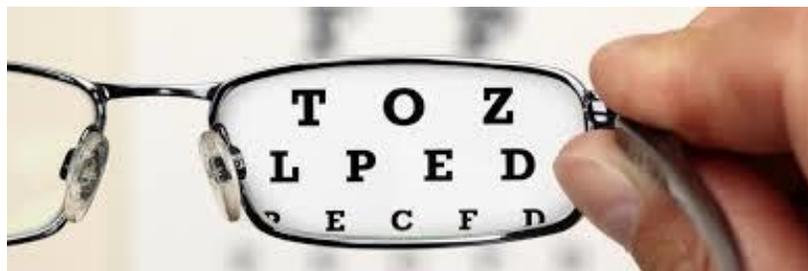
Retiree Monthly Contributions – effective 10/1/2019	
Retiree Only	\$37.52
Retiree + Spouse	\$76.88
Retiree + Child(ren)	\$99.48
Retiree + Family	\$138.88

Vision Benefits - Aetna

Network: Aetna Vision

Vision Benefits		
	In-Network	Out-of-Network
Eye Exam Copay (every 12 months)*		
Routine / Comprehensive	\$10	\$25 Reimbursement
Material Copay		
	\$10	\$10
Standard Lenses (every 12 months)*		
• Single Vision Lenses	\$10	\$20 Reimbursement
• Bifocal Vision Lenses	\$10	\$40 Reimbursement
• Trifocal Vision Lenses	\$10	\$65 Reimbursement
• Lenticular Vision Lenses	\$10	\$65 Reimbursement
• Standard Progressive Vision Lenses	\$75	\$40 Reimbursement
Contact Lens - Elective (in lieu of lenses and frames)		
	\$150 allowance	\$105 Reimbursement
Frames (every 24 months)*		
	\$150 allowance	\$65 Reimbursement

*From date of service



Retiree Monthly Contributions – effective 10/1/2019	
Retiree Only	\$5.57
Retiree + Spouse	\$10.58
Retiree + Child(ren)	\$11.14
Retiree + Family	\$16.38

IMPORTANT: The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.