

October 2nd - 16th

About Open Enrollment

Annual open enrollment is the one time each year employees may make changes to their benefit elections for the next year. During open enrollment, you may enroll in or waive benefit plans, add or drop coverage for dependents and enroll in the Flexible Spending Accounts and supplemental plans.

Every benefit-eligible employee MUST log into PeopleSoft to answer the tobacco certification question and complete the open enrollment process. Login instructions can be found on page 4.

It is important that you carefully review your current elections, because you will not be able to make changes to your benefit elections in 2021 unless you experience a qualifying life event.

Open enrollment and 2021 plan details can be found at plano.gov/OpenEnrollment2021.

Need help making your decisions for Open Enrollment? Does your spouse have benefits and you need assistance comparing plans and cost? Or, do you just have questions about our new plans?

Jordan White is your dedicated Health Pro. Don't hesitate to contact her with your questions.

alight®



jordan.white@alight.com
800-513-1667

What's Changing in 2021?

Medical / Pharmacy

- WebTPA is our new medical claims administrator. They are responsible for paying medical claims and coordinating care for our members.
- Aetna Signature Administrators is our new provider network. To see if your doctors are in-network, go to www.aetna.com/asa.
- SouthernScripts is our new pharmacy benefit manager.
- Medical and prescription drug benefits will remain the same and there will be no increase to premiums.
- Everyone enrolled in the medical plan will receive a new ID card.

Flexible Spending Accounts (FSA)

- Diversified Benefit Solutions is our new plan administrator for both Health Care and Dependent Care FSAs.
- Health Care FSA maximum is staying at \$2,750 unless IRS announces an increase.
- Dependent Care FSA maximum will continue at \$5,000 (or \$2,500 if married and filing separately)
- Everyone enrolled will receive a new debit card.

Vision

- MetLife is our new vision carrier. To see if your current vision providers are in-network, go to metlife.com.
- Enhanced Vision Benefits
- Allowance for Frames and Contact Lenses is increasing from \$130 to \$150.
- You can use both the Frame allowance and Contact Lens allowance in the same year.
- You can get a second pair of eyeglasses or contact lenses (see page 3 for details).
- Your premium cost is increasing by less than \$1 per pay period for employee only coverage.
- Everyone enrolled in the vision plan will receive a new ID card.

Dental

- MetLife is our new dental plan administrator. To see if your current dental providers are in-network, go to metlife.com.
- Dental benefits will remain the same and there will be no increase to premiums.
- Everyone enrolled in the dental plan will receive a new ID card.

Participation in Open Enrollment is MANDATORY to declare tobacco status, review elections and dependent eligibility, and elect flexible spending accounts.

Medical Plan

Beginning January 1, 2021, the medical plan will be administered by WebTPA using the Aetna Signature Administrators national provider network. The plan will continue as an EPO Plan, which means it provides benefits in-network only and benefits will remain the same. It is very important to make sure you are seeing in-network providers, so check your provider's status at www.aetna.com/asa.



Description	In-Network Only Benefits
Annual Deductible	\$1,250 Individual / \$2,500 Family
Coinsurance Level	Plan Pays 80% / You Pay 20%
Out-of-Pocket Maximum	\$6,600 Individual / \$13,200 Family
Preventive Care	Plan Pays 100%
Physician Services	Primary Care - \$25 copay Specialist - \$40 copay Catalyst Health Network/Village Health Partners - \$5 copay
Telemedicine - Teladoc	\$5 copay
CVS Minute Clinic	\$5 copay
Airrosti (injuries / pain)	\$15 copay
Chiropractic Care (24 visits per calendar year)	\$25 copay
Urgent Care Services	\$50 copay
Emergency Room	Deductible + \$200 copay per event (copay waived if admitted)
Inpatient / Outpatient Services	Deductible + 20%

Prescription Drug Plan

SouthernScripts will be the new pharmacy benefit manager beginning January 1, 2021. The prescription drug benefits will remain the same and the formulary will be very similar to what is in place today. It is very important to check the Rx Formulary located at southernscripts.net (click on Find Your Member Page and input "test" as the Group Number). If your prescription drug is changing tiers, you will be notified by mail if there are any changes to the cost of the medications you are taking.

Retail Pharmacy

To locate an in-network pharmacy, go to SouthernScripts.net/members.php. Pharmacies with the First Choice logo are retail pharmacies that can fill a 3-month supply. **Note: Walgreens and Costco can only dispense a 1-month supply.**

Mail-Order Pharmacy

Postal Prescription Services is our new mail-order pharmacy. By filling your maintenance medications through mail order you can get a 3-month supply for the cost of a 2-month supply delivered directly to your home. If you currently participate in the Mail-Order program, more information will be coming to you about the change in pharmacies.



PlanoCRX

Remember, you will continue to have access to the free international mail order option at planoCRX.com for brand name, maintenance medications.



\$100 per Individual / Family
*The deductible must be satisfied every calendar year before the
Coinsurance and Copays below apply

Prescription Drug Tier	Retail Pharmacy (1-Month Supply)	Retail - First Choice Pharmacy (3-Month Supply)	Mail Order (3-Month Supply)
Tier 1	15% Coinsurance Max Copay: \$15	15% Coinsurance Max Copay: \$30	15% Coinsurance Max Copay: \$30
Tier 2	25% Coinsurance Min Copay: \$30 Max Copay: \$45	25% Coinsurance Min Copay: \$60 Max Copay: \$90	25% Coinsurance Min Copay: \$60 Max Copay: \$90
Tier 3	40% Coinsurance Min Copay: \$45 Max Copay: \$60	40% Coinsurance Min Copay: \$90 Max Copay: \$120	40% Coinsurance Min Copay: \$90 Max Copay: \$120
Specialty	\$100 copay	N/A	N/A

Dental Plan

MetLife will be our new dental plan administrator. Your premium cost and plan benefits will remain the same.

Please ensure your current provider is in-network by visiting metlife.com, select "Find a Dentist" then select "PDP Plus" network.



Plan Feature	In and Out-of-Network*
Annual Deductible	\$50 per person \$150 per family
Annual Benefit Maximum	\$2,500 per person per year
Preventive Services	Covered at 100%
Basic Services	Covered at 80%**
Major Services	Covered at 50%**
Orthodontia (Child only - up to age 19)	Covered at 50% \$2,500 lifetime maximum

*Out-of-network benefits are subject to reasonable and customary reimbursement levels

** After satisfying the deductible

Vision Plan

MetLife will be our new vision plan administrator. There are exciting benefit enhancements and only a slight premium increase (less than \$1 per pay period for employee only coverage).

Please check to ensure your current provider is in-network by visiting metlife.com, select "Find a Vision Provider" then select "MetLife Vision PPO" network.



Benefits	In-Network Benefits*
Comprehensive Vision Exam	\$10 copay
Materials (Lenses/Frames)	\$10 copay
Frames	Retail allowance: \$150 Wholesale allowance: \$85 (Costco, Walmart, Sam's Club)
Elective Contact Lenses	Allowance: \$150
Contact Lens Fitting & Evaluation	\$60 copay maximum
NEW Second Pair Glasses or Contacts	This benefit gives you additional eyewear coverage including: * two pairs of prescription glasses, or * one pair of prescription eyeglasses and an allowance toward contact lenses, or * double your contact lens allowance
Laser Corrections	Discounts available

* Showing in-network benefits only for illustrative purposes. Out-of-Network benefits are available but reimbursements are minimal.

Flexible Spending Account

Flexible Spending Accounts allow you to contribute pre-tax dollars through payroll deduction on health care and dependent care expenses not covered by other insurance. Our new FSA administrator will be Diversified Benefit Services. Everyone enrolling in the FSAs will receive a new debit card that will be activated for use on January 1, 2021.

Health Care Account - \$2,750 annual maximum contribution amount

The Health Care FSA allows you to use pre-tax dollars to pay for eligible medical, dental and vision expenses not covered by insurance. You can carry over \$500 of your unused 2020 Healthcare FSA funds into the 2021 plan year, as long as you enroll in FSA during Open Enrollment. This will apply to unused funds in your account on December 31, 2020. The amount you carry over is available for one year only. Note: because we are changing administrators, roll over funds will not be available until May 2021.

Dependent Care Account - \$5,000 annual maximum contribution

The Dependent Care FSA allows you to pay for eligible daycare expenses while you and your spouse work or attend school full-time.



2021 Monthly Costs

Medical Plan with C4H* Premium Incentive	City of Plano	Employee
Employee Only	\$484.00	\$54.00
Employee + Spouse / Domestic Partner	\$1,124.00	\$268.00
Employee + Children	\$826.00	\$168.00
Family	\$1,584.00	\$422.00

Medical Plan without C4H* Premium Incentive	City of Plano	Employee
Employee Only	\$484.00	\$104.00
Employee + Spouse / Domestic Partner	\$1,124.00	\$368.00
Employee + Children	\$826.00	\$218.00
Family	\$1,584.00	\$522.00

* Connect4Health (C4H) is the City's wellness program. By participating in the program and meeting specific requirements, you and your Spouse/Domestic Partner may qualify for reduced premiums. Visit teamplano.us/186/Connect4Health for more information.

Dental Plan	City of Plano	Employee
Employee Only	\$26.00	\$19.00
Employee + Spouse / Domestic Partner	\$44.00	\$44.00
Employee + Children	\$50.00	\$58.00
Family	\$72.00	\$92.00

Vision Plan	City of Plano	Employee
Employee Only	\$0.00	\$9.22
Employee + Spouse / Domestic Partner	\$0.00	\$14.75
Employee + Children	\$0.00	\$15.09
Family	\$0.00	\$24.28

Communitas

City of Plano partners with Communitas to provide dedicated Nurse Care Managers to assist you and your family face-to-face in navigating the confusing healthcare environment that surrounds major illness and hospitalizations. It's a free benefit for employees, dependents, and pre-65 retirees on our health plan.

When you have a need, reach out to our dedicated Nurse Care Managers:



Kayla Fenner
318-751-5815
kayla.fenner@communitas.com



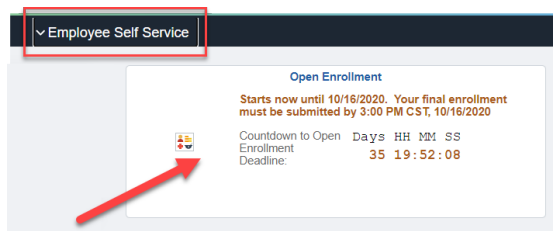
Diane Berdan Dodson
855-248-7030
diane.dodson@communitas.com

PeopleSoft Instructions for Enrolling

You will need to follow the steps outlined below to complete the open enrollment process. Access PeopleSoft via computer or mobile device at: plano.gov/OpenEnrollment2021 beginning Friday, October 2nd and ending at 3:00 p.m. on Friday, October 16th.

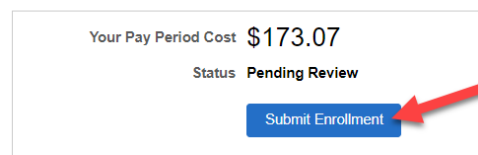
Click on the [Access PeopleSoft](#) link to sign into your account. Enter your User ID and password.

- User ID is your 5-digit employee number (i.e. 04444).
- Password is the first three letters of your last name in CAPS and the last four digits of your SSN (i.e., BEN9999).
- For any login issues, contact the help desk at 972-941-5306.
- Once logged in, the menu at the top of the page will be Employee Self Service. Click on Open Enrollment.
- Use the "Next" button at the top left of the page to navigate to the next page.



- When you get to the final step, click on each of the Benefit Plan tiles you wish to review (i.e., Medical, Dental, Vision).
- If you need to make a change to a benefit selection, click on the "Select" button.
- Select the "Submit Enrollment" button located under the Enrollment Summary near top of the page.

Enrollment Summary



- An alert message will show your benefit choices have been successfully submitted to the Benefits Department. After selecting "Done," the Status will update to "Submitted".

Enrollment Summary

