



# Summary of El Paso County Retiree Health Benefits 2019 Plan Year

## Table of Contents:

★IMPORTANT★ <b>Pre-Medicare Eligible</b> 2019 Retiree Open Enrollment Information.....	2
★IMPORTANT★ <b>Medicare Eligible</b> 2019 Retiree Open Enrollment Information .....	3
Contact List .....	4
General Benefits Information .....	5
El Paso County Health Centers.....	5
Pre-Medicare Eligible Medical Plan .....	6
Medicare Eligible Medical Plan.....	7
Dental Plans.....	8
Vision Plan.....	9
Plan Costs.....	9
Medical Plan Subsidy Schedules.....	10
Health Care Reform Notice .....	11
Frequently Asked Questions.....	12

**Financial Services Department**  
**Employee Benefits Division**  
2880 International Circle, Suite 107  
Colorado Springs, CO 80910  
Phone: (719) 520-7420  
E-mail: [employeebenefits@elpasoco.com](mailto:employeebenefits@elpasoco.com)

# Pre-Medicare Eligible

## Retiree/Retiree Spouse 2019 Open Enrollment Information

### ★New in 2019★

- **Adjusted medical plan rates and subsidies** (see pages 9-11)
- **Slight increase to dental plan rates** (see page 9)
- **Reach Your Peak (RYP) Health Reimbursement Account (HRA) earning potential increased to \$600 per year!** HRA reimburses RYP participants for eligible El Paso County medical, prescription and dental plan expenses.
- **RYP HRA dental expense reimbursement increased to \$600 per year!** Join RYP from October 15 through October 29, 2018. **(See enclosed brochure for 2019 Reach Your Peak Wellness Program enrollment instructions and details!)**

Dear El Paso County Retiree Benefit Plan Participant:

Enclosed you will find a Retiree Benefit Election Form. If you wish to make changes to your benefits or dependents, or need to update your information, you will need to complete the enrollment form provided in this packet (keep the pink copy for your records) and return it to the El Paso County Retirement Office, located at 2880 International Circle, Suite N030, Colorado Springs, CO 80910, **no later than Monday, October 29, 2018.**

***If you do not want to make any changes to your enrollment, do not complete an enrollment form. Your current health insurance elections will automatically continue in 2019.***

Please review the following pages for a summary of benefits, adjusted rates and medical subsidy amounts.

The 2019 Reach Your Peak (RYP) enrollment period begins October 15, 2018 and ends October 29, 2018. During that period, register at or log on to [www.ReachYourPeakEPC.com](http://www.ReachYourPeakEPC.com) from any computer or mobile device and then follow the on-screen instructions to schedule a 2019 Health Consultation at an El Paso County Employee Health Center. Health Consultation appointments are available from January 2 through August 30, 2019 and must be scheduled during the enrollment period.

### Meeting Notice

A Pre-Medicare Eligible Retiree Open Enrollment Meeting will be held at the Regional Development Center, located at 2880 International Circle, 2nd Floor Hearing Room, on **Thursday, October 18, 2018 at 9:00 a.m.**

If you have any questions regarding El Paso County retiree health insurance benefits, you are encouraged to contact the Employee Benefits Division at (719) 520-7420. For questions regarding your retirement benefits, please contact the Retirement Office at (719) 520-7490.

**Retiree Open Enrollment closes on October 29, 2018**

# Medicare Eligible

## Retiree/Retiree Spouse 2019 Open Enrollment Information

### ★New in 2019★

- **Adjusted medical plan rates and subsidies** (see pages 9-11)
- **Slight increase to dental plan rates** (see page 9)

Dear El Paso County Retiree Benefit Plan Participant:

Enclosed you will find a Retiree Benefit Election Form. If you wish to make changes to your benefits or dependents, or need to update your information, you will need to complete the enrollment form provided in this packet (keep the pink copy for your records) and return it to the El Paso County Retirement Office, located at 2880 International Circle, Suite N030, Colorado Springs, CO 80910, **no later than Monday, October 29, 2018.**

***If you do not want to make any changes to your enrollment, do not complete an enrollment form. Your current health insurance elections will automatically continue in 2019.***

Please review the following pages for a summary of benefits, adjusted rates and medical subsidy amounts.

### **Meeting Notice**

A Medicare Eligible Retiree Open Enrollment Meeting will be held at the Regional Development Center, located at 2880 International Circle, 2nd Floor Hearing Room, on **Thursday, October 18, 2018 at 10:30 a.m.**

If you have any questions regarding your medical or prescription plan benefits, you are encouraged to contact Retiree First at (719) 249-7788 (TTY 711) or toll free at (855) 531-8844 (TTY 711). For questions regarding your dental or vision benefits, contact the Employee Benefits Division at (719) 520-7420. For questions regarding your retirement benefits, please contact the Retirement Office at (719) 520-7490.

**Retiree Open Enrollment closes on October 29, 2018**

# Contact List

## Financial Services Department – Employee Benefits Division

Employee Benefits Division .....(719) 520-7420  
E-Mail .....employeebenefits@elpasoco.com  
HIPAA Compliance .....(719) 520-7402

## El Paso County Retirement Plan

Retirement Office .....(719) 520-7490  
Retirement Website.....retirement.elpasoco.com

## El Paso County Health Centers

Regional Development Center (RDC) .....(719) 520-7080  
Citizens Service Center (CSC) .....(719) 520-7600  
Premise Health Patient Portal .....www.mypremisehealth.com

## Pre-Medicare Eligible

**Medical Plan** / Employee Benefits Management Services (EBMS)  
(Group #0000286)

Use the Member Services Number and Website for Plan Questions, Claims, ID Cards, and Pre-Authorizations

EBMS Member Services.....(866) 887-4115  
EBMS miBenefits Website .....www.ebms.com  
Nurse Hotline (Available 24/7) **New # as of 1/1/19** .....(877) 820-9168  
CareLink Pre-Notification Program .....(866) 894-1505

### **Find a Provider:**

Aetna Signature Administrators (ASA) Medical Provider Network  
ASA Website .....asalookup.aetnasignatureadministrators.com

**Prescription Plan** / Express Scripts

(RxBIN #003858 / RxPCN #A4 / RxGRP #ELPASO16)

Express Scripts Member Services .....(855) 738-1153  
Express Scripts Website .....www.express-scripts.com  
Accredo Specialty Rx .....(800) 803-2523  
Accredo Specialty Rx Website .....www.accredo.com

**Dental Plans** / Delta Dental of Colorado

(Group #12104)

Delta Dental Member Services .....(800) 610-0201  
Delta Dental Website.....www.deltadentalco.com

**Vision Plan** / EyeMed

(Access Plan H / Group #9728999)

EyeMed Member Services .....(866) 723-0596  
EyeMed Website .....www.eyemed.com

**Wellness Program** / Reach Your Peak (RYP)

RYP Questions Phone .....(719) 520-7420 option 3  
RYP Questions E-Mail .....reachyourpeakepc@elpasoco.com  
RYP Website (Powered by Propel) .... www.reachyourpeakepc.com  
Website Technical Questions.....(888) 339-4131  
Health Reimbursement Account (HRA) / Employee Benefits Corporation (EBC)  
EBC Customer Service .....(800) 346-2126  
EBC Website .....www.ebcflex.com  
EBC Claims Fax Number .....(608) 831-4790

## Medicare Eligible

**Medical Plan** / Retiree First (Administrator)/United American (Insurer)

Use the Retiree First Member Services Number for Plan Questions, Claims, and ID Cards.

Retiree First Member Services (Local).....(719) 249-7788 (TTY 711)  
Retiree First Member Services (Toll Free) .....(855) 531-8844 (TTY 711)

### **Find a Provider:**

Use anywhere Medicare is accepted. For assistance in finding a provider contact Retiree First.

*Please refer to your Retiree First, United American, or Humana literature for policy numbers and further information.*

**Prescription Plan** / Retiree First (Administrator)/Humana (Insurer)

Retiree First Member Services (Local).....(719) 249-7788 (TTY 711)  
Retiree First Member Services (Toll Free) .....(855) 531-8844 (TTY 711)

*Please refer to your Retiree First, United American, or Humana literature for policy numbers and further information.*

**Dental Plans** / Delta Dental of Colorado

(Group #12104)

Delta Dental Member Services .....(800) 610-0201  
Delta Dental Website.....www.deltadentalco.com

**Vision Plan** / EyeMed

(Access Plan H / Group #9728999)

EyeMed Member Services .....(866) 723-0596  
EyeMed Website.....www.eyemed.com

# General Benefits Information

## Medical Plan Benefits

**Pre-Medicare Eligible Retirees and Spouses:** There is one medical plan for pre-Medicare eligible retirees and spouses - the El Paso County Exclusive Provider Organization (EPO) Medical Plan. Prescription Plan benefits will continue through Express Scripts. See page 6 for a summary of the EPO Medical Plan and Prescription Plan benefits. **Reach Your Peak (RYP) Wellness Program:** Pre-Medicare Eligible Retirees that have enrolled in the 2019 Reach Your Peak (RYP) Wellness Program and met requirements by the established deadlines will receive enhanced medical plan benefits for themselves and their dependents enrolled on the RYP EPO Medical Plan through 2019.

**Medicare Eligible Retirees and Spouses:** There is one medical plan for Medicare eligible retirees and spouses - the United American Medicare Supplement Plan administered by Retiree First. **Medicare Supplement Plan enrollees must also be enrolled in Medicare Part A and Part B.** Prescription Plan benefits are included on this plan and will be provided by the Humana Medicare Part D Prescription Drug Plan, also administered by Retiree First. See page 7 for a brief summary of the Retiree First Medicare Supplement Plan and Prescription Plan benefits. Medicare-eligible retirees and spouses will continue to have access to the El Paso County Employee Health Centers when enrolled on the Retiree First Medicare Supplement Plan.

## Dental Plan Benefits

Dental Plans will continue through Delta Dental. If you are currently enrolled in the high or low plan and wish to keep the same option, there is no need to change your dental plan election. You have the opportunity during this open enrollment period to change or cancel your dental benefits. See page 8 for a summary of Dental Plan benefits.

## Vision Plan Benefits

Vision Plan benefits will continue through the EyeMed Vision "Access" Plan. See page 9 for a summary of Vision Plan benefits.

## Eligible Dependents

The retiree's legal spouse and child(ren) up to age 26 (or older if disabled with continued coverage). Proof of relationship must be submitted to the El Paso County Employee Benefits Division when adding dependents (i.e., marriage license, civil union certificates, birth certificates).

## Insurance Cards

Only Pre-Medicare Eligible medical plan enrolled retirees/spouses will receive new medical ID cards in December.

## Summary Plan Documents

For a copy of the Summary Plan Documents (SPD) contact the Employee Benefits Division at (719) 520-7420, or go to [www.elpasoco.com](http://www.elpasoco.com) under Employee Benefits Division.

# El Paso County Health Centers

**El Paso County Employee Health Centers are available to all enrolled El Paso County Medical Plan participants (pre-Medicare eligible and Medicare eligible).** The El Paso County Employee Health Centers offer quality, convenient and affordable medical care, along with a full range of preventive health and wellness services.

## Employee Health Center Locations, Hours and Contact Information:

### Regional Development Center (RDC) Health Center

2880 International Circle, Lower Level, Suite N010  
Phone: **(719) 520-7080**

### Citizens Service Center (CSC) Health Center

1675 W. Garden of the Gods Road, Suite 1053  
Phone: **(719) 520-7600**

Health Center Hours: **Monday through Friday, 8:00 a.m. to 5:00 p.m.**

Premise Health Patient Portal: [mypremisehealth.com](http://mypremisehealth.com)

## Services include:

- Comprehensive Individual/Family Primary Care
- Urgent and Acute Care (e.g., flu, fever, viral infections, nausea, cuts, sprains/strains, headaches, rashes, etc.)
- Preventive Health (e.g., Annual Physicals)
- Disease Management and Health Coaching
- Stress Management Counseling
- Smoking Cessation Counseling
- Wellness Education/Support
- Referrals to Specialists
- Vaccinations, Injections and Laboratory Services
- Ages seen: 6 months through adult

**\$10 Copay per Visit with Physician or Nurse Practitioner – No Copay for Nurse or Lab Visit**

# Summary of El Paso County Medical Benefits

## Pre-Medicare Eligible Medical Plan – Aetna Network

This EPC Medical Plan is an Exclusive Provider Organization (EPO) Plan

Provider Directory can be found at: [asalookup.aetnasignatureadministrators.com](http://asalookup.aetnasignatureadministrators.com)

Benefits	In-Network Benefits Only
Annual Plan Deductible – Individual / Family Maximum	\$2,000 / \$6,000 <b>RYP participants \$2,000 / \$4,000</b>
Annual Out-Of-Pocket Maximum* - Individual / Family	\$6,000 / \$10,000 <b>RYP participants \$3,000 / \$7,000</b>
Coinsurance	75% Plan Pays / 25% Member Pays
Annual Limit	Unlimited
Premise Health Centers - Office Visit	\$10 Nurse Practitioner Copay \$10 Primary Care Physician Copay \$0 Disease Management Nurse <b>\$0 RYP Copay for RYP program related follow-up visits</b>
Primary Care Physician (PCP) Office Visit	\$50 Copay
Specialist Office Visit	\$50 Copay
Preventive Care Visit	\$40 Copay / <b>\$0 RYP Copay</b>
Outpatient Short-Term Rehabilitation Therapy Services	\$20 Copay (60 days combined maximum per calendar year)
Chiropractic Services	\$20 Copay (24 visit maximum per calendar year)
Urgent Care / Emergency Room	\$100 Copay / \$200 Copay
Ambulance	Plan Pays 75% After Deductible
Outpatient Mental Disorders and Substance Abuse Treatment	\$10 Copay
Advanced Radiology (ex. MRI, CT Scan, CAT, PET, etc)	Plan Pays 75% - No Deductible <b>Plan Pays 100% for RYP members w/ Employee Health Center Referral for Diagnostic Tests</b>
Outpatient Facility Services - Per Admission	\$250 Copay then Plan Pays 75% - No Deductible
Hospital Inpatient - Per Admission	\$500 Copay then Plan Pays 75% After Deductible

\* Deductibles, copayments and amounts over the allowable charge do not apply toward the out-of-pocket maximum

## Express Scripts Prescription Plan

Prescription Plan is included with Medical Plan enrollment

Formulary and Provider Directory: [www.express-scripts.com](http://www.express-scripts.com)<sup>†</sup>

Prescription Plan Tiers	Retail 30 Day Supply	Retail or Mail Order Up to 90 Day Supply	Accredo Specialty 30 Day Supply
First Tier (Generic)	\$6.00	\$15.00	
Second Tier (Preferred Brand)	\$30.00	\$75.00	
Third Tier (Non-Preferred Brand)	\$50.00	\$125.00	
Fourth Tier (Preferred Specialty) <sup>††</sup>			\$100.00
Fifth Tier (Non-Preferred Specialty) <sup>††</sup>			\$200.00

<sup>†</sup> This link includes standard information about the network and formulary provided by Express Scripts. It does not account for any El Paso County plan specific inclusions, exclusions, step therapy requirements, prior authorization, etc.

<sup>††</sup> \$2,500 Out-of-Pocket Maximum

**Reach Your Peak Wellness Program:** El Paso County pre-Medicare eligible retirees that have met the Reach Your Peak (RYP) Wellness Program requirements by the established deadlines will receive enhanced medical plan benefits (shown in purple text in summary of benefits) for themselves and their dependents when enrolled on El Paso County's (EPC) EPO Medical Plan.

**Note:** RYP enrollment and RYP Health Reimbursement Account (HRA) will terminate and HRA funds will be forfeited effective the date the retiree is Medicare eligible. Retirees with HRA balances remaining at the time they become Medicare eligible have a 60-day runout period after the HRA termination date to submit claims to Employee Benefits Corporation (EBC) for services received prior to the termination date.

For questions on the RYP program, e-mail [reachyourpeakpc@elpasoco.com](mailto:reachyourpeakpc@elpasoco.com) or call (719) 520-7420 option 3.

This is only a summary of benefits. Should there be differences between this summary and the plan documents, contracts or policies, the plan documents, contract, and/or policies will govern.

# Summary of El Paso County Medical Benefits

## Medicare Eligible United American Medicare Supplement Plan Administered by Retiree First

Contact Retiree First with any medical plan questions at (719) 249-7788 (TTY 711) or Toll Free at (855) 531-8844 (TTY 711)

**The Medicare Supplement Plan can be used anywhere Medicare is accepted**

**Member must be enrolled in Medicare Part A and Part B**

*Medicare is the primary insurance plan and the United American plan pays as a supplemental insurance plan*

Benefits	Medicare Providers
Annual Plan Deductible, Part A	\$250
Coinsurance, Part B	80% Plan Pays / 20% Member Pays
Annual Out-Of-Pocket Maximum*, Part B	\$2,250
Premise Health Centers - Office Visit	Member Pays \$10 Nurse Practitioner Copay Member Pays \$10 Primary Care Physician Copay Member Pays \$0 Disease Management Nurse
Primary Care Physician (PCP) Office Visit	Plan Pays 80% of Medicare Remainder
Specialist Office Visit	
Urgent Care	
Outpatient Facility	
Advanced Imaging (MRI, CT, PET)	
Short-Term Rehabilitation	
Spinal Manipulations	
Diagnostic Test (X-ray, Blood Work)	Covered 100% of Medicare Approved Amount
Emergency Room	80% of Medicare Remainder If admitted to hospital, Covered 100% of Medicare Approved Amount After Deductible
Inpatient Hospital	Covered 100% of Medicare Approved Amount After Deductible
Annual Wellness Exam	Covered 100% of Medicare Approved Amount

\* Deductibles, copayments and amounts over the allowable charge do not apply toward the out-of-pocket maximum

## Humana Medicare Part D Prescription Plan Administered by Retiree First

Contact Retiree First with any prescription plan questions at (719) 249-7788 (TTY 711) or Toll Free at (855) 531-8844 (TTY 711)

**Prescription Plan is included with Medical Plan enrollment**

Annual Out-Of-Pocket Maximum	\$2,500		
Prescription Plan Tiers	Retail 30 Day Supply	Retail or Mail Order Up to 90 Day Supply	Specialty 30 Day Supply
First Tier (Generic)	\$6.00	\$15.00	
Second Tier (Preferred Brand)	\$30.00	\$75.00	
Third Tier (Non-Preferred Brand)	\$50.00	\$125.00	
Specialty Drugs			\$100.00

**Reach Your Peak (RYP) Wellness Program: Medicare-eligible retirees and their spouses are not eligible for RYP enrollment.**

*Note: RYP enrollment and RYP Health Reimbursement Account (HRA) will terminate and HRA funds will be forfeited effective the date the retiree is Medicare eligible. Retirees with HRA balances remaining at the time they become Medicare eligible have a 60-day runout period after the HRA termination date to submit claims to Employee Benefits Corporation (EBC) for services received prior to the termination date.*



# Summary of El Paso County Dental Benefits

- There are two (2) Dental Options to choose from through Delta Dental – Low and High
- To search for a Delta Dental In-Network provider please visit [www.deltadentalco.com](http://www.deltadentalco.com)

Delta Dental LOW OPTION PPO Plan				
Maximum Benefit Calendar Year Maximum	\$1,000 per person, per calendar year			
Calendar Year Deductible Applies to Basic and Major	Individual Deductible - \$50 per person Family Deductible - \$150 maximum			
Benefits		PPO Dentist	Premier Dentist*	Out-of-Network Dentist**
Diagnostic and Preventive Services	Oral Exams and Cleanings, Sealants, Fluoride (for children) and X-rays	100%	80%	80%
Basic Services	Fillings, Simple Extraction, Oral Surgery	80%	60%	60%
Major Services	Endodontics/Periodontics, Crowns, Dentures, Bridges	50%	30%	30%
Orthodontic Services	Not Covered			

This is a Maximum Allowable Charge (MAC) PPO plan. The MAC plan is a feature of Delta Dental that will help you save on out-of-pocket costs. While you may visit any licensed dentist you will receive the greatest savings when you choose a PPO dentist.

\* Premier Dentist – The member will be responsible for the difference between the PPO dentist's Allowable Fee and the fee from the Premier Maximum Plan Allowance (MPA)

\*\* Out-of-Network Dentist – The member will be responsible for the difference between the PPO dentist's Allowable Fee and the full fee charged by the dentist

Delta Dental HIGH OPTION PPO Plus Premier Plan				
Maximum Benefit Calendar Year Maximum	\$1,500 per person, per calendar year			
Calendar Year Deductible Applies to Basic and Major	Individual Deductible - \$25 per person PPO Network / \$50 per person Premier/Out-of-Network Family Deductible - \$75 PPO Network maximum / \$150 Premier/Out-of-Network maximum			
Benefits		PPO Dentist <sup>†</sup>	Premier Dentist <sup>††</sup>	Out-of-Network Dentist <sup>†††</sup>
Diagnostic and Preventive Services	Oral Exams and Cleanings, Sealants, Fluoride (for children) and X-rays	100%	100%	100%
Basic Services	Fillings, Simple Extraction, Oral Surgery, Endodontics/Periodontics	90%	70%	70%
Major Services	Crowns, Dentures, Bridges	60%	30%	30%
Orthodontic Services	Covered regardless of age \$1,500 lifetime maximum	50%	50%	50%

This is a Delta Dental PPO Plus Premier plan. You and your family members may visit any licensed dentist, but will enjoy the greatest out-of-pocket savings if you see a Delta Dental PPO dentist.

<sup>†</sup> PPO Dentist – Payment is based on the PPO dentist's Allowable Fee, or the actual fee charged, whichever is less

<sup>††</sup> Premier Dentist – Payment is based on the Premier Maximum Plan Allowance (MPA), or the fee actually charged, whichever is less

<sup>†††</sup> Out-of-Network Dentist – Payment is based on the Out-of-Network Maximum Plan Allowance (MPA); members are responsible for the difference between the out-of-network MPA and the full fee charged by the dentist

This is only a summary of benefits. Should there be differences between this summary and the plan documents, contracts or policies, the plan documents, contract, and/or policies will govern.



# Summary of El Paso County Vision Benefits

<b>EyeMed "Access" Vision Plan</b>			
Find a provider at <a href="http://www.eyemed.com">www.eyemed.com</a>			
<b>Benefit</b>	<b>Frequency</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Exam	Once Every 12 Months	\$10 Copay	Up to \$35
Standard Lenses Single Vision Lenses Bifocal Lenses Trifocal Lenses	Once Every 12 Months (combined frequency for Lenses and Contact Lenses)	\$25 Copay	Up to \$40
Contact Lenses Conventional Disposable Medically Necessary		\$25 Copay	Up to \$60
		\$25 Copay	Up to \$80
		\$0 Copay, \$130 Allowance	Up to \$105
		\$0 Copay, \$130 Allowance	Up to \$105
		\$0 Copay, Paid in Full	Up to \$200
Frames	Once Every 24 Months	\$0 Copay, \$150 Allowance	Up to \$45

This is only a summary of benefits. Should there be differences between this summary and the plan documents, contracts or policies, the plan documents, contract, and/or policies will govern.

## 2019 Monthly Benefit Plan Costs

	<b>Retiree Only or Spouse Only</b>	<b>Retiree + Spouse</b>	<b>Retiree + Children</b>	<b>Retiree + Family</b>
<b>Pre-Medicare EBMS EPO Medical Plan Aetna Network</b>	\$ 813.81*	\$ 1,564.37*	\$ 1,489.14*	\$ 2,198.74*
<b>Medicare Eligible Retiree First Medicare Supplement Plan**</b>	\$ 312.01*	N/A	N/A	N/A
<b>Delta Dental PPO Dental Plan Low Option</b>	\$ 21.57	\$ 36.25	\$ 56.07	\$ 81.98
<b>Delta Dental PPO Dental Plan High Option</b>	\$ 45.33	\$ 76.15	\$ 117.85	\$ 172.24
<b>EyeMed Vision Plan</b>	\$ 5.98	\$ 11.36	\$ 11.95	\$ 17.58

\*Medical Plan costs do not include subsidy amounts – see the following pages for subsidy schedules

\*\*Medicare eligible retirees/spouses enrolled in the Retiree First Medicare Supplement/Prescription Plan must also be enrolled in Medicare Part A and Part B

# 2019 Retiree Medical Plan Subsidy Schedules

Retirement 2004 through 2019 Pre-Medicare Eligible EPO Medical Plan			
Years of Service	Monthly Plan Cost	County Subsidy	Retiree Contribution
<b>Retiree Only</b>	\$ 813.81		
Less than 8 Years		\$ 0.00	\$ 813.81
8-14 Years		\$ 447.60	\$ 366.21
15-19 Years		\$ 610.36	\$ 203.45
20+ Years		\$ 813.81	\$ 0.00
<b>Retiree + Spouse</b>	\$ 1,564.37		
Less than 8 Years		\$ 0.00	\$ 1,564.37
8-14 Years		\$ 447.60	\$ 1,116.77
15-19 Years		\$ 610.36	\$ 954.01
20+ Years		\$ 813.81	\$ 750.56
<b>Retiree + Child(ren)</b>	\$ 1,489.14		
Less than 8 Years		\$ 0.00	\$ 1,489.14
8-14 Years		\$ 447.60	\$ 1,041.54
15-19 Years		\$ 610.36	\$ 878.78
20+ Years		\$ 813.81	\$ 675.33
<b>Retiree + Family</b>	\$ 2,198.74		
Less than 8 Years		\$ 0.00	\$ 2,198.74
8-14 Years		\$ 447.60	\$ 1,751.14
15-19 Years		\$ 610.36	\$ 1,588.38
20+ Years		\$ 813.81	\$ 1,384.93

Retirement Prior to 2004 Pre-Medicare Eligible EPO Medical Plan			
Years of Service	Monthly Plan Cost	County Subsidy	Retiree Contribution
<b>Retiree Only</b>	\$ 813.81		
15-19 Years		\$ 577.80	\$ 236.01
20+ Years		\$ 724.29	\$ 89.52
<b>Retiree + Spouse</b>	\$ 1,564.37		
15-19 Years		\$ 577.80	\$ 986.57
20+ Years		\$ 724.29	\$ 840.08
<b>Retiree + Child(ren)</b>	\$ 1,489.14		
15-19 Years		\$ 577.80	\$ 911.34
20+ Years		\$ 724.29	\$ 764.85
<b>Retiree + Family</b>	\$ 2,198.74		
15-19 Years		\$ 577.80	\$ 1,620.94
20+ Years		\$ 724.29	\$ 1,474.45

Medicare-Eligible Retiree First Medicare Supplement Plan			
Years of Service	Monthly Plan Cost	County Subsidy	Retiree Contribution
<b>Retiree Only</b>	\$ 312.01		
Less than 8 Years		\$ 0.00	\$ 312.01
8-14 Years		\$ 171.60	\$ 140.41
15-19 Years		\$ 234.01	\$ 78.00
20+ Years		\$ 312.01	\$ 0.00

# 2019 Retiree Medical Plan Subsidy Schedules

Elected and Appointed Officials Pre-Medicare Eligible EPO Medical Plan			
Years of Service	Monthly Plan Cost	County Subsidy	Retiree Contribution
<b>Retiree Only</b>			
Less than 4 Years	\$ 813.81	\$ 0.00	\$ 813.81
4-7 Years		\$ 406.90	\$ 406.91
8+ Years		\$ 813.81	\$ 0.00
<b>Retiree + Spouse</b>			
Less than 4 Years	\$ 1,564.37	\$ 0.00	\$ 1,564.37
4-7 Years		\$ 406.90	\$ 1,157.47
8+ Years		\$ 813.81	\$ 750.56
<b>Retiree + Child(ren)</b>			
Less than 4 Years	\$ 1,489.14	\$ 0.00	\$ 1,489.14
4-7 Years		\$ 406.90	\$ 1,082.24
8+ Years		\$ 813.81	\$ 675.33
<b>Retiree + Family</b>			
Less than 4 Years	\$ 2,198.74	\$ 0.00	\$ 2,198.74
4-7 Years		\$ 406.90	\$ 1,791.84
8+ Years		\$ 813.81	\$ 1,384.93

Elected and Appointed Officials Medicare-Eligible Retiree First Medicare Supplement Plan			
Years of Service	Monthly Plan Cost	County Subsidy	Retiree Contribution
<b>Retiree Only</b>			
Less than 4 Years	\$ 312.01	\$ 0.00	\$ 312.01
4-7 Years		\$ 156.00	\$ 156.01
8+ Years		\$ 312.01	\$ 0.00

## Health Care Reform Notice

**Grandfathered Health Plan:** El Paso County believes this EPO Medical Health Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at El Paso County Employee Benefits Division (719) 520-7420. You may also contact the U.S. Department of Health and Human Services at [www.healthcare.gov](http://www.healthcare.gov).

We make every effort to make sure that the textual information provided is accurate and correct but occasionally an error can occur. El Paso County reserves the right to correct any typographical errors and/or inaccuracies contained in printed materials at any time without prior notification.

# Frequently Asked Questions

---

## **If I am not making any changes during Open Enrollment, do I need to submit an enrollment form?**

No. You should only complete the enrollment form if you wish to make changes to your benefits or dependents, or need to update your information.

## **What if I experience a Qualifying Life Event in 2019?**

If you have a qualifying life event as defined by the IRS (i.e., birth, adoption, marriage/civil union, divorce) you can make changes to your benefits by submitting a Retiree Benefit Election Form to the El Paso County Employee Benefits Division within 31 days of the life event effective date. Documentation will be required for the life event and, if adding a dependent, proof of relationship. If there is no qualifying life event, changes can only be made at annual open enrollment.

## **How do I enroll/re-enroll in the Reach Your Peak (RYP) Wellness Program?**

RYP enrollment is available to Pre-Medicare Eligible retirees and their spouses enrolled in the El Paso County EPO Medical Plan. RYP enrollment is held annually in conjunction with Open Enrollment. **The 2019 RYP enrollment period begins October 15, 2018 and ends October 29, 2018.** During that period, register at or log on to [www.ReachYourPeakEPC.com](http://www.ReachYourPeakEPC.com) from any computer or mobile device and then follow on-screen instructions to schedule a 2019 Health Consultation at an El Paso County Employee Health Center. Health Consultation appointments are available from January 2 through August 30, 2019 and must be scheduled during the enrollment period. During open enrollment: see the enclosed Reach Your Peak brochure for more information.

## **I am (or my dependent spouse is) turning 65 this year. What do I need to do?**

Medicare enrollment starts three (3) months before you turn 65. You should review materials from the Social Security Administration and enroll in the appropriate plan coverage. Around this time, you will also receive a Retiree Benefit Election Form with a letter from El Paso County informing you that your benefits under the Pre-Medicare Eligible EPO Medical Plan will be ending at the end of the month prior to you turning 65.

If you wish to waive Medical Plan coverage due to enrollment in Medicare: You must complete a Retiree Benefit Election Form and provide proof of Medicare coverage and submit to the Retirement Office by the end of the month prior to you turning 65.

If you wish to continue your Medical Plan coverage with El Paso County: **You must enroll in Medicare Part A and Part B in order to continue coverage on the Retiree First Medicare Supplement Plan.** You must complete a Retiree Benefit Election Form and elect the Retiree First Medicare Supplement Plan and Prescription Plan and provide proof of Medicare Part A and Part B coverage. Your form must be submitted to the Retirement Office by the end of the month prior to you turning 65. Medicare will be your primary insurance and the Retiree First plan will be your supplemental insurance. If you enroll in the Retiree First Medicare Supplemental Plan, you will also be enrolled in the Medicare Part D Prescription Drug Plan and enrollment in additional Medicare Part D coverage is not necessary.

## **If I waive a benefit, can I pick it back up in the future?**

If at any point you waive a benefit, you will not have the option of electing to have that benefit in the future.

## **Who do I contact if I did not get or cannot find my insurance card(s)?**

Please refer to the Contact List on page 4 and call the member services number for the plan which you are seeking an insurance card.