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CITY OF EL PASO

BENEFITS GUIDE

Welcome To Your New Supplemental Benefits!

CITYOFELPASOBENEFITS.COM

Welcome Message

Unexpected health events can impact more than your physical well-being. They can also create financial stress for you and your family. Even with medical coverage, employees may still face deductibles, copays, transportation costs, lost income, childcare expenses, or household bills during recovery. Supplemental benefits are designed to help provide additional financial support when you need it the most.

The City of El Paso is proud to offer supplemental benefit options that work alongside your major medical coverage. These plans are intended to help bridge the financial gap between treatment, recovery, and everyday life so employees can focus more on healing and less on financial worry.

Employees are encouraged to carefully review all available options and select the plans that best fit their personal and family needs. These supplemental benefits are designed to work together with existing medical coverage to help provide comprehensive financial protection.

Bridging The Gap

Our Vision

These benefits are designed to help fill the space between what traditional health insurance covers and the additional expenses that can arise after an illness, accident, hospitalization, or cancer diagnosis. While medical insurance helps cover the cost of care, employees may still face out-of-pocket expenses such as deductibles, copays, transportation, childcare, lodging, lost income, or everyday household bills during recovery. By providing cash benefits directly to employees, these plans offer added flexibility and financial support during some of life's most challenging moments, allowing individuals and families to focus more on healing and less on financial stress.

Our Mission

The City of El Paso is proud to offer several supplemental coverage options through trusted carriers, including Aetna, Allstate, and MetLife. Each benefit is designed to provide financial assistance for different types of unexpected situations and to complement existing medical coverage. Whether facing a serious illness, accidental injury, hospital stay, or cancer diagnosis, these plans can help provide an added layer of protection and peace of mind when employees need it most.

Key Facts

What are supplemental benefits?

Additional insurance plans designed to work alongside medical coverage. They provide cash benefits directly to you for unexpected expenses related to illnesses, accidents, hospital stays, or cancer treatment.

Why should I consider supplemental coverage?

Even with medical insurance, out-of-pocket costs such as deductibles, copays, travel expenses, childcare, lodging, and household bills can add up quickly.

How are benefits paid?

Benefits are paid directly to you, not your doctor or hospital. This gives you flexibility to use the money where you need it most.

What is Aetna Critical Illness Insurance?

Critical Illness Insurance provides a lump-sum cash benefit if you are diagnosed with a covered serious condition such as a heart attack, stroke, or certain cancers.

Key Facts

What is Aetna Accident Insurance?

Accident Insurance provides cash benefits for covered accidental injuries and related medical treatment, including emergency room visits, fractures, ambulance services, burns, or hospitalization.

What is Allstate Cancer Insurance?

Cancer Insurance helps provide financial support related to a cancer diagnosis and treatment, including hospital stays, treatment costs, transportation, recovery, and other cancer-related needs.

What is MetLife Hospital Indemnity Insurance?

Hospital Indemnity Insurance provides cash benefits for covered hospital admissions and stays.

Can I use these benefits with my medical plan?

Yes. Supplemental benefits are designed to complement existing medical coverage by helping with expenses your health plan may not fully cover.

Who can enroll?

Coverage options may include employee-only coverage as well as coverage for eligible family members. Review all options to determine what best fits your needs.

Aetna

Critical Illness Insurance

Aetna Critical Illness Insurance provides a lump-sum cash benefit if you are diagnosed with a covered serious illness such as a heart attack, stroke, or certain cancers. A serious medical condition can create both emotional and financial strain, especially when treatment, recovery time, and household expenses begin to add up. This coverage helps provide financial support during a difficult time so employees can focus on recovery rather than worrying about bills. The benefit is paid directly to you and may be used however you choose, including medical expenses, mortgage payments, travel costs, childcare, or everyday living expenses.

Accident Insurance

Accident Insurance through Aetna is designed to help offset costs associated with unexpected accidental injuries. Even minor accidents can result in emergency room visits, X-rays, follow-up care, or time away from work. This coverage provides cash benefits for covered services related to accidental injuries such as fractures, burns, ambulance services, emergency treatment, and hospitalization. The benefit is paid directly to employees and can help reduce the financial impact of out-of-pocket expenses that may not be fully covered under a medical plan

Accident Plan Benefits

Each benefitis payable once per accident, unless stated otherwise. Details are in the Policy.

Initial Care

Covered Benefit	Plan 1
Ambulance	
Ground ambulance	$750
Air ambulance	$1,500
Initial Treatment	
Emergency room/Hospital	$250
Physician's office/Urgent care facility	$200
Walk-in clinic/Telemedicine	$50
Maximum visits per accident, combined for all places of service	*1*
Maximum visits per plan year, combined for all places of service	*3*
X-ray	$50
Lab	$50
Medical imaging	$150

Follow-up Care

Covered Benefit	Plan 1
Accident follow-up	
Emergency room/Hospital	$50
Physician's office/Urgent care facility	$50
Walk-in clinic/Telemedicine	$25
Maximum visits per accident, combined for all places of service	*3*
Maximum visits per plan year, combined for all places of service	*9*
Appliances	
Major: Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair	$200
Minor: Brace, cane, crutches, walker, walking boot, other medical devices to aid in your physical movement	$100
Maximum appliance per accident, major & minor combined	*1*
Chiropractic treatment and alternative therapy	$25
Maximum visits per accident	*10*
Maximum visits per plan year	*30*
Pain management (epidural anesthesia)	$100
Maximum Benefit per accident	*1*
Prescription drugs	$10
Prosthetic device/Artificial limb	
One limb	$750
Multiple limbs	$1,500
Maximum benefit per accident	*1*
Repair or replace	25%
Maximum benefit per plan year	*1*
Therapy services - Speech, occupational, or physical therapy or cognitive rehabilitation	$25
Maximum visits per accident	*10*
Maximum visits per plan year	*30*

Hospital Care

Covered Benefit	Plan 1
Hospital stay–admission (initial day)	
Non-ICU admission	$1,000
ICU admission	$2,000
Hospital stay – daily*	
Non-ICU daily	$200
ICU daily	$400
Step down intensive care unit daily	$300
Maximum days per accident (combined for all stays due to the same accident)	*365*
Rehabilitation unit stay – daily	$100
Maximum days per accident	*30*
Observation unit	$100

*** Important Note:** All Hospital stay – daily benefits begin on day one.

Surgical Care

Covered Benefit	Plan 1
Blood/Plasma/Platelets	$400
Eye Injury	
Surgical repair	$300
Removal of foreign object	$150
Surgery (without repair)	
Arthroscopic or exploratory	*$150*
Surgery (with repair)	
Cranial, open abdominal or thoracic	*$1,500*
Hernia	$250
Ruptured disc	*$750*
Tendon/Ligament/Rotator cuff	
Single repair	$750
Multiple repairs	*$1,500*
Torn knee cartilage	$750
Non-Specified	
Inpatient	$250
Outpatient	$250
Maximum benefits per accident, combined for all Surgery (without repair) and Surgery (with repair) benefits	2

Transportation/Lodging Assistance

Covered Benefit	Plan 1
Lodging	$200
Maximum days per accident	*30*
Transportation	$300
Maximum trips per accident	*1*

Fractures and Dislocations

Covered Benefit	Plan 1
Dislocations – Closed Reduction*	
Hip	$3,000
Knee	$1,500
Ankle – bone or bones of the foot (other than toes)	$750
Collarbone (sternoclavicular)	$600
Lower jaw	$600
Shoulder (glenohumeral)	$600
Elbow	$600
Wrist	$600
Bone or bones of the hand (other than fingers)	$600
Collarbone (acromioclavicular and separation)	$150
Rib	$150
One toe or one finger	$150
Partial dislocation	25%
Maximum dislocations per accident	*3*
*Open reduction pays 2.0 times the closed reduction benefit value	
Fractures– Closed Reduction*	
Skull (except bones of the face or nose), depressed	$4,125
Skull (except bones of the face or nose), non-depressed	$4,125
Hip, thigh (femur)	$1,725
Vertebrae, body of (excluding vertebral processes)	$1,125
Pelvis (inc. ilium, ischium, pubis, acetabulum except coccyx)	$1,125
Leg (tibia and/or fibula malleolus)	$1,125
Bones of the face or nose (except mandible or maxilla)	$600
Upper jaw, maxilla (except alveolar process)	$600
Upper arm between elbow and shoulder (humerus)	$600
Lower jaw, mandible (except alveolar process)	$600
Collarbone (clavicle, sternum)	$600
Shoulder blade (scapula)	$600
Vertebral process	$600
Forearm (radius and/or ulna)	$450
Kneecap (patella)	$450
Hand/foot (except fingers/toes)	$450
Ankle/wrist	$450
Rib	$225
Coccyx	$225
Finger, toe	$225
Chip fracture	25%
Maximum Fractures per accident	*3*
*Open reduction pays 2.0 times the closed reduction benefit value	

AD&D and Paralysis

Covered Benefit	Plan 1
Accidental death	
Employee	$50,000
Covered dependent spouse	$25,000
Covered dependent children	$25,000
Accidental death common carrier	
Employee	$100,000
Covered dependent spouse	$50,000
Covered dependent children	$50,000
Accidental dismemberment	
Loss of arm	$5,000
Loss of Hand	$5,000
Loss of Leg	$5,000
Loss of Foot	$5,000
Loss of Sight	$5,000
Loss of Ability to Speak	$10,000
Loss of Hearing	$5,000
Maximum dismemberment per accident (non-finger, toe)	*2*
Loss of Finger	$250
Loss of Toe	$250
Maximum dismemberment per accident (finger, toe)	*4*
Home and vehicle alteration	$1,000
Paralysis (Complete, Total and Permanent Loss)	
Quadriplegia	$10,000
Triplegia	$7,500
Paraplegia	$5,000
Hemiplegia	$5,000
Diplegia	$5,000
Monoplegia	$2,500

Other Accidental Injuries

Covered Benefit	Plan 1
Animal bite treatment	
Tetanus Shot	$100
Anti-venom Shot	$200
Rabies Shot	$300
Brain injury	
Concussion/Mild Traumatic Brain Injury	$150
Moderate/Severe Traumatic Brain Injury	$450
Burn	
Second degree burn, greater than 5% of total body surface	$1,000
Third degree burn, less than 5% of total body surface	$1,500
Third degree burn, 5-10% of total body surface	$6,000
Third degree burn, greater than 10% of total body surface	$18,000
Burn skin graft	50% of Burn
Coma/Persistent vegetative state (PVS)	
Coma (non-induced)	$10,000
PVS	$10,000
Coma (induced)	$250
Maximum days per accident	*10*
Dental treatment	
Extractions	$75
Crown	$225
Gunshot wound	$1,500
Laceration	
Without stitches	$25
With stitches, less than 7.5 centimeters	$75
With stitches, 7.6 – 20.0 centimeters	$300
With stitches, greater than 20.0 centimeters	$600
Posttraumatic stress disorder (PTSD)	$500
Maximum diagnosis per lifetime	*1*
Service dog	$1,500
Maximum servicedogs peryour lifetime	*1*

Waiver of Premium

Covered Benefit	Plan 1
If, as a result of an accidental injury, you miss 30 continuous days of work, we will waive the premium beginning on the first premium due date that occurs after the 30th day of your absence, through the next 6 months of coverage. During such absence, you must remain employed with the policyholder. The premium waiver does not apply to your covered dependents.	Included

Organized Sports Rider

Covered Benefit	Plan 1
If while you are playing as a registered member of an organized sporting activity, you sustain an accidental injury, benefits payable under the certificate will be increased by the percentage shown, except for the excluded benefits below:	25%

Excluded benefits for the Organized Sports Rider

- Accidental death
- Accidental death common carrier
- Gunshot wound
- Service Dog
- Burn Skin Graft
- Animal bite
- Burn

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Accident Plan Rates

Coverage	Cost
Employee Only	$3.95
Employee & Spouse	$6.25
Employee & Children	$6.60
Family	$9.94

Aetna Criticall Illness Plan

Plan Description

Aetna's critical Illness plan provides cash benefits to help cover out-of-pocket costs that come with a covered critical Illness such as heart attack or stroke or cancer.

Plan Eligibility

- Employee eligibility as defined by the Client. A minimum of at least 30 hours per week is required
- Eligible dependents include Legal spouse, domestic partner, civil union partner, children under age 26 and provided they meet the definition of dependent child as defined by the state
- Retirees are not considered actively at work and therefore not eligible for this plan
- Coverage will not terminate due to age

Plan Highlights

- Guaranteed Issue
- RateGuarantee for 36 months subject to all other terms in this Proposal
- Uni-tobacco rates
- Attained age bands
- 4 Tier Coverage options include: Employee, Employee & Spouse, Employee & Children and Family
- Pre-ex waived
- HSA compatible
- Benefits paid to the employee
- Simplified Claims Process for Aetna medical members
- Online claims process for employees not enrolled in an Aetna medical plan
- Participation Requirement Waived

Plan Features

- SpouseFace Amount: 100%
- Child(ren)FaceAmount: 50%
- Subsequent Critical Illness Diagnosis Benefit: 100% after 0 days
- Recurrence Critical Illness Diagnosis Benefit: 100% after 90 days
- Recurrence Cancer (invasive) Diagnosis Benefit: 100% after 90 days
- Recurrence Carcinoma in Situ Diagnosis Benefit (non-invasive): 100% after 90 days
- No benefit reductions due to age
- Health Screening Benefit
- Waiver of Premium
- Portable

Value Added Programs

- Member-only CVS shopping site with 20% discount:
  - Curated CVS shopping site for members to shop a variety of health and wellness products including adult care, cold care, first aid, home health care, feminine products, pain relief, vitamins and more
  - Unique code gives members 20% off CVS branded items

Critical Illness Plan Benefits

Face Amounts

Covered Benefit	Amount
Employee face amount	$15,000 $30,000
Spouse face amount or benefit amount	100% of EE face amount or benefit amount
Child(ren) face amount or benefit amount	50% of EE face amount or benefit amount

Plan Features

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Subsequent critical illness diagnosis *Minimum days between diagnosis of different condition*	100% *0 days*
Recurrence critical illness diagnosis *Minimum days between diagnosis of same condition*	100% *90 days*
Recurrence cancer (invasive) diagnosis *Minimum days between diagnosis of cancer (invasive)***	100% *90 days*
Recurrence carcinoma in situ diagnosis *Minimum days between diagnosis of carcinoma in situ***	100% *90 days*

** In addition to the separation period, the insured person must be treatment free during the separation period. Treatment does not include maintenancedrug therapyor routine follow-up visits to a physician to confirm the initial canceror carcinoma insitu has notreturned.

Critical Illness Benefits – Autoimmune

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Addison's disease (adrenal hypofunction)	25%
Lupus	25%
Myasthenia gravis	25%
Multiple sclerosis	25%
Muscular dystrophy	25%

Critical Illness Benefits – Childhood Condition

CoveredBenefit	Percent of Face Amount / Employee Benefit Amount
Anal atresia	100%
Andersen disease	100%
Anencephaly	100%
Autism spectrum disorder (type I, II & III)	$1,500
Biliary atresia	100%
Canavan disease	100%
Cerebral palsy	100%
Cleft lip or cleft palate	100%
Congenital heart defect	100%
Cystic fibrosis	100%
Diaphragmatic hernia	100%
Down syndrome	100%
Ehlers-Danlos syndrome	100%
Fragile X syndrome	100%
Gastroschisis	100%
Gaucher disease (type II & III)	100%
Glutaric acidemia	100%
Hexosaminidase activator deficiency	100%
Hirschsprung's disease	100%
Infantile Tay-Sachs	100%
Infantile-onset ascending spastic paralysis	100%
Juvenile primary lateral sclerosis	100%
Lesch-Nyham syndrome	100%
Mucopolysaccharidoses (MPS)	100%
Niemann-Pick disease (NPD)	100%
Omphalocele	100%
Osteogenesis imperfecta	100%
Phenylketonuria (PKU)	100%
Pompe disease	100%
Pyloric stenosis	100%
Sandhoff disease	100%
Sickle cell anemia	100%
Spina bifida	100%
Spinal muscular atrophy	100%
Zellweger syndrome	100%

No Maximum diagnoses per Plan year

Critical Illness Benefits - Chronic Condition

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Diabetes	100%
Type I	25%
Primary sclerosing cholangitis (PSC)	25%
Systemic sclerosis (scleroderma)	

Critical Illness Benefits - Infectious Disease

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Cholera	25%
Coronavirus	25%
Creutzfeldt-Jakob disease	25%
Diphtheria	25%
Ebola	25%
Encephalitis	25%
Hepatitis - occupational	100%
Human immunodeficiency virus (HIV) - occupational	25%
Legionnaire's disease	25%
Lyme disease	25%
Malaria	25%
Meningitis - amebic, bacterial, fungal, parasitic, viral	25%
Methicillin-resistant staphylococcus aureus (MRSA)	25%
Necrotizing Fasciitis	25%
Osteomyelitis	25%
Pneumonia	25%
Polio	25%
Rabies	25%
Rocky mountain spotted fever (RMSF)	25%
Septic shock and Severe sepsis	25%
Tetanus	25%
Tuberculosis (TB)	25%
Tularemia	25%
Typhoid Fever	25%
Variant influenza virus (swine flu in humans)	25%
	25%
Maximum infectious disease diagnosis per plan year	*1*

Note: the following infectious disease benefits require a hospital stay of at least 5 days: Coronavirus, Creutzfeldt-Jakob disease, Ebola, Pneumonia, Septic shock and severe sepsis, Variant influenza virus (swine flu in humans)

Critical Illness Benefits – Neurological (Brain)

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Advanced dementia	25%
Alzheimer's disease	25%
Amyotrophic lateral sclerosis (ALS)	25%
Benign brain or spinal cord tumor	100%
Coma (non-induced)	100%
Huntington's disease	100%
Parkinson's disease	25%
Persistent vegetative state (PVS)	100%
Ruptured Aneurysm	50%
Stroke	100%
Transient ischemic attack (TIA)	25%
Maximum per lifetime	*1*

Critical Illness Benefits – Other

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Aplastic anemia	25%
Bone Marrow Transplant (Include Autologous)	100% *1*
Maximum per lifetime	100%
End-stage renal failure	100%
Hemophilia	100%
Idiopathic pulmonary fibrosis	100%
Loss of Hearing	100%
Loss of Sight (blindness)	100%
Loss of Speech	100%
Major Organ Failure (heart, liver, lung(s), or pancreas)	100%
Maximum per plan year	*NoMax*
Paralysis	
Quadriplegia	100%
Triplegia	100%
Paraplegia	100%
Hemiplegia	100%
Diplegia	100%
Monoplegia	100%
Sarcoidosis	25%
Third Degree Burns	100%
Note: Sarcoidosis requires a hospital stay of at least 5 days	

Critical Illness Benefits – Vascular (Heart)

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Coronary artery condition requiring bypass surgery	50%
Heart attack (myocardial infarction)	100%
Heart arrhythmia	25%
SuddenCardiac Arrest	25%
Maximumper planyear	*No Max*

Cancer Benefits

CoveredBenefit	Percent of Face Amount / Employee Benefit Amount
Cancer (Invasive)	100%
Carcinoma in situ (non-invasive)	50%
Skin Cancer	$1,000
Maximum per lifetime	*1*

*For those members who were diagnosed with cancer prior to their effective date of coverage under the Aetna plan and then receive another cancer diagnosis (the first time) while covered under the Aetna plan, we will treat their diagnosis as an 'initial' diagnosis under the Aetna plan.

Health Screening Rider

CoveredBenefit	Benefit Amount
Health screening*	$50
Maximum Screening per plan year	*1*

***Covered Health Screenings**

- Bone marrow screening
- Bone mass density measurement (DEXA, DXA)
- Biopsies for cancer
- Blood chemistry panel
- Breast sonogram
- Breast MRI
- Breast ultrasound
- Cancer antigen 125 blood test for ovarian cancer (CA 125)
- Carotid doppler ultrasound
- Chest x-ray (CXR)
- Cytologic screening
- Cancer antigen 15-3 blood test for breast cancer (CA 15-3)
- Carcinoembryonic antigen blood test for colon cancer (CEA)
- Clinical testicular exam
- Colonoscopy
- Complete blood count (CBC)
- Dental exam
- Digital rectal exam (DRE)
- Doppler screening for cancer
- Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)
- Electroencephalogram (EEG)
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Endoscopy
- Eye exam
- Fasting blood glucose test
- Fasting plasma glucose test
- Flexible sigmoidoscopy
- Hearing test
- Hemoccult stool analysis
- Hemoglobin A1C
- Human papillomavirus vaccination (HPV)
- Infectious disease testing
- Immunizations
- Lipoprotein profile (serum plus HDL, LDL, total cholesterol, and triglycerides)
- Mammography
- Oral cancer screening
- Pap smear
- Prostate specific antigen (PSA) test
- Routine health check-up exam
- Skin cancer biopsy
- Skin cancer screening
- Skin exam
- Serum protein electrophoresis (blood test for myeloma)
- Successful completion of smoking cessation program
- Stress test on bicycle or treadmill
- Test for sexually transmitted infections (STIs)
- Thermography
- ThinPrep pap test
- Two-hour post-load plasma glucose test
- Ultrasound for cancer detection
- Ultrasound screening for abdominal aortic aneurysms
- Virtual colonoscopy

Note: COVID-19 testing is covered as an eligible health screening benefit

Aetna

Critical Illness Plan Rates

Critical Illness Plan*

You may enroll in one option only.

Employee Face Amount: $15,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<25	$1.35	$2.70	$4.12	$5.48
25-29	$1.80	$3.60	$4.58	$6.38
30-34	$2.32	$4.65	$5.10	$7.42
35-39	$3.00	$6.00	$5.78	$8.78
40-44	$4.12	$8.25	$6.90	$11.02
45-49	$6.30	$12.60	$9.07	$15.38
50-54	$8.55	$17.10	$11.32	$19.88
55-59	$11.25	$22.50	$14.02	$25.28
60-64	$15.52	$31.05	$18.30	$33.82
65-69	$21.15	$42.30	$23.92	$45.08
70+	$27.75	$55.50	$30.52	$58.28

Employee Face Amount: $30,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<25	$2.70	$5.40	$8.25	$10.95
25-29	$3.60	$7.20	$9.15	$12.75
30-34	$4.65	$9.30	$10.20	$14.85
35-39	$6.00	$12.00	$11.55	$17.55
40-44	$8.25	$16.50	$13.80	$22.05
45-49	$12.60	$25.20	$18.15	$30.75
50-54	$17.10	$34.20	$22.65	$39.75
55-59	$22.50	$45.00	$28.05	$50.55
60-64	$31.05	$62.10	$36.60	$67.65
65-69	$42.30	$84.60	$47.85	$90.15
70+	$55.50	$111.00	$61.05	$116.55

*Rates are based on your (the subscriber's) current age but will increase as you move into a higher age-band.

*Semi Monthly

The Standard

The Standard Cancer Plan

Cancer Insurance through Allstate provides additional financial protection in the event of a cancer diagnosis. Cancer treatment often involves ongoing medical appointments, specialized care, transportation, medications, and recovery-related expenses that can quickly become overwhelming. This plan is designed to help support employees and their families by providing benefits tied to diagnosis, hospitalization, treatment, and recovery. The additional financial support can help employees and family focus on their health and well-being during a challenging time.

Cancer Insurance Rates

Coverage	Cost
Employee Only	**$16.72**
Employee & Spouse	**$37.11**
Employee & Children	**$18.19**
Family	**$38.08**

*Semi Monthly

Benefit Amounts

Hospital Confinement and Related Benefits	Plan
Continuous Hospital Confinement (daily)	$200
Government or Charity Hospital (daily)	$200
Private Duty Nursing Services (daily)	$200
Extended Care Facility (daily)	$200
At Home Nursing (daily)	$200
Hospice Care Center (daily) or Hospice Care Team (per visit)	$200 $200
Radiation/Chemotherapy/Related Benefits	**Plan**
Radiation/Chemotherapy for Cancer[1] (every 12 months)	$10,000
Blood, Plasma, and Platelets[1] (every 12 months)	$10,000
Hematological Drugs[1] (every 12 months)	$200
Medical Imaging[1] (every 12 months)	$500
Surgery and Related Benefits	**Plan**
Surgery[2]	$3,000
Anesthesia (% of surgery benefit)	25%
Bone Marrow or Stem Cell Transplant (once/year) 1. Autologous 2. Non-autologous (cancer or specified disease treatment) 3. Non-autologous (Leukemia)	 1. $1,000 2. $2,500 3. $5,000
Ambulatory Surgical Center (daily)	$500
Second Opinion	$400
Miscellaneous Benefits	**Plan**
Inpatient Drugs and Medicine (daily)	$25
Physician's Attendance (daily)	$50
Ambulance (per confinement)	$100
Non-Local Transportation[1] (coach fare or amount shown per mile*)	$0.40/mi
Outpatient Lodging (daily; limit $2,000/12 mo. period)	$50
Family Member Lodging (daily per trip; max. 60 days) and Transportation (coach fare or amount shown per mile**)	$50 $0.40/mi
Physical or Speech Therapy (daily)	$50
New or Experimental Treatment[3] (every 12 months)	$5,000
Prosthesis[3] (per amputation)	$2,000
Hair Prosthesis (every 2 years)	$25
Nonsurgical External Breast Prosthesis[1]	$50
Anti-Nausea Benefit[1] (once per calendar year)	$200
Waiver of Premium (employee only)	Yes
Additional Benefits/Rider	**Plan**
Cancer Initial Diagnosis (one-time benefit)	$4,000
Intensive Care (ICU) — ICU (daily) Step-down (daily) Ambulance	$400 $200 Charges
Wellness Benefit	$50
Cancer Initial Diagnosis Progressive Benefit Rider*** (one-time benefit)	$800

[1]Pays actual cost up to amount listed. [2]Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. [3]Pays actual charges up to amount listed. *At least 70 miles away, up to 700 miles. **Transportation up to 700 miles per continuous hospital confinement. ***Multiplied by years in force at time of diagnosis.

Benefits (subject to limits listed on page 3)

Hospital Confinement and Related Benefits

Continuous Hospital Confinement - inpatient admission and confinement

Government or Charity Hospital - confinements in lieu of all other benefits, except Waiver of Premium

Private Duty Nursing Services - full-time nursing services authorized by attending physician

Extended Care Facility - within 14 days of a hospital stay; payable up to the number of days of the hospital stay

At Home Nursing - private nursing care must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous hospital stay

Hospice Care Center or Team - terminal illness care in a facility or at home; one visit per day

Radiation/Chemotherapy and Related Benefits

Radiation/Chemotherapy for Cancer - covered treatments to destroy or modify cancerous tissue

Blood, Plasma and Platelets - transfusions, administration charges, processing, procurement, cross matching

Hematological Drugs - boosts cell lines for white/red cell counts and platelets; payable when Radiation/Chemotherapy for Cancer benefit is paid

Medical Imaging - initial diagnosis or follow-up evaluation based on covered imaging exam

Surgery and Related Benefits

Surgery - based on Certificate Schedule of Surgical Procedures. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The operation with the largest benefit will be paid. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures. Does not pay for other surgeries covered by other benefits

Anesthesia - 25% of Surgery benefit for anesthesia received by an anesthetist

Bone Marrow or Stem Cell Transplant - autologous, non-autologous for treatment of cancer or specified disease other than Leukemia, or non-autologous for treatment of Leukemia

Ambulatory Surgical Center - payable only if Surgery benefit is paid

Second Opinion - for surgery or treatment by a doctor not in practice with your doctor

Miscellaneous Benefits

Inpatient Drugs and Medicine - not including drugs/medicine covered under the Radiation/Chemotherapy for Cancer or Anti-Nausea benefits

Physician's Attendance - one inpatient visit by one physician

Ambulance - transfer to or from hospital where confined by a licensed service or hospital-owned ambulance

Non-Local Transportation - obtaining treatment not available locally

Outpatient Lodging - more than 100 miles from home

Family Member Lodging and Transportation - adult family member travels with you during non-local hospital stays for specialized treatment. Transportation not paid if Non-Local Transportation benefit is paid

Physical or Speech Therapy - to restore normal body function

New or Experimental Treatment - payable if physician judges to be necessary and only for treatment not covered under other policy benefits

Prosthesis - surgical implantation of prosthetic device for each amputation

Hair Prosthesis - wig or hairpiece every two years due to hair loss

Nonsurgical External Breast Prosthesis - initial prosthesis after a covered mastectomy

Anti-Nausea Benefit - prescribed anti-nausea medication administered on outpatient basis

Waiver of Premium (Employee only) - must be disabled 90 days in a row due to cancer, as long as disability lasts. Premiums waived for employee only

Additional Benefits/Rider

Cancer Initial Diagnosis - for first-time diagnosis of cancer other than skin cancer

Intensive Care (ICU)

a. **ICU Confinement**
illness or accident confinements up to 45 days/continuous confinement

b. **Step-down ICU Confinement**
confinements up to 45 days/continuous confinement

c. **Ambulance**
licensed air or surface ambulance service to ICU

Wellness Benefit - once per year for one of 23 exams. Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemoccult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening for abdominal aortic aneurysms

Cancer Initial Diagnosis Progressive Benefit Rider - for first-time diagnosis of cancer other than skin cancer; benefit amount increases each year the rider is in force

Specified Diseases

29 Specified Diseases Covered - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis, Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires' Disease, Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or C), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis

Definitions

Actual Charge – amount billed for a treatment or service before any insurance discounts or payments.

Actual Cost – amount actually paid by or on behalf of you, accepted as full payment by the provider of goods or services.

MetLife

Hospital Indemnity Insurance

MetLife Hospital Indemnity Insurance helps provide financial assistance for covered hospital admissions and stays. Hospital visits can create unexpected expenses beyond medical bills, including transportation, childcare, meals, and household costs during recovery. This plan provides cash benefits directly to employees for covered hospital admissions, confinement, and certain related services. The added financial support can help ease the burden of hospitalization and provide greater peace of mind during recovery.

IMPORTANT: This is a fixed indemnity policy, NOT health insurance
This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

Hospital Indemnity Insurance

Coverage to help withunexpected expenses, such as hospitalization expenses that may not be covered under your medical plan.

Hospital Indemnity Insurance Benefits

With MetLife's Hospital Indemnity Insurance, you'll have a choice of two plans (called the "Low Plan" and the "High Plan") which provide benefit payments for covered events regardless of any other insurance payments you may receive . Here are just some of the covered benefits/services[B], when an accident or illness puts you in the hospital.[A]

Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits. [C]

Subcategory	Benefit Limits (applies to subcategory)	Benefit	Low Plan	High Plan
Hospital Benefits				
Admission Benefit	5 time(s) per calendar year[1] Payable for a healthy newborn child	Admission[2]	$750	$1,500
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	$750	$1,500
Confinement Benefit	30 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 30 of those days	Confinement[3]	$100	$200
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	$100	$200
Confinement Benefit for Newborn Nursery Care	3 day(s) per confinement	Confinement Benefit for Newborn Nursery Care[4]	$50	$50
Inpatient Rehabilitation Benefit	15 days per calendar year	Inpatient Rehabilitation (For Injury or Sickness)	$50	$50
Observation Unit Benefit	1 time(s) per calendar year	Observation Unit Benefit	$200	$200
Other Benefits				
Health Screening Benefit[5]	1 time(s) per calendar year per covered person	Health Screening	$50	$50

[1] If a covered person is readmitted within 90 days for the same or related sickness/injury for which we paid an Admission Benefit, an additional Admission Benefit is not payable.
[2] The admission Benefit for residents of ID will be increased to $925 for plan design(s) Low because some benefits in this plan design are not available. See the Schedule of benefits in the ID certificate.
[3] If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.
[4] If the Admission Benefit is payable for a Confinement, the Confinement Benefit for Newborn Nursery Care will begin to be payable the day after Admission. Payable for the period of newborn confinement for a newborn child who is not sick or injured.
[5] In certain states, the Health Screening Benefit is provided by MetLife Consumer Services as a separate service and is not part of the insurance coverage. This does not impact the Health Screening Benefit's availability, cost, or the way in which the service is accessed. The covered health screenings are: Routine health check-up exam (annual physical exam), biopsies for cancer, blood chemistry panel, blood test to determine total cholesterol, blood test to determine triglycerides, bone marrow testing, breast MRI, breast ultrasound, breast sonogram, cancer antigen 15-3 blood test for breast cancer (CA 15-3), cancer antigen 125 blood test for ovarian cancer (CA 125), carcinoembryonic antigen blood test for colon cancer (CEA), carotid doppler, complete blood count (CBC), chest x-rays, clinical testicular exam,

Hospital Indemnity Insurance

Coverage to help withunexpected expenses, such as hospitalization expenses that may not be covered under your medical plan.

colonoscopy, coronavirus testing, dental exam , digital rectal exam (DRE), Doppler screening for cancer, Doppler screening for peripheral vascular disease, Echocardiogram, electrocardiogram (EKG), electroencephalogram (EEG), endoscopy, eye exam, fasting blood glucose test, fasting plasma glucose test, flexible sigmoidoscopy, hearing test, hemoccult stool specimen, hemoglobin A1C, human papillomavirus (HPV) vaccination, immunization, lipid panel, mammogram, oral cancer screening, pap smears or thin prep pap test, prostate-specific antigen (PSA) test, serum cholesterol test to determine LDL and HDL levels, serum protein electrophoresis, skin cancer biopsy, skin cancer screening, skin exam, stress test on bicycle or treadmill , successful completion of smoking cessation program, tests for sexually transmitted infections (STIs), thermography, two hour post-load plasma glucose test, ultrasounds for cancer detection, ultrasound screening of the abdominal aorta for abdominal aortic aneurysms and virtual colonoscopy.

Benefit Payment Example for High Plan

Susan has chest pains at home, and after contacting her doctor, she is instructed to head to her local hospital. Upon arrival, the doctor examines Susan and advises that she requires immediate admission to the Intensive Care Unit for further evaluation and treatment. After two days in the Intensive Care Unit, Susan moves to a standard room and spends two additional days recovering in the hospital. Susan was released to her primary care physician for follow-up treatment and observation. Her primary doctor is now keeping a close watch over Susan's overall health. Depending on her health insurance, Susan's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Hospital Indemnity Insurance payments can help cover these unexpected costs or in any other way Susan sees fit.

Covered Benefit	High Benefit Amount
Regular Hospital Admission (1x)	$1,500
ICU Supplemental Admission (1x)	$1,500
Regular Hospital Confinement (3 total days)	$600
ICU Supplemental Confinement (1 day)	$200
Benefits paid by MetLife Group Hospital Indemnity Insurance	$3,800

Benefit amount is based on a sample MetLife plan design. Plan design and plan benefits may vary.

Questions & Answers

Q. Who is eligible to enroll forthisHospitalIndemnity coverage?

A. You are eligible to enroll yourselfandyoureligible familymembers.

[D] You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective. Dependents to be enrolled may not be subject to a medical restriction as set forth in the Certificate. Some states require the insured to have medical coverage.

Q. How do I pay for my Hospital Indemnity coverage?

A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. What happens if myemployment status changes? Can I takemycoveragewithme?

A. Yes, youcantake yourcoverage withyou. You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer cancels the group policy and offers you similar coverage with a different insurance carrier. [E]

Q. What is the coverage effective date?

A. The coverage effective date is 08/01/2026.

Q. Who do I call for assistance?

A. Please call MetLife directly at 1-800-GET-MET8 (1-800-438-6388) and talk with a benefits consultant. Or visit our website: ***www.mybenefits.metlife.com***

Metlife

Hospital Indemnity Plan Rates

Low Plan	
Coverage	**Cost**
Employee Only	$4.18
Employee & Spouse	$9.81
Employee & Children	$7.67
Family	$13.30

High Plan	
Coverage	**Cost**
Employee Only	$7.27
Employee & Spouse	$17.35
Employee & Children	$13.10
Family	$23.19

MetPet

Optional coverage for the pets that are part of your family

MetLife Pet Insurance offers customizable pet health insurance plans that may help reimburse eligible veterinary expenses. Coverage can support care after illnesses, injuries, emergency visits, surgeries, medications, diagnostics, and optional routine wellness through preventive care add-ons.

Up to 90% reimbursement

Reimbursement options include 50%, 70%, 80%, and 90%. Restrictions may apply.

Dogs and cats

Plan examples start at $16 per month for dogs and $7 per month for cats. Actual rates vary.

Easy claims

Reimbursements may be available through Zelle, PayPal, or check.

24/7 vet chat

Virtual veterinary services are available through the MetLife Pet App and AskVet.

Phone: 855-270-7387

Review the policy for coverage, restrictions, exclusions, and limitations.

CITYOFELPASOBENEFITS.COM

THANK YOU!

City of El Paso

Bridge the gap. Protect what matters most. Supplemental benefits designed to provide protection, confidence, and peace of mind.

Need more information?

Contact the appropriate carrier or TEB&HR for eligibility, plan details, rates, and enrollment assistance. Please refer to the full benefit details online during your enrollment.

CITYOFELPASOBENEFITS.COM
TEB&HR.COM

EP TX
CITY OF EL PASO

Aetna

Accident Plan Rates

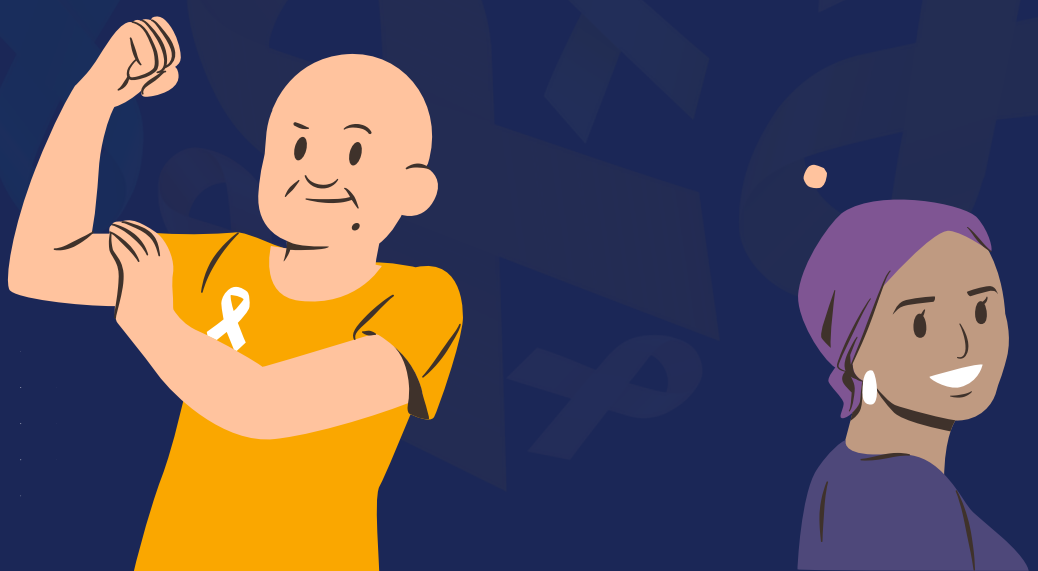
Coverage	Cost
Employee Only	$3.95
Employee & Spouse	$6.25
Employee & Children	$6.60
Family	$9.94

The Standard

Cancer Insurance Rates

Coverage	Cost
Employee Only	$16.72
Employee & Spouse	$37.11
Employee & Children	$18.19
Family	$38.08

*Semi Monthly



Aetna

Critical Illness Plan Rates

Critical Illness Plan*

You may enroll in one option only.

Employee Face Amount: $15,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<25	$1.35	$2.70	$4.12	$5.48
25-29	$1.80	$3.60	$4.58	$6.38
30-34	$2.32	$4.65	$5.10	$7.42
35-39	$3.00	$6.00	$5.78	$8.78
40-44	$4.12	$8.25	$6.90	$11.02
45-49	$6.30	$12.60	$9.07	$15.38
50-54	$8.55	$17.10	$11.32	$19.88
55-59	$11.25	$22.50	$14.02	$25.28
60-64	$15.52	$31.05	$18.30	$33.82
65-69	$21.15	$42.30	$23.92	$45.08
70+	$27.75	$55.50	$30.52	$58.28

Employee Face Amount: $30,000

Age Band	Yourself only	Yourself and spouse	Yourself plus child(ren)	Yourself and family
<25	$2.70	$5.40	$8.25	$10.95
25-29	$3.60	$7.20	$9.15	$12.75
30-34	$4.65	$9.30	$10.20	$14.85
35-39	$6.00	$12.00	$11.55	$17.55
40-44	$8.25	$16.50	$13.80	$22.05
45-49	$12.60	$25.20	$18.15	$30.75
50-54	$17.10	$34.20	$22.65	$39.75
55-59	$22.50	$45.00	$28.05	$50.55
60-64	$31.05	$62.10	$36.60	$67.65
65-69	$42.30	$84.60	$47.85	$90.15
70+	$55.50	$111.00	$61.05	$116.55

*Rates are based on your (the subscriber's) current age but will increase as you move into a higher age-band.

*Semi Monthly

Metlife

Hospital Indemnity Plan Rates

Low Plan	
Coverage	**Cost**
Employee Only	$4.18
Employee & Spouse	$9.81
Employee & Children	$7.67
Family	$13.30

High Plan	
Coverage	**Cost**
Employee Only	$7.27
Employee & Spouse	$17.35
Employee & Children	$13.10
Family	$23.19