

2016

Benefits  
Enrollment  
Guide

## What's New in 2016

Welcome to the 2016 Benefits Enrollment Guide. This Guide is designed to explain the benefits choices provided to you by DFW Airport. The Airport continues to maintain the 80/20 cost share arrangement with employees while meeting the requirements of the Affordable Care Act (ACA).

### SUMMARY OF CHANGES FOR 2016

- Medical and pharmacy health benefits will be provided through **Blue Cross and Blue Shield of Texas (BCBSTX)**. DFW Airport will continue to offer a choice of three medical plans and will maintain the current benefit levels for copayments, coinsurance, annual deductibles, and annual out-of-pocket limits.
  - As a member of BCBSTX, you will be able to choose doctors, hospitals, and other health care providers from the BlueChoice PPO network, one of the largest in Texas. All three medical plans offered by DFW Airport are under the BlueChoice PPO network, and primary care physicians and referrals are not required under any of the three plans.
  - If you travel, you will have access to BlueCard, a national program that helps members get health care services while traveling across the country and in more than 200 countries and territories worldwide.
  - Member Services will be provided by BCBSTX – Benefits Value Advisors. Not only can they help you locate a doctor or hospital in the BlueChoice PPO network, they can also assist you with resolving claims and billing issues and understanding your Explanation of Benefits.
- Dental health plan services will be provided through **Cigna Dental**. DFW Airport will continue to offer a choice of a dental DHMO or DPPO plan.
- Life insurance services will be provided through **ReliaStar Life Insurance Company**, a subsidiary of Voya Financial. Your current amount of life insurance will be continued and additional opportunities to enroll in, or increase, your coverage will be available during open enrollment.
- Flexible spending accounts for both health care and dependent day care expenses will be administered by BCBSTX through ConnectYourCare.
- The LiveWell surcharge, as well as the surcharges for using tobacco products or for covering a spouse or domestic partner who has medical coverage available through his/her own employer, will remain the same for 2016.

### DID YOU KNOW?

In 2016, DFW Airport estimates to spend \$25.4 million on employee health benefits. That is \$1,128 per month for each employee.

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# Eligibility Requirements

## PERIODIC DEPENDENT ELIGIBILITY REVIEWS

- When you log into Employee Self Service to make your annual benefit elections for 2016, you must certify that your covered dependents meet the eligibility requirements as defined in this Enrollment Guide.
- DFW Airport has the right to conduct periodic random reviews of dependent eligibility and you may be requested to provide documentation validating your dependents' eligibility.
- Providing false or misleading information with respect to benefits enrollment or dependent eligibility may result in corrective action and/or termination of employment.

Full-time employees are eligible on the first day of employment to participate in the DFW Airport benefits program.

## Who is ELIGIBLE for coverage under DFW Airport's health and welfare plans?

### SPOUSE

Your legal spouse or domestic partner

### CHILDREN

Your child under the age of 26, or any age if mentally or physically incapacitated, upon approval of Blue Cross and Blue Shield of Texas (BCBSTX). "Child" must be one of the following:

- Natural child
- Stepchild
- Legally adopted child
- Child of domestic partner
- Child placed for legal adoption
- Foster child placed with you by an authorized placement agency or court order
- Child by legal guardianship

## Who is NOT ELIGIBLE?

- Former spouse/former domestic partner
- Grandchildren
- Parents
- Grandparents

In addition, DFW Airport's plans specify:

- If your spouse/domestic partner or child/domestic partner's child is a full-time employee of DFW Airport, each of you must carry your own medical, dental, and/or life insurance coverage.
- Employees are not allowed to elect spouse/domestic partner life insurance for another DFW Airport employee.
- Two employees are not allowed to cover the same dependents for medical, dental, and/or life insurance coverage.

### ANNUAL BENEFITS ENROLLMENT

The benefit choices you make during the annual enrollment period will go into effect January 1, 2016 (or if you're a new hire, on your date of hire), and will stay in effect through December 31, 2016, unless you experience a qualifying Family Status Change.

# Domestic Partner Eligibility Requirements

Domestic partner benefits are available to both same sex and opposite sex partners. The coverage offered includes medical, dental, life insurance, and voluntary plans.

## ELIGIBILITY CRITERIA

A domestic partner is defined as an individual of the same or opposite sex of the employee, and both the employee and domestic partner shall meet the following requirements:

- Must be 18 years of age or older and mentally competent to consent to a contract;
- Must be each other's sole domestic partners and share an intimate, committed relationship of mutual caring;
- Must be financially interdependent and have lived together continuously for at least the last 12 consecutive calendar months and intend to remain so indefinitely;
- Must not be related by blood or adoption to a degree that would prohibit legal marriage;
- Must not be currently married to anyone else, nor have been married to anyone else within the last 12 consecutive calendar months; and
- Must not be together for the sole purpose of obtaining benefits coverage.

## CHILDREN OF THE DOMESTIC PARTNER

Children of a domestic partner are not eligible for coverage unless the domestic partner is enrolled. Only natural children, legally adopted children, and foster children are considered to be eligible dependents of a domestic partner under the plans. Once the Certification of Domestic Partnership is filed, Human Resources will determine whether your domestic partner and any dependent children qualify for coverage under DFW Airport's benefit plans.

## IMPUTED INCOME

Unless your domestic partner qualifies as a "dependent" under the Internal Revenue Code, you will receive "imputed income" for federal tax purposes. The imputed income is deemed to be wages reported on an employee's Form W-2. DFW Airport must withhold Social Security, Medicare, and federal income taxes on the value of those benefits on a per pay period basis. Visit the 2016 Benefits Enrollment page on Connected Online to determine how much income will be imputed for your covered domestic partner and your domestic partner's dependents.

The factors used to determine "dependent" status under the Internal Revenue Code may differ depending on the type of benefit offered. For more information on determining whether your domestic partner is a dependent within the meaning of the Internal Revenue Code, please contact your tax advisor.

## DOMESTIC PARTNERSHIP CERTIFICATION

Unmarried employees requesting benefits coverage for domestic partners will be required to submit a Certification of Domestic Partnership and demonstrate proof of sharing necessities of life and financial interdependence for the last 12 consecutive calendar months by providing the following:

- One of the following documents showing the Employee and Domestic Partner living at the same address for the last 12 consecutive months:
  - Proof of joint ownership of real estate or joint lease; or
  - Utility or phone bills.

## AND

- Two of the following documents:
  - Driver's licenses for both Employee and Domestic Partner listing a common address;
  - Proof of joint ownership of a motor vehicle;
  - Proof of joint bank accounts and/or credit accounts;
  - Designation by either as primary beneficiary in the other's will;
  - Designation by either as the primary beneficiary for life insurance or retirement benefits;or
  - Tax return of the Employee which lists the Domestic Partner as a dependent.

**Go to Forms and Approvals on Connected Online to complete the Certification of Domestic Partnership. For questions, contact Human Resources at 972-973-1124.**

# 2016 Benefits Enrollment

## Enrollment Process

**All employees must enroll for 2016 benefits.**

**Your 2015 elections for medical and dental benefits and flexible spending accounts (FSAs) will not rollover to 2016.**

### PROCESS FOR NEW HIRES TO ENROLL

During new employee orientation, you will be given the opportunity to make your benefit elections and designate your beneficiaries online through DFW Airport's Employee Self Service (ESS). In the packet of new hire material given to you, there is a Benefits Enrollment Worksheet that must be completed prior to your first day of work. By reviewing this enrollment guide and completing the worksheet ahead of time, you will be able to make your online elections quickly.

To designate your beneficiaries, you must enter each person's social security number and date of birth.

### Open Enrollment is October 12–26, 2015

Before logging in to make your benefit elections, follow these tips to be prepared:

- If electing the Cigna Dental Care (DHMO) plan, decide on your primary care dentist (PCD) and identify the DHMO office number for each covered dependent.
- Review the eligibility requirements on pages 2 and 3 to determine whether your dependents are eligible for coverage in 2016. Contact Human Resources if you do not have a social security number for a new dependent you are adding.
- Review the surcharge information on page 5 to determine if you will be required to pay a monthly surcharge.

**The last day to make your benefit elections is October 26, 2015.**

### Process for Current Employees to Enroll

You must use Employee Self Service (ESS) to make your open enrollment benefit elections, which can be done from work or home. Follow the steps below:

- Log into ESS, click on the Benefits icon, and then click on the Benefits Enrollment icon.
- Once you click submit, you will be required to answer some questions pertaining to the tobacco use and spousal/domestic partner surcharges.
- You must "submit" your benefit elections to have coverage for 2016. Employees who do not submit through ESS will not have 2016 benefit coverage (other than employer-paid basic life/AD&D) and will not have elections for flexible spending accounts (FSAs).
- On the Submit Confirmation page, there will be a print icon which will allow you to print a preliminary version of your benefit elections. At any time during the open enrollment period, you can go back into ESS, change the elections, re-print, and re-submit.
- Once open enrollment ends, you will not be allowed to make changes unless you experience a qualifying Family Status Change (see page 24 for details).
- In late November, you will receive a final confirmation statement by email and a printed copy by mail to your home.
- Member identification cards for the medical and dental plans will be mailed to eligible employee's homes in late December. Beginning January 1, 2016, you can visit the secure member portals for both BCBSTX (bcbstx.com) and Cigna (cigna.com) to view, print, or request additional cards.
- If you are a new hire, member identification cards will be mailed to your home within two weeks of enrollment.

# 2016 Benefits Enrollment (cont.)

## What you need to know before you enroll

### Spousal/Domestic Partner Surcharge

For 2016 enrollment, employees electing to enroll a working spouse or domestic partner who has medical coverage available through his/her own employer will pay a surcharge of \$200 per month (\$92.31 per pay period).

You will pay a surcharge of \$200 per month if:

- (1) Your spouse or domestic partner is eligible for medical coverage from another employer; and
- (2) You elect to enroll him or her in DFW Airport's medical plan.

You do not have to pay the monthly surcharge if:

- Your spouse or domestic partner is not enrolled in DFW Airport's medical plan.
- Your spouse or domestic partner is enrolled in DFW Airport's medical plan and is unemployed, self-employed, or retired.
- Your spouse or domestic partner is enrolled in DFW Airport's medical plan and is employed but does not have medical benefits available through his/her employer.

Notify Human Resources if your spouse/domestic partner's medical coverage and/or employment status changes by submitting the Spousal/Domestic Partner Surcharge Affidavit on Connected Online.

### Tobacco Use Surcharge

For 2016 enrollment, a surcharge of \$100 per month (\$46.15 per pay period) will remain for tobacco users with medical enrollment. Tobacco products include cigarettes, cigars, pipes, chew, dip, snuff, e-cigarette, etc.

To avoid the surcharge, employees must be tobacco-free for at least 60 days prior to enrollment.

Notify Human Resources if your tobacco use changes or you complete a BreatheWell Smoking Cessation or community-sponsored program during the year by submitting the Tobacco Use Surcharge Affidavit on Connected Online. See sidebar for more information.

### LiveWell Surcharge

For 2016 medical enrollment, a surcharge of \$75 per month (\$34.62 per pay period) will apply to employees who did not earn at least one LiveWell Incentive component (Apple) and did not submit verification for an annual physical received in fiscal year 2015. The surcharge will not apply to employees hired after March 23, 2015.

### TOBACCO USE

#### • Current employees who use tobacco:

If an employee completes the BreatheWell Smoking Cessation or a community-sponsored program during the first six months of the 2016 calendar year, the surcharge will be refunded back to January 1 and waived for the remainder of the calendar year. If an employee completes the BreatheWell class or community-sponsored program during the last six months of the 2016 calendar year, the surcharge will be waived at the time the class is completed through the remainder of the calendar year; no refund will be issued.

#### • New hires who use tobacco:

The surcharge will be applied as of the hire date and the employee will be given six months to complete a BreatheWell Smoking Cessation or a community-sponsored program. Once completed, the surcharge will be refunded back to the hire date and waived through the end of the calendar year. If the class is not taken during the first six months of employment, the surcharge will be waived at the time the class is completed through the remainder of the calendar year.

**Go to Forms and Approvals on Connected Online to find the following forms:**

- Family Status Change
- Spousal/Domestic Partner Surcharge Affidavit
- Tobacco Use Surcharge Affidavit

# Medical Coverage – BCBSTX EPO

## Blue Cross and Blue Shield of Texas Exclusive Provider Organization Plan

### **BENEFITS VALUE ADVISOR AND PATIENT ADVOCACY PROGRAM**

DFW Airport's patient advocacy program is provided by BCBSTX. Call the Member Services line (800-521-2227) and a Benefits Value Advisor (BVA) will work with you to find the right care for you or your family.

Specifically, a BVA can help you:

- Choose a medical plan
- Locate a provider or facility in the BlueChoice PPO network
- Understand your benefit options
- Confirm how your benefits are paid
- Resolve claims and billing issues
- Understand the cost of a procedure or test

In addition, a BVA can help you locate a Blue Distinction Center (BDC). BDCs are health care facilities that have a record of providing proven, effective care. They have met national criteria for quality, efficiency, and patient experience.

When you choose the Exclusive Provider Organization (EPO) plan from Blue Cross and Blue Shield of Texas (BCBSTX), you are choosing to use participating doctors, hospitals, and other health care providers in the BlueChoice PPO network. Most office visits and services require a copayment, and the remainder is covered by BCBSTX, without deductibles. It's an easy way to budget your health care expenses

### **NEW FOR 2016**

As long as you use network providers, you can visit any provider or any facility you want and see any specialist without a referral. You are not required to use a primary care physician (PCP) and you do not have to file any claims. Since you are not required to go to a primary care doctor first, you may choose to go to a network specialist; however, you will pay the higher specialist copayment.

If you use a doctor, hospital, or other health care provider outside the network, your care will not be covered and you will have to pay the full amount for the services, except in the case of an emergency. An emergency is defined as a sickness or injury so severe that failure to get immediate medical attention could cause serious bodily harm or put a person's life in danger. Some examples are heart attack, excessive bleeding, loss of consciousness, and significant injuries.

### **HOW TO FIND A DOCTOR IN THE EPO PLAN**

When selecting the EPO plan, use BCBSTX's online provider tool to determine whether your doctor is part of the BlueChoice PPO network of preferred providers. Remember that all three plans offered by DFW Airport are part of the BlueChoice PPO network.

Go to [bcbstx.com](http://bcbstx.com) and click on the link for the Provider Finder® tool. Enter your search criteria to locate doctors, hospitals, and other health care providers in your area. You may also call a BCBSTX Benefits Value Advisor at 800-521-2227.



# Medical Coverage – BCBSTX EPO (cont.)

## BCBSTX EPO

Financed by DFW Airport and administered by BCBSTX

Keep in mind that benefits are payable only for services performed by a preferred provider or facility.

Refer to the BCBSTX EPO Summary of Benefits and Coverage on Connected Online for more details.

### DEFINITIONS

#### Copayment

The amount you pay at the time you receive a service from a BCBSTX provider.

#### Out-of-Pocket Limit

The maximum amount of medical and prescription copayments you will have to pay in one year.

PLAN FEATURE	YOU PAY
<b>PCP Office Visits</b>	\$30 copayment
<b>Specialist Office Visits</b>	\$60 copayment
<b>Annual Deductible</b>	\$0
<b>Annual Out-of-Pocket Limit</b> (includes medical and prescription copayments)	
• Per individual	\$2,200
• Per family	\$5,500
<b>Preventive Care</b> (1 exam per calendar year)	
• Routine adult physical exams/immunizations	Covered 100%
• Routine well-child exams/immunizations	Covered 100%
• Routine gynecological care exams	Covered 100%
<b>Outpatient Surgery</b>	Office visit copayment if performed in physician's office; \$200 copayment if performed in hospital or outpatient facility, then covered 100%
<b>Hospitalization and Inpatient Surgery</b>	\$500 copayment per admission, then covered 100%
<b>Mental Health</b>	
• Inpatient	\$500 copayment per admission, then covered 100%
• Outpatient	\$60 copayment per visit
<b>Emergency Room</b>	\$150 copayment; waived if admitted
<b>Urgent Care</b>	\$50 copayment
<b>Ambulance</b>	\$150 copayment

# Medical Coverage – BCBSTX PPO

## Blue Cross and Blue Shield of Texas Preferred Provider Organization Plan

### BLUE ACCESS FOR MEMBERS (BAM)

#### Secure member portal

Blue Access for Members (BAM) is your secure member portal from BCBSTX which allows you to have immediate online access to personalized health and wellness information. Once you become a member, visit [bcbstx.com](http://bcbstx.com) to create your login.

You will have access to do the following:

- Locate a network doctor, hospital, or other health care provider, and get driving directions
- View, print, or request additional member ID cards
- Check the status of a claim and your claims history
- View and print an Explanation of Benefits (EOB) statement for a claim
- Set your preferences to receive text or email notifications for claims status and wellness updates

### HOW TO PRINT AN ID CARD

Log on to Blue Access for Members (BAM), the secure member portal at [bcbstx.com](http://bcbstx.com) to print a temporary ID card or submit a request for additional cards to be mailed to you.

When you choose the Preferred Provider Organization (PPO) plan from Blue Cross and Blue Shield of Texas (BCBSTX), you and your covered family members can receive care from any doctor, hospital, or other health care provider. If you use a network provider, typically you'll pay less out-of-pocket and get the highest level of benefits. If you use a provider outside the network, you'll still be covered, but your out-of-pocket costs will be higher.

Under the BCBSTX PPO, you must first pay a deductible for you and your covered dependents, then pay the coinsurance for covered medical bills.

There are no claim forms when you receive care from a preferred provider. But if you go outside the BlueChoice PPO network, claim forms may be required, and you may also have to provide payment in full at the time you receive services. You may also have to request your own precertification prior to certain procedures and you could be billed for the balance above and beyond what the plan pays.

### HOW TO FIND A DOCTOR IN THE PPO PLAN

When selecting the PPO plan, use BCBSTX's online provider tool to determine whether your doctor is part of the BlueChoice PPO network of preferred providers. Remember that all three plans offered by DFW Airport are part of the BlueChoice PPO network.

Go to [bcbstx.com](http://bcbstx.com) and click on the link for the Provider Finder<sup>®</sup> tool. Enter your search criteria to locate doctors, hospitals, and other health care providers in your area. You may also call a BCBSTX Benefits Value Advisor at 800-521-2227.

# Medical Coverage – BCBSTX PPO (cont.)

## BCBSTX PPO

Financed by DFW Airport and administered by BCBSTX

Refer to the BCBSTX PPO Plan Summary of Benefits and Coverage on Connected Online for more details.

### DEFINITIONS

#### Coinsurance

The portion of covered medical bills you are responsible for once the BCBSTX PPO plan has paid its portion and your annual deductible has been met.

#### Deductible

That portion of covered expenses that you must pay each year before the BCBSTX PPO plan will pay benefits.

#### Out-of-Pocket Limit

The maximum amount of covered medical and prescription costs you'll have to pay in one year including the annual deductible, coinsurance payments, and prescription copayments.

PLAN FEATURE	BCBSTX PREFERRED (NETWORK) YOU PAY	NON-PREFERRED (NON-NETWORK) YOU PAY
<b>Annual Deductible</b> <ul style="list-style-type: none"> <li>Per individual</li> <li>Per family</li> </ul>	\$300 \$750	\$800 \$1,750
<b>Annual Out-of-Pocket Limit</b> (includes deductible, coinsurance, and prescription copayments) <ul style="list-style-type: none"> <li>Per individual</li> <li>Per family</li> </ul>	\$2,300 \$5,750	\$4,500 \$11,250
<b>Coinsurance</b> (after annual deductible)	20%	40%
<b>Preventive Care</b> (1 exam per calendar year) Includes routine adult and routine child physical exams, lab tests, immunizations, and routine cancer screenings	100% covered; deductible waived	40% after deductible
<b>Outpatient Surgery</b> (after annual deductible)	20%	40%
<b>Hospitalization and Inpatient Surgery</b> (after annual deductible)	20%	40%
<b>Mental Health</b> (after annual deductible) <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	20% 20%	40% 40%
<b>Urgent Care Facility</b> (after annual deductible)	20%	40%
<b>Emergency Room and Ambulance</b> (after annual deductible)	20%	20%

Precertification is required for all hospital admissions, treatment facility admissions, convalescent facility admissions, home health care, hospice care, and private duty nursing. \$500 per occurrence penalty applies for failure to obtain precertification for non-preferred facilities and failure to obtain precertification for certain preferred and non-preferred care treatments and/or procedures. Patient is responsible for precertification for non-preferred care; provider is responsible for precertification for preferred care.

# Medical Coverage – BCBSTX HCA

## Blue Cross and Blue Shield of Texas Health Care Account

### BLUE ACCESS MOBILE

Stay connected and access important health insurance information wherever you are by using the BCBSTX app for your mobile device.

- Find a network doctor, hospital, or other health care provider
- Register or log in to the secure member portal, Blue Access for Members to:
  - Get coverage and claims information
  - View your member ID card to show to your provider
  - Request a new member ID card

You can also experience Blue Access Mobile by visiting [bcbstx.com](http://bcbstx.com) from your mobile device web browser.



### New Hire Enrollment

If you are a new hire enrolling in the BCBSTX HCA, the amount of your fund will be prorated based on your date of hire.

The Blue Cross and Blue Shield of Texas (BCBSTX) Health Care Account (HCA) is a lower cost option for your health care coverage. This plan combines a BCBSTX high-deductible health plan with a health care account, known as a “fund,” to help pay your costs. The plan provides you with security, convenience, tax benefits, and more!

The HCA has three parts — the fund, the deductible, and the health plan. At the start of each plan year, DFW Airport provides you with a fund to help you pay for eligible out-of-pocket health care costs. Your deductible is the amount you must pay before your health plan begins to pay for most of your eligible expenses. Fund payments will help you meet your deductible. When you meet your deductible, the health plan pays for most of your eligible expenses. You pay a smaller share of these costs from your own pocket.

### BENEFITS OF AN HCA

- The plan is convenient and easy to use. DFW Airport automatically sets up the fund for you, and no claim forms are required if you visit doctors and other health care providers in the BlueChoice PPO network. Your eligible health care expenses, including prescription drug copayments, are automatically paid from the fund first.
- The HCA has staying power. If you do not use the entire fund during the year, the remaining balance rolls over to the following year’s fund, as long as you stay in the plan. Therefore, you may have a larger fund to help pay for future costs. If you have been in the plan for more than a year and your fund keeps growing, it may eventually build up enough to pay your entire deductible. You may also use the fund to pay for your medical and prescription coinsurance payments.
- If you leave DFW Airport, any remaining balance in the fund will be forfeited.
- The plan offers tax-free benefits as the fund does not count as taxable income for you. That means you cover some health care costs with tax-free dollars.
- The HCA protects you by covering preventive care at 100% when services are performed by a network provider, so you do not need to use your fund!

### HOW TO FIND A DOCTOR IN THE HCA PLAN

When selecting the HCA plan, use BCBSTX’s online provider tool to determine whether your doctor is part of the BlueChoice PPO network of preferred providers. Remember that all three plans offered by DFW Airport are part of the BlueChoice PPO network.

Go to [bcbstx.com](http://bcbstx.com) and click on the link for the Provider Finder<sup>®</sup> tool. Enter your search criteria to locate doctors, hospitals, and other health care providers in your area. You may also call a BCBSTX Benefits Value Advisor at 800-521-2227.

# Medical Coverage – BCBSTX HCA (cont.)

## BCBSTX HCA

Financed by DFW Airport and administered by BCBSTX

Refer to the BCBSTX HCA Summary of Benefits and Coverage on Connected Online for more details.

### DEFINITIONS

#### Fund Administration

The fund will be used to pay for your out-of-pocket medical and prescription expenses, including your deductible and coinsurance. Once the deductible is met, the underlying medical plan provides coverage. Services covered at 100% with no deductible will be paid by the plan and not by the fund.

#### Coinsurance

The portion of covered medical bills you are responsible for once the plan has paid its portion and your annual deductible has been met.

#### Deductible

That portion of covered expenses that you must pay each year before the plan will pay benefits.

#### Out-of-Pocket Limit

The maximum amount of covered medical and prescription costs you'll have to pay in one year including the annual deductible, coinsurance payments, and prescription copayments.

### HCA AMOUNT

- \$500 for employee only
- \$1,000 for employee + dependents

The fund amount is provided by DFW Airport on a per calendar year basis. The fund received will be prorated based on your effective date of coverage.

PLAN FEATURE	BCBSTX PREFERRED (NETWORK) YOU PAY	NON-PREFERRED (NON-NETWORK) YOU PAY
<b>Annual Deductible</b> <ul style="list-style-type: none"> <li>• Per individual</li> <li>• Per family</li> </ul>	\$1,500 \$3,000	\$3,000 \$6,000
<b>Annual Out-of-Pocket Limit</b> (includes deductible, coinsurance, and prescription copayments) <ul style="list-style-type: none"> <li>• Per individual</li> <li>• Per family</li> </ul>	\$4,000 \$8,000	\$8,000 \$10,000
<b>Coinsurance</b> (after annual deductible)	20%	40%
<b>Preventive Care</b> (1 exam per calendar year) Includes routine adult and routine child physical exams, lab tests, immunizations, and routine cancer screenings	100% covered; deductible waived	40% after deductible
<b>Outpatient Surgery</b> (after annual deductible)	20%	40%
<b>Hospitalization and Inpatient Surgery</b> (after annual deductible)	20%	40%
<b>Mental Health</b> (after annual deductible) <ul style="list-style-type: none"> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	20% 20%	40% 40%
<b>Urgent Care Facility</b> (after annual deductible)	20%	40%
<b>Emergency Room and Ambulance</b> (after annual deductible)	20%	20%

Precertification is required for all hospital admissions, treatment facility admissions, convalescent facility admissions, home health care, hospice care, and private duty nursing. \$500 per occurrence penalty applies for failure to obtain precertification for non-preferred facilities and failure to obtain precertification for certain preferred and non-preferred care treatments and/or procedures. Patient is responsible for precertification for non-preferred care; provider is responsible for precertification for preferred care.

# Vision Coverage

Vision care benefits are included with all three DFW Airport health plans. This benefit is administered by Blue Cross and Blue Shield of Texas (BCBSTX).

PLAN FEATURE (PER COVERED MEMBER)		
Vision	Eye Examination (one per calendar year)	Vision Eyewear (one per calendar year) Includes eyeglasses or contact lenses
PLAN	YOU PAY	YOU PAY
BCBSTX EPO	Preferred care: \$0; copayment waived. Non-preferred care: 100%	100% after plan pays \$200 per calendar year. <b>Pediatric Vision Eyewear (under age 19)</b> \$0 for one pair of basic frames/lenses. Additional frames/lenses and/or contacts 100% after plan pays \$200 per calendar year.
BCBSTX HCA	Preferred care: \$0; deductible waived. Non-preferred care: 40% after deductible	100% after plan pays \$200 per calendar year. <b>Pediatric Vision Eyewear (under age 19)</b> \$0 for one pair of basic frames/lenses. Additional frames/lenses and/or contacts 100% after plan pays \$200 per calendar year.
BCBSTX PPO	Preferred care: \$0; deductible waived. Non-preferred care: 40% after deductible	100% after plan pays \$200 per calendar year. <b>Pediatric Vision Eyewear (under age 19)</b> \$0 for one pair of basic frames/lenses. Additional frames/lenses and/or contacts 100% after plan pays \$200 per calendar year.

## VISION DISCOUNT PROGRAM

The BCBSTX vision discount program is offered through Davis Vision. This program helps members and their families save on many eye care services and products, including eye exams, eyeglasses, contact lenses, eye care accessories, and laser vision correction.

The Davis Vision network consists of major retail locations, such as Visionworks, Walmart, and Costco, as well as independent ophthalmologists and optometrists. Take advantage of your discount each time you visit a participating provider by showing your BCBSTX ID card.

### DAVIS VISION

For more information and a list of Davis Vision providers near you:

- Call Davis Vision at 888-897-9350
- Visit [davisvision.com](http://davisvision.com), click "Member," and enter Client Code 2295 in the Open Enrollment section

# Prescription Drug Coverage

Prescription drug coverage is included with all three DFW Airport health plans. This benefit is administered by Blue Cross and Blue Shield of Texas (BCBSTX), and the pharmacy vendor is Prime Therapeutics.

Prescription Drugs – Mandatory Generic*		BCBSTX EPO and BCBSTX PPO		BCBSTX HCA	
		Retail (Up to 30-day supply)	Mail Order (31 to 90-day supply)	Retail (Up to 30-day supply)	Mail Order (31 to 90-day supply)
		YOU PAY	YOU PAY	YOU PAY	YOU PAY
Tier One	Generic drugs	\$10 copayment	\$20 copayment	\$5 copayment	\$10 copayment
Tier Two	Brand-name drugs (on the Preferred Drug List)	\$40 copayment	\$80 copayment	\$30 copayment	\$60 copayment
Tier Three	Brand-name drugs (not on the Preferred Drug List)	\$80 copayment	\$160 copayment	\$60 copayment	\$120 copayment

\* If you choose a brand-name drug when a generic is available, you will pay the difference in cost between the generic and brand-name drug plus the applicable brand copayment.

## SAVE MONEY WITH GENERICS

You'll enjoy the lowest copayments with FDA-approved generic-equivalent drugs that are effectively the same as brand-name drugs.

DFW's plan is a mandatory generic plan. When a generic is available, and you elect the brand-name drug, the plan requires you to pay not only the higher copayment of the brand name, but also the difference in cost between the two.

When there is no generic available and your doctor prescribes a brand-name drug from BCBSTX's preferred drug list (also known as the formulary), your copayment will be higher. Your copayment will be highest for prescribed, brand-name drugs not on BCBSTX's preferred list.

## ADDITIONAL BCBSTX RESOURCES

You can review the preferred drug list (or formulary) on [bcbstx.com](http://bcbstx.com). This list will help you determine the tier and the corresponding copayment for any medications that you take.

If you have a prescription for a one-time or ongoing medication, you can fill it at any of the BCBSTX preferred pharmacies. If your doctor prescribes a medication for a 90-day supply, you may prefer to fill the prescription through the Prime Therapeutics' mail order service. The mail order service is convenient and will save you money.

Some complex conditions require a specialty medication. These drugs can be injected, infused, or taken orally and typically require storage under special conditions such as refrigeration. These prescriptions must be filled through the Prime Specialty Pharmacy mail order service. The copayment is \$100 per 30-day supply. The specialty drug list is also available on [bcbstx.com](http://bcbstx.com).

## BCBSTX PREVENTIVE DRUG BENEFIT PROGRAM

This program provides a discount to any member taking a generic and/or preferred brand drug in a designated class. To receive your discounted copayment, simply continue to fill your eligible prescription at your retail or mail-order pharmacy. BCBSTX's claims system will recognize that you have filled a prescription under the eligible drug class and will apply your discount at the point of purchase.

The medications covered in this program are those used to treat the following chronic health conditions:

- Asthma
- Diabetes
- High blood pressure
- High cholesterol

The copayment for generics is \$0. Preferred brand-name copayments are discounted 50%. No discount is given for non-preferred brands.



# Dental Coverage

## Cigna Dental Care (DHMO)

A dental health maintenance organization (DHMO) provides benefits through a network of providers. You pay the network dentist a copayment according to the service provided, although some services have zero dollar copayments.

Specialists are included in the network, such as orthodontists, oral surgeons, endodontists, periodontists, and pedodontists. You must visit a provider who is part of the DHMO network in order to receive benefits. If you need to see a specialty dentist (members may visit orthodontists without a referral), you must be referred by your primary care dentist. While there are certain exclusions and limitations, there are no pre-existing condition exclusions for services.

Pharmaceuticals, drugs, and medications are not covered under the dental plan. If your dentist or medical doctor writes a prescription, it can be covered under your BCBSTX medical plan.

As a new enrollee, you must specify a primary care dentist (PCD) during the enrollment process for both you and your dependents. You may choose a different PCD for each family member if you wish. Any change to your PCD after initial enrollment must be made before the 15th of the month to be effective by the first of the following month.

The Cigna DHMO plan is available to members residing in Texas. If you live outside the state of Texas or cannot find a DHMO dentist within 25 miles of your home or place of employment, call Cigna at 800-244-6224.

To find a dentist in the Cigna DHMO network, call 800-244-6224 or visit [cigna.com](http://cigna.com).

### Cigna DHMO

FOR THIS SERVICE	YOU PAY
<b>Annual Deductible</b>	None
<b>Preventive Services (Type I)</b>	
• Office visit	\$5 copayment
• Initial exam	\$0
• X-rays (bitewing)	\$0
• Routine cleanings	\$0
• Fluoride	\$0
• Sealants (per tooth)	\$12 copayment
<b>Basic Services (Type II)</b>	
• One surface silver filling	\$0
• Two surface white filling (anterior)	\$0
• Single tooth extraction	\$6 copayment
• Surgical removal of erupted tooth	\$40 copayment
• Perio scaling and root planing (1-3 teeth/quad)	\$40 copayment
<b>Major Services (Type III)</b>	
• Porcelain/ceramic substrate crown	\$285 copayment
• Pontic-porcelain bridge fused to high noble metal	\$250 copayment
• Two surface metallic inlay	\$260 copayment
• Molar root canal	\$305 copayment
• Complete upper or lower denture	\$225 copayment
<b>Orthodontics (Type IV)</b>	
• Evaluation and treatment planning	\$125 copayment
• Orthodontic treatment – children (under 19 years)	\$1,608 copayment
• Orthodontic treatment – adults (19 years and above)	\$2,592 copayment
<b>ANNUAL MAXIMUM BENEFIT</b>	<b>NONE</b>

Refer to the Cigna DHMO Schedule of Benefits on Connected Online for more details, exclusions, and/or limitations.



# Dental Coverage

## Cigna Dental PPO (DPPO)

To find a dentist in the Cigna DPPO network, call 800-244-6224 or visit [cigna.com](http://cigna.com).

Like a medical PPO plan, this option pays benefits for covered services from any dentist you choose, but you may receive additional discounts if you choose a dentist who is a preferred provider.

The type of care you receive (preventive, basic, or major) determines the amount of your coinsurance and any out-of-pocket expenses.

Pharmaceuticals, drugs, and medications are not covered under the dental plan. If your dentist or medical doctor writes a prescription, it can be covered under your BCBSTX medical plan.

### Cigna DPPO

FOR THIS SERVICE	YOU PAY
<b>Annual Deductible</b> (applies to Basic and Major Care services only) <ul style="list-style-type: none"> <li>• Per individual</li> <li>• Per family</li> </ul>	\$50 \$150
<b>Preventive Care</b> (annual deductible waived) Includes checkups, cleanings, X-rays, etc.	20%
<b>Basic Care</b> Includes fillings, oral surgery, periodontal treatment, root canals, crown repairs, etc.	20% after deductible
<b>Major Care</b> Includes installation of crowns, fixed bridgework, dentures, implants, etc.	50% after deductible
<b>Orthodontia</b> Includes braces (adults and children)	50% after deductible until the plan pays lifetime maximum of \$1,500, then 100% of any remaining costs
<b>Orthodontia Lifetime Deductible</b> (separate from deductible for basic and major services) <ul style="list-style-type: none"> <li>• Per individual</li> </ul>	\$50
MAXIMUM BENEFIT	PLAN PAYS
<b>Maximum Benefit</b> Plan pays per calendar year per individual	\$2,000
<b>Orthodontia Lifetime Maximum</b> Plan pays per individual	\$1,500

Refer to the Cigna DPPO Dental Schedule of Benefits on Connected Online for more details.

# Life Insurance and Accidental Death and Dismemberment (AD&D) Coverage

## ReliaStar Life Insurance Company

### IMPORTANT TO CHECK EACH YEAR

- Make sure your life insurance beneficiaries are up to date.
- Go to Employee Self Service (ESS) to update your beneficiaries. Under Self Service, click on Benefits – Dependents and Beneficiaries – Life Insurance Beneficiaries.

### BASIC EMPLOYEE TERM LIFE INSURANCE AND AD&D COVERAGE

Basic term life insurance and AD&D coverage is provided to you through ReliaStar Life Insurance Company (ReliaStar), a subsidiary of Voya Financial, and is fully paid for by DFW Airport as an automatic benefit of your employment. The life insurance benefit is equal to two times your annual salary to a maximum of \$1,000,000. If you die in an accident, the AD&D feature of the plan also pays a benefit equal to the life insurance portion, for a total benefit of four times your annual salary up to a maximum of \$2,000,000. A lump-sum benefit is payable to your beneficiary upon your death. If you suffer certain injuries in an accident, the plan's AD&D feature may pay you partial benefits.

Should your employment at DFW Airport end, you may elect to continue your coverage, though you will pay a higher rate.

### SUPPLEMENTAL EMPLOYEE TERM LIFE INSURANCE/AD&D COVERAGE

In addition to employer-paid basic life/AD&D, you can purchase supplemental employee term life insurance/AD&D coverage on yourself. You pay the full cost of this coverage at group rates on an after-tax basis. The premium for this coverage is based on your age and amount of coverage selected at the time of purchase. Your cost will change within the plan year as your age bracket and/or your salary changes. Highlights of this coverage are:

- You can purchase employee term life insurance coverage on yourself equal to one, two, or three times your annual salary, up to a maximum of \$750,000. The total combined basic and supplemental life/AD&D coverage maximum is \$1,750,000.
- If you decline this supplemental employee term life insurance/AD&D coverage as a new hire and then elect to enroll in it at a subsequent enrollment period, or if you currently have this supplemental coverage and wish to increase your coverage amount more than one times your annual salary, you will need to complete an Evidence of Insurability (EOI) form that must be approved by ReliaStar before the coverage goes into effect. The required form will be mailed to your home after you apply for the coverage.

# Life Insurance and AD&D Coverage (cont.)

## ReliaStar Life Insurance Company

### LIFE AND AD&D INSURANCE REDUCTION

Once you reach age 65, the amount of life and AD&D insurance for yourself (but not for your spouse/domestic partner) will be reduced to a percentage of the selected benefit amount.

<u>Employee Age</u>	<u>New Amount</u>
65 through 69	65% of coverage amount
70 or older	50% of coverage amount

### DEPENDENT TERM LIFE INSURANCE

If you have elected supplemental employee term life insurance/AD&D coverage for yourself, you can also purchase dependent term life insurance coverage for your spouse/domestic partner and/or children. You pay the full cost of this coverage at group rates on an after-tax basis. Highlights of this coverage are:

#### Spouse/Domestic Partner Coverage

- Spouse/domestic partner coverage is based on the age of the employee and amount of coverage selected at the time of purchase. Your cost will change within the plan year as your age bracket and/or your salary changes.
- You can purchase dependent term life insurance coverage for your spouse/domestic partner equal to one times your annual salary, up to a maximum of \$75,000.
- If you decline dependent term life insurance for your spouse/domestic partner as a new hire and then elect to enroll at a subsequent open enrollment period, you will need to complete an EOI form that must be approved by ReliaStar before the coverage goes into effect. The required form will be mailed to your home after you apply for the coverage.

#### Dependent Children Coverage

- You can purchase dependent term life insurance coverage of \$10,000 to cover one or all of your children (from live birth to age 26) at a single premium amount.
- An EOI form is not required to add a child during either the annual open enrollment period or at the time of a family status change.

### INCREASING YOUR COVERAGE

Any employee electing to increase their existing supplemental employee term life insurance/AD&D coverage from one to two times or two to three times their annual salary will not be required to complete an EOI form. An increase from one to three times will require approval from ReliaStar.

# Flexible Spending Accounts

## BCBSTX – ConnectYourCare

### HOW TO REALIZE TAX SAVINGS

To take advantage of potential tax savings, know which health care expenses are considered tax deductible by the Internal Revenue Service. The following medical/dental expenses are eligible for reimbursement through your health care flexible spending account:

- Deductibles
- Copayments/coinsurance
- Prescription drug copayments
- Eye exams
- Eyeglasses and contact lenses
- LASIK surgery
- Hearing exams
- Hearing aids
- Dental work/orthodontia
- Chiropractic treatment

#### Domestic Partner Benefits

Claims for domestic partner benefits and their children cannot be reimbursed through pre-tax health care or dependent day care accounts per Internal Revenue Code regulations.

Flexible spending accounts (FSAs) are administered by Blue Cross and Blue Shield of Texas (BCBSTX) through ConnectYourCare. FSAs provide you a way to save money on your family's eligible health care and work-related child care expenses. You decide how much money you want to put in to the health care or dependent day care accounts. The amount is deducted from your paycheck through regular payroll deductions before any taxes are withheld, lowering your taxable income.

The flexible spending accounts will help you budget your health care and/or day care expenses while providing you a way to save some money. You should plan your payroll deductions carefully as any unused money in your accounts after all claims have been submitted will be forfeited (this is an IRS rule). Also, the amounts you elect for deduction through open enrollment will remain in effect throughout the plan year (January 1 – December 31) and cannot be transferred between your two accounts.

### HEALTH CARE SPENDING ACCOUNT

This account reimburses you for eligible health care expenses which are not covered by any medical, dental, or vision care plan you may have. This includes copayments, coinsurance, and deductibles.

- You can set aside anywhere from \$130 to \$2,550 annually, and the minimum amount that can be deducted is \$5 per pay check.
- You must incur the costs between January 1, 2016, and December 31, 2016.
- You can roll over \$500 of unused funds to the next calendar year.
- You can submit eligible expenses for your family members that are not covered under DFW Airport's medical or eligible dental plans.

### BCBSTX CONNECTYOURCARE

When visiting your provider, you now have the option to pay for the services with your ConnectYourCare payment card or pay out of pocket. The ConnectYourCare payment card is designed to work with your medical, vision, pharmacy, and dental benefits.

If you choose to use your ConnectYourCare payment card for any of these services, the money will come directly out of your health care flexible spending account. The choice is up to you.

### DEPENDENT DAY CARE SPENDING ACCOUNT

This account allows you to use tax free money to pay for eligible day care expenses (not health care) for your dependent children, elderly parent living with you, or a disabled spouse.

- You can set aside up to \$5,000 a year per household (\$2,500 if married and filing separate tax returns).
- You must incur the costs between January 1, 2016, and March 15, 2017.
- In some cases, the IRS child tax credit may be better for you than the dependent day care spending account. You should consult a tax specialist to determine which option is better for you.

# Supplemental and Long-Term Disability Coverage

Two additional benefits provided to you are supplemental and long-term disability, which are a component of DFW Airport's Absence Management Program. The coverage is provided to regular, full-time employees who have completed six months of employment at the time of initial injury or onset of illness. This benefit is fully paid by DFW Airport. Supplemental and long-term disability plans are administered by Matrix Absence Management and provide salary continuation to you if you are unable to work.

## SUPPLEMENTAL DISABILITY

Supplemental disability coverage provides salary continuation when an illness or non-work related injury prevents you from working. The plan pays you a portion of your salary for up to 180 days. The amount you receive depends on your years of service with DFW Airport.

Length of Service	Amount of Benefit
Less than 6 months	Not eligible
6 months through 3 years	40% of base pay
4 years through 9 years	50% of base pay
10 years through 14 years	75% of base pay
15 years and above	90% of base pay

All applications for supplemental disability are reviewed by Matrix Absence Management. Consult the Supplemental Disability Pay policy on Connected Online for benefit details.

## LONG-TERM DISABILITY

If you are unable to work for more than 180 calendar days due to an approved supplemental disability or workers' compensation injury or illness you may be eligible for long-term disability benefits. If you are approved for long-term disability, you will receive 60% of your base pay on a monthly basis up to a maximum of \$10,000 per month.

Your long-term disability coverage continues as long as you remain totally disabled or until age 65, at which time your disability benefits will end. If you are age 62 or older when your long-term disability benefit begins, your benefit will extend past age 65.

For further information related to supplemental and long-term disability coverage and access to related forms and policies, visit Connected Online. You may also contact Human Resources at 972-973-1101.

# DFW LiveWell Program



## LIVEWELL PROGRAM INTEGRATION REWARDS HEALTHY LIFESTYLE

Embracing a healthy lifestyle has never been more important. DFW Airport supports this concept with the continual integration of the LiveWell program in the health and benefits plan.

For 2016 medical enrollment, a surcharge of \$75 per month (\$34.62 per pay period) will apply to employees who did not earn at least one LiveWell Incentive component (Apple) and did not submit verification for an annual physical received in fiscal year 2015. The surcharge will not apply to employees hired after March 23, 2015.

As a DFW Airport employee, you are eligible to participate in the award winning health and wellness program, LiveWell. The program is your gateway to a host of resources and activities to help you, and your family, embrace a healthy lifestyle and make informed decisions about your total well-being.

LiveWell uses an integrated approach to wellness through health assessments, interventions based on education and prevention, and lifestyle and behavioral changes. DFW Airport's LiveWell program has achieved a 96% employee membership.

## LiveWell Center and Health Clinic

The LiveWell Center provides the use of its facility and equipment to all employees, spouses/domestic partners, and dependents over age 18, at no cost. To join the LiveWell Center, prospective members may stop by the LiveWell Center to receive an orientation and complete an application for membership. After the application/registration process is complete, a LiveWell membership card will be issued.

The LiveWell Health Clinic provides an opportunity to complete the continuum of health care for employees. The clinic is convenient and allows for the benefit of onsite private and quality health care. All services are provided at no cost to all DFW Airport employees. Services offered match those of a general health care provider including preventive health screens, general examinations, urgent care, immunizations and seasonal flu shots, lab draws, and disease management services.

Appointments may be scheduled with the clinic via phone reservation or by visiting the LiveWell page on Connected Online.

For more information contact:

LiveWell Center

- [LiveWell@dfwairport.com](mailto:LiveWell@dfwairport.com)
- 972-973-1612

LiveWell Health Clinic

- [LWHealthclinic@dfwairport.com](mailto:LWHealthclinic@dfwairport.com)
- 972-973-1621

# DFW LiveWell Program (cont.)

## Employee Assistance Program

As part of LiveWell, the Employee Assistance Program (EAP) provides free, confidential services to help you or any of your household members deal with life's challenges. The EAP provider, Deer Oaks, is able to assist with a variety of issues such as: parenting, substance abuse, elder care, financial, legal, and retirement preparation.

You will receive up to five free counseling sessions per issue each year, plus one 30-minute consultation with an attorney in the Deer Oaks network and a discounted rate for additional legal services. All providers are licensed in their respective fields.

Call Deer Oaks at 888-993-7650 or take advantage of web access at [deeroaks.com](http://deeroaks.com).

Login: DFW

Password: DFW

## FY2016 Wellness Incentive Program

The Wellness Incentive award is based on participation in three designated component areas: Assessments, Interventions, and Lifestyle/Behavioral. Successful completion of the elements within each component will result in incentive pay. The Wellness Incentive Program policy and supplemental requirements are available on Connected Online.

### ASSESSMENTS

Assessments are meant to provide employees with valuable information regarding the condition of their personal health and well-being.

### INTERVENTIONS

Interventions provide awareness and education on career, social, physical, financial, and community well-being. In 2016, LiveWell is introducing new online learning opportunities hosted by LifeSpeak, a health, wellness, and professional development platform that uses videos to keep employees engaged and inspired.

### LIFESTYLE/BEHAVIORAL

Physical and health lifestyle commitments help create motivation and improved health behavior for all employees to live a more balanced and healthy lifestyle.

# 2016 Employee Contributions – Core Plans

## Medical and Dental Plans

EE = Employee DP = Domestic Partner	DFW PAYS PER MONTH	EMPLOYEE PAYS PER MONTH	YOUR PER PAY PERIOD DEDUCTION
<b>MEDICAL PLANS</b>			
<b>BCBSTX EPO</b>			
• EE Only	\$ 577.09	\$145.17	\$ 67.00
• EE + EE Children	\$1,215.58	\$301.17	\$139.00
• EE + Spouse/DP	\$1,446.71	\$366.17	\$169.00
• EE + Spouse/DP + EE/DP Children	\$2,080.14	\$520.00	\$240.00
<b>BCBSTX PPO</b>			
• EE Only	\$ 831.62	\$205.83	\$ 95.00
• EE + EE Children	\$1,693.90	\$422.50	\$195.00
• EE + Spouse/DP	\$2,040.79	\$511.33	\$236.00
• EE + Spouse/DP + EE/DP Children	\$2,915.62	\$725.83	\$335.00
<b>BCBSTX HCA</b>			
• EE Only	\$ 523.90	\$ 58.50	\$ 27.00
• EE + EE Children	\$1,106.03	\$117.00	\$ 54.00
• EE + Spouse/DP	\$1,305.00	\$145.17	\$ 67.00
• EE + Spouse/DP + EE/DP Children	\$1,897.29	\$199.33	\$ 92.00

<b>DENTAL PLANS</b>			
<b>Cigna DHMO</b>			
• EE Only	—	\$ 11.57	\$ 5.34
• EE + EE Children	—	\$ 21.88	\$ 10.10
• EE + Spouse/DP	—	\$ 20.47	\$ 9.45
• EE + Spouse/DP + EE/DP Children	—	\$ 28.43	\$ 13.12
<b>Cigna DPPO</b>			
• EE Only	—	\$ 53.45	\$ 24.67
• EE + EE Children	—	\$ 98.43	\$ 45.43
• EE + Spouse/DP	—	\$ 96.03	\$ 44.32
• EE + Spouse/DP + EE/DP Children	—	\$132.34	\$ 61.08

Note: (1) Payroll deductions are made on a before-tax basis for medical and dental benefits and on an after-tax basis for life insurance benefits. (2) For domestic partner medical and dental benefits, income will be imputed on the value of your domestic partner's/dependents' benefits.



## 2016 Employee Contributions – Core Plans (cont.)

EMPLOYEE AGE AS OF 1/1/2016	MONTHLY RATE PER \$1,000 COVERAGE
<b>SUPPLEMENTAL EMPLOYEE TERM LIFE INSURANCE/AD&amp;D*</b>	
29 and under	\$0.075
30-34	\$0.085
35-39	\$0.095
40-44	\$0.115
45-49	\$0.175
50-54	\$0.265
55-59	\$0.465
60-64	\$0.555
65-69	\$0.695
70-74	\$1.275
75+	\$1.835

<b>DEPENDENT TERM LIFE INSURANCE - SPOUSE/DOMESTIC PARTNER*</b>	
29 and under	\$0.040
30-34	\$0.050
35-39	\$0.060
40-44	\$0.080
45-49	\$0.140
50-54	\$0.230
55-59	\$0.430
60-64	\$0.520
65-69	\$0.660
70-74	\$1.240
75+	\$1.800

\* Compute monthly cost by dividing your annual base salary by 1,000 and multiplying by rate based on age. Age is determined from employee's age as of 1/1/16. Your cost will change within the plan year as your age bracket and/or your salary changes.

### **DEPENDENT TERM LIFE INSURANCE - CHILD/DOMESTIC PARTNER'S CHILD**

The total cost to cover all of your children is \$0.37 per pay period.

### **SPOUSAL/DOMESTIC PARTNER SURCHARGE**

\$92.31 per pay period. See page 5 to determine if this surcharge applies to you.

### **TOBACCO USE SURCHARGE**

\$46.15 per pay period. See page 5 to determine if this surcharge applies to you.

### **LIVEWELL SURCHARGE**

\$34.62 per pay period. See page 5 to determine if this surcharge applies to you.

# Family Status Changes

## Making changes during the year

You are not allowed to change your benefit elections during the calendar year unless you have a qualifying “Change of Family Status” as defined by the Internal Revenue Service (outlined below). A qualifying event does not permit you to change your medical or dental plan; however, you will be able to add or remove dependents from your existing coverage.

If a qualifying event occurs, you must complete and submit a Change of Family Status form (available on Connected Online) and proof of the change to Human Resources within 31 days of the actual event date. If you miss the 31-day deadline, you are still required to drop coverage on any ineligible dependents; however, you will not receive a retroactive refund. Payroll deductions will cease with the current pay cycle. Employees wishing to add dependents after the 31 days must wait until the next open enrollment period.

**REMEMBER**  
Your newborn will not be covered unless you submit a Change of Family Status form within 31 days of the birth.

QUALIFYING EVENT	REQUIRED DOCUMENTATION
<b>CHANGE IN LEGAL MARITAL STATUS:</b>	
Marriage, informal marriage, or domestic partnership	Marriage Certificate, Declaration of Informal Marriage, or Certification of Domestic Partnership
Divorce or dissolution of domestic partnership	Signed and dated Divorce Decree or Dissolution of Domestic Partnership
<b>CHANGE IN NUMBER OF DEPENDENTS:</b>	
Birth	Birth Certificate and/or Verification of Birth Facts that shows date of birth
Adoption	Signed and dated Adoption Certificate
Death	Death Certificate
Legal Guardianship or other court proceeding	Court Order
<b>CHANGE IN DEPENDENT STATUS:</b>	
Child turns age 26	Child automatically removed from coverage effective the last day of the month of his/her 26th birthday (documentation not required)
Child gains or loses other insurance	Letter on company letterhead showing the date the new coverage began or ended
Child enlists in the Armed Forces	Letter from the Armed Forces or enlistment document showing date enrolled
Parent no longer required to provide health care	Letter from Attorney General stating the parent is no longer required to provide health care
<b>CHANGE IN COVERAGE/EMPLOYMENT STATUS:</b>	
Loss of coverage by spouse/domestic partner	Letter on company letterhead from spouse/domestic partner’s employer showing date the coverage ended
Gain of coverage by spouse/domestic partner	Letter on company letterhead from spouse/domestic partner’s employer showing date the coverage began
<b>CHANGE OF RESIDENCY:</b>	
Change of residency to the U.S.	Immigrant Visa or Permanent Resident card (must be turned in within 31 days of the admittance date)
<b>ENTITLEMENT TO MEDICARE OR MEDICAID:</b>	
Employee or dependent becomes eligible for Medicare or Medicaid	Copy of Medicare or Medicaid documentation showing the date the coverage began (or when Medicaid ended)

# Benefit Vendor Contact Information

## MEDICAL/PHARMACY/VISION/FSAs

### BCBSTX

- bcbstx.com
- BCBSTX Mobile App
  - Medical/Pharmacy
  - 800-521-2227
  - Group Nos. :
    - EPO – 168005
    - PPO – 167191
    - HCA – 167205
  - Vision (Davis Vision)
  - 888-897-9350
  - FSAs (ConnectYourCare)
  - connectyourcare.com
  - 866-808-1444

## DENTAL COVERAGE

### Cigna

- cigna.com
  - Dental
  - 800-244-6224
  - Group No. : 3339042

## LIFE INSURANCE/AD&D COVERAGE

- ReliaStar Life Insurance Company  
(subsidiary of Voya Financial)
- 800-955-7736
  - Policy No. : 689696

## SUPPLEMENTAL AND LONG-TERM DISABILITY COVERAGE

- Matrix Absence Management
- matrixservices.com
  - Matrix eServices Mobile App
  - 877-202-0055

## VOLUNTARY BENEFITS

### Aflac

- aflac.com
- rosemary\_herrera@us.aflac.com
- 972-267-5086 (Rosemary Herrera)
- 972-733-3578 (Fax)
- 800-992-3522 (Customer Service)

### LegalShield

#### A & J Associates

- legalshield.com/info/dfwairport
- ajc@legalshieldassociate.com
- 972-618-8837 (Jerome Coleman)
- 800-654-7757 (Customer Care)

### Texas Life Insurance Company

- texaslife.com/DFW
- info@benefitree.com
- 817-878-4206 (Susan Bulla)

## DFW LIVEWELL PROGRAM

### LiveWell Center

- LiveWell@dfwairport.com
- 972-973-1612

### LiveWell Health Clinic

- LWHealthclinic@dfwairport.com
- 972-973-1621

## EMPLOYEE ASSISTANCE PROGRAM

### Deer Oaks

- deeroaks.com
- Login: DFW
- Password: DFW
- 888-993-7650

## PATIENT ADVOCACY PROGRAM

### BCBSTX – Benefits Value Advisor

- bcbstx.com
- 800-521-2227

For benefits enrollment related questions, including dependent eligibility, contact Human Resources at 972-973-1124.  
For Employee Self Service questions, call the ITS Help Desk at 972-973-9000.

This guide is intended to provide an overview only of certain benefits offered to eligible employees by DFW Airport. Complete details about how the plans work are included in the policies, summaries of benefit coverage, summary plan descriptions, and plan documents, which are available on Connected Online. If there is any discrepancy or conflict between the plan documents and the information presented in this booklet, the plan documents will govern. DFW Airport reserves the right to change or discontinue the plans at any time. Participation in the plans does not constitute an offer of employment nor an employment contract.