

# What's New and Upcoming for 2019?

## GROUP HEALTH PLAN

There are several great improvements and a few changes on the group health plans for 2019. Below is a brief overview. Additional information will be available at Open Enrollment meetings and in the coming months.

The City of Huntsville is pleased to offer a new health plan option beginning January 1, 2019. The new plan is a High Deductible Health Plan (HDHP) and will provide members a lower cost option than both the current PPO plan and the Personal Choice plan. The new HDHP plan is a PPO network plan, has a \$1000 annual deductible, 90/10 co-insurance, and pharmacy co-pays. The rates for the new plan are included below and the summary for the new plan is included with this Guide.

Rates for the current PPO plan and Personal Choice plan will not increase for 2019. The City continues to contribute approximately 85% toward the active employee group health plan premiums.

2019 Medical Rates (Blue Cross & Blue Shield)					
	City's Bi-Weekly Contribution	Employee Bi-Weekly Cost			
		Wellness/Non-tobacco	Standard/Non-tobacco	Tobacco User/Wellness	Tobacco User/Standard
PPO — EE Only	\$208.45	\$37.68	\$37.68	\$56.14	\$56.14
PPO — EE + Spouse	\$459.81	\$83.01	\$83.01	\$101.47	\$101.47
PPO — EE + Child(ren)	\$341.02	\$61.42	\$61.42	\$79.88	\$79.88
PPO — Family	\$554.21	\$97.15	\$97.15	\$115.61	\$115.61
Personal Choice* —EE Only	\$271.09	\$49.67	\$49.67	\$68.13	\$68.13
Personal Choice* — EE + Spouse	\$596.39	\$109.11	\$109.11	\$127.57	\$127.57
Personal Choice* — EE + Child(ren)	\$442.02	\$80.74	\$80.74	\$99.20	\$99.20
Personal Choice* — Family	\$698.54	\$127.88	\$127.88	\$146.34	\$146.34
HDHP PPO —EE Only	\$191.70	\$33.83	\$33.83	\$52.29	\$52.29
HDHP PPO — EE + Spouse	\$422.99	\$74.65	\$74.65	\$93.11	\$93.11
HDHP PPO — EE + Child(ren)	\$313.84	\$55.38	\$55.38	\$73.84	\$73.84
HDHP PPO — Family	\$494.46	\$87.26	\$87.26	\$105.72	\$105.72

\*Please note: the Personal Choice plan is no longer open to new enrollments.

**Pharmacy Co-pays:** In an effort to help hold the Personal Choice rates level, Members on the Personal Choice plan will see a slight increase in prescription co-pay amounts for Tiers 2, 3, and Specialty beginning 1/1/2019. The new co-pay rates will be as follows: Tier 2: \$50, Tier 3: \$75, and Specialty: \$125. This prescription co-pay structure is equivalent to the new High Deductible Health Plan. Tier 1 (usually generic medication) co-pays will remain at \$10 per prescription, and the diabetic medication co-pays will remain at \$25 per prescription.

**Teladoc Health Consultation:** This is a new option on the PPO and HDHP plans beginning 1/1/2019. Teladoc gives you and your eligible dependents 24/7/365 access to quality medical care through phone and video consults. Teladoc doctors are U.S. board-certified doctors and pediatricians licensed in your state, and average 15-20 years practice experience. With Teladoc, you get convenient access to quality care for a \$30 per visit co-pay on the PPO plan, and a \$45 per visit fee on the HDHP plan. (Personal Choice members are not eligible for Teladoc Health due to the physician referral requirements.) Here's when you should

Plan Benefit Highlights for: City of Huntsville active employees

Group No: AL 06801

Effective Date: 1/1/2018

DELTA DENTAL PPO<sup>SM</sup>

BENEFIT HIGHLIGHTS

<b>Eligibility</b>	Primary enrollee, spouse and eligible dependent children to age 26
<b>Deductibles</b>	\$50 per person / \$150 per family each calendar year
Deductibles waived for D & P?	Yes
<b>Maximums</b>	\$2,000 per person each calendar year
D & P counts toward maximum?	No

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**	
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings, x-rays, sealants	100 %	100 %	
<b>Basic Services</b> Fillings, simple tooth extractions	80 %	80 %	
<b>Endodontics</b> (root canals) Covered Under Basic Services	80 %	80 %	
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	80 %	80 %	
<b>Oral Surgery</b> Covered Under Basic Services	80 %	80 %	
<b>Major Services</b> Crowns, inlays, onlays and cast restorations, implants, bridges and dentures	50 %	50 %	
<b>Orthodontic Benefits</b> dependent children to age 19	50 %	50 %	
<b>Orthodontic Maximums</b> Lifetime	\$ 2,000 Lifetime	\$ 2,000 Lifetime	
<b>BIWEEKLY RATES</b>	<b>Employee</b>	<b>Employee + 1</b>	<b>Employee &amp; Family</b>
1/1/18 through 12/31/19	\$16.22	\$33.36	\$39.61

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

\*\* Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and 90th percentile for non-Delta Dental dentists.

<b>Delta Dental Insurance Company</b> 1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	<b>Customer Service</b> 800-521-2651	<b>Claims Address</b> P O. Box 1809 Alpharetta, GA 30023-1809
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[deltadentalins.com](http://deltadentalins.com)

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

# Your VSP Vision Benefits Summary

CITY OF HUNTSVILLE and VSP provide you with an affordable eyecare plan.



**VSP Coverage Effective Date: 01/01/2019**

**VSP Provider Network: VSP Choice**

Benefit	Description	Copay	Frequency
<b>Your Coverage with a VSP Provider</b>			
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$20	Every calendar year
<b>Prescription Glasses</b>			
		\$20	See frame and lenses
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$150 allowance for a wide selection of frames</li> <li>\$170 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Costco® frame allowance</li> </ul>	Included in Prescription Glasses	Every other calendar year
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Polycarbonate lenses</li> <li>Scratch-resistant coating</li> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> </ul>	\$0 \$0 \$55 \$95 - \$105 \$150 - \$175	Every calendar year
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every calendar year
<b>Diabetic Eyecare Plus Program</b>	<ul style="list-style-type: none"> <li>Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$20	As needed
<b>Extra Savings</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Retinal Screening</b></p> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>		
<b>Your Bi-weekly Contribution</b>	\$3.29 Member only   \$6.27 Member + 1   \$8.88 Member + family		

### Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a participating retail chain may be different. Once your benefit is effective, visit [vsp.com](http://vsp.com) for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc. is the legal name of the corporation through which VSP does business.

Contact us. 800.877.7195 | [vsp.com](http://vsp.com)

1. Brands/Promotion subject to change.

2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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