

DFW



2022



total rewards

Retiree Benefits Guide

TABLE OF CONTENTS



Welcome	02
Enrollment Process & Decisions	03
Eligibility Requirements	04
DFW LiveWell Program	05
Information & Tips	06
Medical Plans	07
Virtual Doctor Visits	12
Prescription Drug Coverage	13
Vision Coverage	14
Medicare Supplement Plan	15
Health Care Advocacy	17
Contact Information	18

WELCOME

TO THE 2022 RETIREE BENEFITS GUIDE

The information on the following pages will help you explore DFW's health and wellness benefits known as Total Rewards.

DFW is committed to a comprehensive Total Rewards program that helps our retirees stay healthy and feel secure. Total Rewards is the sum of retirement and benefits DFW Airport provides to its retirees.

ANNUAL BENEFITS ENROLLMENT **Oct. 25 - Nov. 8, 2021**

The annual benefits enrollment is 'passive,' meaning you don't have to return your enrollment form unless you want to make a change or cancel your coverage. The last day to make a change to your benefit selections is Nov. 8, 2021.

The benefit choices you make during the annual enrollment period will go into effect Jan. 1, 2022, (or on your retirement date, if you retire after Jan. 1, 2022), and will stay in effect through Dec. 31, 2022.

Enrollment Process & Decisions

PROCESS FOR NEW RETIREES TO ENROLL

If you are a new retiree, please complete your enrollment form and return it to the address below, email it to retirees@dfwairport.com, or fax it to 972-973-1148.

Human Resources
DFW Airport Board
P.O. Box 619428
DFW Airport, TX 75261-9428

PROCESS FOR CURRENT RETIREES TO ENROLL

Your Open Enrollment Form is enclosed with your packet of materials.

PLAN OPTIONS

The medical plans available to retirees not yet 65 years of age are the same plans offered to active employees. Retirees age 65 or older who want to remain on a DFW Airport medical plan must select the Medicare Supplement Plan.

Dental coverage is not available under the retiree benefits program. If dental benefits are desired, coverage must be elected through COBRA at termination of employment.

All medical plan features are reviewed each year and are subject to change. Notification of plan changes will occur during annual open enrollment or as otherwise necessary.

MAKING CHANGES DURING THE YEAR

The benefit choices you make during the enrollment period will go into effect on Jan. 1, 2022, or on the first day of the month following your separation, if you are eligible for retirement benefits. Your benefit choices will stay in effect until Dec. 31, 2022. You will be able to change your choices during next year's open enrollment.

You must be continuously enrolled in a DFW Airport medical plan to maintain coverage. If you and/or your dependents elect to terminate coverage during the year, you may not reenroll later.

PREMIUM PAYMENTS

You will receive a monthly invoice for your medical insurance premium. Payment is due by the first of the month. Payment must be in the form of a check or money order and mailed to the address below.

Health Care Service Corporation
P.O. Box 21026
Tulsa, OK 74121

If payment is not received by the first of the month, benefits will be terminated and cannot be reinstated.

Receiving pension payments?

Your medical insurance premium may be deducted from your monthly pension benefit through JPMorgan Chase Bank. If your monthly retirement annuity does not cover your premium, you will receive an invoice.

MEDICAL SUBSIDY CREDITS

Retirees who terminated their employment after Jan. 1, 2003, are eligible for medical subsidy credits. Participation requires a minimum of 10 years of employment with DFW Airport. The medical subsidy is available until the retiree reaches age 65.

Regardless of the amount of the credit, a retiree's minimum monthly premium will be equal to or greater than that of an active employee of DFW Airport. The subsidy is calculated as \$20 per completed year of service up to a maximum monthly credit of \$400.

Credits are applied to the premiums of the retiree's DFW Airport medical plan option (Health Care Account, Exclusive Provider Organization, Preferred Provider Organization) and cannot be applied to premiums for the Medicare Supplement Plan.



Eligibility Requirements

WHO IS ELIGIBLE FOR COVERAGE UNDER DFW AIRPORT'S RETIREE HEALTH AND WELLNESS PLANS

Once you leave employment with DFW Airport you are eligible to participate in the Airport's retiree medical plan, even if you do not immediately draw your pension/retirement benefits, provided you meet the eligibility requirements below.

1. You were enrolled in one of the medical plans offered by the Airport immediately prior to your separation.
2. You were at least 55 years of age and completed at least five consecutive years of service with DFW, measured from your date of hire, at the time of your separation.
OR
You are eligible for an early retirement benefit as defined in the DPS Pension Plan.
3. You were not receiving any long-term disability benefits under a plan offered by the Airport at the time of your separation.

Dependents on your Airport active medical plan at the time you retire are eligible for coverage under the Airport retiree medical plan.

The retiree and qualified dependents must be on the same medical plan if all members are under the age of 65. If the retiree and/or spouse/domestic partner reaches age 65 and elects to continue coverage through DFW Airport's Medicare Supplement plan, the other covered family members may remain on the under 65 retiree medical plan in which they are currently enrolled.

If the retiree and/or spouse/domestic partner is eligible for Medicare because of a disability or reaching age 65, Medicare Part A and Part B will pay as the primary coverage for the Medicare eligible person. The DFW Airport plan will pay after Medicare, and there are no guarantees that all costs will be paid by the plan.

You are permitted to remove dependents from your plan during the year, but you are not allowed to add them.

WHO IS AN ELIGIBLE DEPENDENT?

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 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 AN ELIGIBLE DEPENDENT?

- Former spouse/former domestic partner
- Parents
- Grandparents
- Grandchildren (without legal guardianship)

DFW HUMAN RESOURCES

972-973-1121

retirees@dfwairport.com



Wellness Program



DFW Airport cares about the health and well-being of all retirees and their families. That's why DFW continues to invest in our 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 and your family's total well-being.

LIVEWELL CENTER

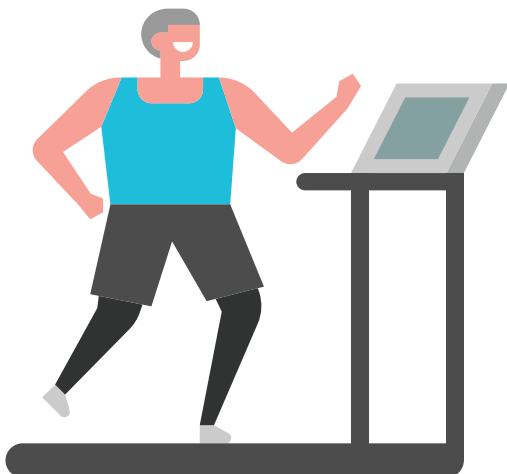
The LiveWell Center provides the use of its facilities and equipment to all retirees, employees, spouses/domestic partners, and dependents over age 18, at no cost.

Contact LiveWell to receive an orientation and complete a waiver.

EMBRACE HEALTHY LIVING

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

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



BLUE ACCESS FOR MEMBERS

Blue Access for Members is your secure member portal from BCBSTX that provides you immediate online access to personalized health and wellness information. Once you become a member, visit **bcbstx.com** to create your login. You will have access to do the following:

- Locate a network doctor, hospital or other health care provider.
- View, print or request additional member ID cards. Retirees currently enrolled in a DFW medical plan will not receive a new ID card annually.
- Check the status of a claim and your claims history.
- View and print an Explanation of Benefits statement for a claim.
- Set your preferences to receive text or email notifications for claims status and wellness updates.

COVID-19 RESOURCES

As the country continues to deal with the coronavirus pandemic, the Airport will continue to provide resources to support your health and safety. COVID-19 risk assessments and testing are available to DFW Board retirees and their dependents enrolled in the Airport's medical plan, BCBSTX, at no cost to you.

MDLIVE

MDLIVE offers a free COVID-19 risk assessment. You can skip the waiting room and receive virtual care from an MDLIVE provider from the comfort of your home. MDLIVE physicians can diagnose and treat a variety of routine medical conditions. You also have access to licensed therapists. Learn more on page 12.

CARENOW

CareNow provides diagnostic and antibody testing for COVID-19. If you are experiencing symptoms, CareNow providers will perform a medical evaluation and determine the need for testing. There are more than 40 locations in the Dallas/Fort Worth area. For locations, hours and web check-in, go to **www.CareNow.com**.

DEFINITIONS

COPAYMENT

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

DEDUCTIBLE

The 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 medical and prescription copayments.

COINSURANCE

The portion of covered medical bills you are responsible to pay once your annual deductible has been met.

HEALTH CARE ACCOUNT (HCA) FUND ADMINISTRATION*

The fund 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.

**Applies to HCA Medical Plan only.*

Medical Plans Overview

PLAN FEATURE	BCBSTX HCA		BCBSTX EPO	BCBSTX PPO	
	Network	Non-Network	Network	Network	Non-Network
OFFICE VISITS	N/A	N/A	\$30 copayment	N/A	N/A
SPECIALIST OFFICE VISITS	N/A	N/A	\$60 copayment	N/A	N/A
COINSURANCE (after annual deductible)	20%	40%	N/A	20%	40%
ANNUAL DEDUCTIBLE (excludes prescription copayments)					
• Per individual	\$1,500	\$3,000	N/A	\$300	\$800
• Per family	\$3,000	\$6,000	N/A	\$750	\$1,750
ANNUAL OUT-OF-POCKET LIMIT (includes deductible, coinsurance and prescription copayments)					
• Per individual	\$4,000	\$8,000	\$2,200	\$2,300	\$4,500
• Per family	\$8,000	\$10,000	\$5,500	\$5,750	\$11,250
PREVENTIVE CARE (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	100% covered	100% covered; deductible waived	40% after deductible
OUTPATIENT SURGERY (after annual deductible)	20%	40%	Office visit copayment if performed in physician's office; \$200 copayment if performed in hospital or outpatient facility, then covered 100%	20%	40%
HOSPITALIZATION AND INPATIENT SURGERY (after annual deductible)	20%	40%	\$500 copayment per admission, then covered 100%	20%	40%
MENTAL HEALTH (after annual deductible)					
• Inpatient	20%	40%	\$500 copayment per admission, then covered 100%	20%	40%
• Outpatient	20%	40%	\$60 copayment per visit	20%	40%
VIRTUAL VISITS POWERED BY MDLIVE MEDICAL AND BEHAVIORAL MENTAL HEALTH	\$0 copayment	N/A	\$0 copayment	\$0 copayment	N/A
URGENT CARE FACILITY (after annual deductible)	20%	40%	\$75 copayment	20%	40%
EMERGENCY ROOM (after annual deductible)	20%	20%	\$150 copayment; Copayment waived if admitted to a hospital or outpatient facility	20%	20%
AMBULANCE (after annual deductible)	20%	20%	\$150 copayment	20%	20%

2022 Retiree Medical Rates

MEDICAL PLANS - UNDER AGE 65*	
BCBSTX Health Care Account (HCA)	MONTHLY PREMIUM
RETIREE ONLY	\$732.33
RETIREE + RETIREE CHILDREN	\$1,536.17
RETIREE + SPOUSE/DP	\$1,824.33
RETIREE + SPOUSE/DP + RETIREE/DP CHILDREN	\$2,636.83
BCBSTX Exclusive Provider Organization (EPO)	MONTHLY PREMIUM
RETIREE ONLY	\$907.83
RETIREE + RETIREE CHILDREN	\$1,906.67
RETIREE + SPOUSE/DP	\$2,279.34
RETIREE + SPOUSE/DP + RETIREE/DP CHILDREN	\$3,267.34
BCBSTX Preferred Provider Organization (PPO)	MONTHLY PREMIUM
RETIREE ONLY	\$1,304.34
RETIREE + RETIREE CHILDREN	\$2,660.66
RETIREE + SPOUSE/DP	\$3,206.66
RETIREE + SPOUSE/DP + RETIREE/DP CHILDREN	\$4,578.17

*Rates do not include offset from any retiree medical subsidy.

DP = Domestic Partner

Preauthorization is required for some services. Please refer to the Preauthorization Requirements section of your Summary Plan Description to see a list of services that require a preauthorization. If you have questions, please call the BCBSTX customer service number listed on the back of your ID card.



Medical Coverage

Medical Coverage Under Age 65

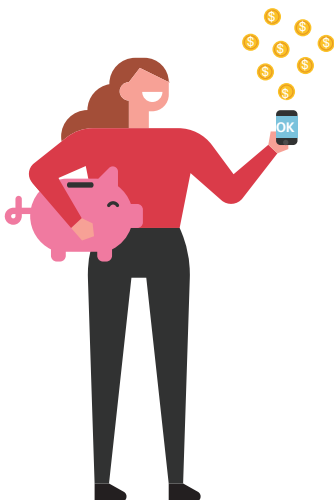
Health Care Account



The BCBSTX Health Care Account (HCA) is a lower premium 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.

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.

- \$500 for retiree only coverage
 - \$1,000 for retiree and dependent
 - The amount is prorated if you join the plan during the year.
- The fund pays first before you begin paying the deductible for you and your dependents. 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. If you leave the plan, 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 can cover some health care costs with tax-free dollars.
 - No claim forms are required if you visit doctors and other health care providers in the Blue Choice PPO network. Out-of-network visits may require a claim form and you may have to provide payment in full at the time of your visit.
 - You may be required to request your own preauthorization prior to certain procedures and you could be billed for the balance not payable by the plan.



Medical Coverage

Medical Coverage Under Age 65

Exclusive Provider Organization



When you choose the Exclusive Provider Organization (EPO) plan from BCBSTX, you are choosing to use participating network doctors, hospitals and other health care providers in the Blue Choice PPO network.

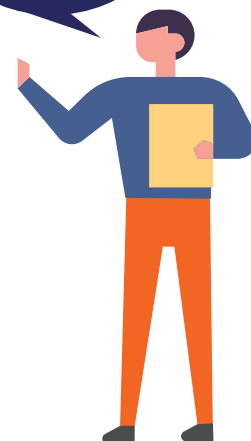
Most office visits and services require a copayment and the remainder is covered by BCBSTX, without deductibles. It's an easy way to budget your health care expenses.

- Health care services require a copayment, so you know what you are going to pay when you go to the doctor.
- No primary care physician is required. No referrals are required.

- Benefits are only payable for services performed by a network provider or facility. 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.

Benefits are payable only for services performed by a **network provider** or facility.



Medical Coverage

Medical Coverage Under Age 65

Preferred Provider Organization



When you choose the Preferred Provider Organization (PPO) plan from BCBSTX, you and your covered dependents 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.

- You must first pay a deductible for you and your covered dependents, then pay the applicable coinsurance for covered medical bills.

- There are no claim forms when you receive care from a network provider.
- Out-of-network visits may require a claim form and you may have to provide payment in full at the time of your visit.
- You may be required to request your own preauthorization prior to certain procedures and you could be billed for the balance not payable by the plan.



Virtual visits powered by MDLIVE allow you to consult a doctor or behavioral health provider for non-emergency situations at no cost to you.

VISIT WITH A DOCTOR REMOTELY

With virtual visits, the doctor is always in. Get care from a board-certified doctor 24 hours a day, seven days a week. Schedule appointments at a time that works best for you.

- Get care via online video, mobile app or telephone instead of going to the ER or urgent care.
- Providers can send prescriptions to your local pharmacy, if medically necessary.

Doctors can treat a variety of health conditions, including:

- Allergies
- Rash
- Ear Problems (age 12+)
- Cold/Flu
- Pink Eye
- Nausea
- Asthma
- Sinus Infections
- Fever (age 3+)

BEHAVIORAL HEALTH COUNSELING

Speak with a licensed therapist from the privacy and comfort of your own home. MDLIVE's behavioral health therapy sessions are safe, private and confidential. You can choose who you want to work with for issues such as:

- Loss or Relationship Problems
- Anxiety
- Post-traumatic Stress Disorder
- Depression
- Substance Abuse
- Trauma
- Panic Attacks

**This benefit is not available if you are enrolled in the Medicare Supplement Plan.*

HOW TO ACCESS MDLIVE

You'll need your BCBSTX member ID number to register.

- **MDLIVE.com/bcbstx**
- Call MDLIVE **888-680-8646**
- Text **BCBSTX to 635-483**
- Download the **MDLIVE app** from the App Store or Google Play



Prescription Drug Coverage

Prescription drug coverage is included with all pre-65 Airport medical plans. This benefit is administered by BCBSTX, and its pharmacy vendor, Prime Therapeutics.

PRESCRIPTION DRUGS – MANDATORY GENERIC*	BCBSTX HCA		BCBSTX EPO & BCBSTX PPO	
	Retail YOU PAY	Mail Order YOU PAY	Retail YOU PAY	Mail Order YOU PAY
TIER 1 Generic Drugs	\$5 copayment	\$10 copayment	\$10 copayment	\$20 copayment
TIER 2 Brand-name drugs (on the Preferred Drug List)	\$30 copayment	\$60 copayment	\$40 copayment	\$80 copayment
TIER 3 Brand-name drugs (not on the Preferred Drug List)	\$60 copayment	\$120 copayment	\$80 copayment	\$160 copayment
TIER 4 Specialty mail order drugs (injection, infused or oral)	N/A	\$100 copayment (30-day supply)	N/A	\$100 copayment (30-day supply)

**DFW's plan is a mandatory generic plan. 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.*

WHERE SHOULD I FILL MY PRESCRIPTION?

Retail Pharmacy: Use this benefit to purchase short-term, 30-day or up to 90-day maintenance medications at a BCBSTX preferred pharmacy. Go to myprime.com to locate a BCBSTX preferred pharmacy.

Mail-Order: Use this benefit for maintenance medications that will continue for at least three months at a time. Medications are delivered to your home in three-month quantities; it may save you time and money. Mail-order benefits are through Express Scripts Pharmacy. Go to bcbstx.com or esrx.com/BCBSTX to access mail order benefits.

Maintenance Medications: Prescribed for chronic, long-term conditions and are taken on a regular, recurring basis.

Specialty Pharmacy: Specialty medications are required for some complex conditions. These drugs may be injected, infused or taken orally and typically require storage under special conditions or refrigeration. These types of prescriptions must be filled through Accredo. Go to bcbstx.com, accredo.com/BCBSTX or call 833-721-1619.

STEPS TO SAVE MONEY

Generic Medications: FDA-approved equivalent drugs that are effectively the same as a brand-name drug.

Basic Drug List:** This list will help you determine the tier and the corresponding copayment for any medications you take.

Preventive Drug Benefit Program:** Provides a discount to any member taking a generic and/or preferred brand drug in a designated class. Medications covered in this program are used to treat chronic health conditions such as asthma, diabetes, high blood pressure and high cholesterol.

- Tier 1 - Generic copayment - \$0
- Tier 2 - Preferred brand-name copayment – Discounted 50%

Prior Authorization Program: This program will require your doctor to submit a prior authorization request for coverage of certain medications.

Step Therapy Program: This program will require you to try a proven, cost-effective medication before “stepping-up” to a more costly treatment. Many drugs have less-expensive generic or brand alternatives that may be an option for you.

To find out if your drug requires prior authorization or step therapy, check the Preferred Drug List or you can call the number on the back of your ID card.

***Basic and Preventive Drug lists can be found at bcbstx.com.*

Vision Coverage



Vision care benefits are provided by Davis Vision. You must be enrolled in a DFW Airport medical plan to have vision coverage.

WHAT IS THE EXCLUSIVE COLLECTION?

The Exclusive Collection is a unique offering to Davis Vision members only, available at independent private practice offices, and consists of 222 frames that have been identified as best sellers. These frames are up to a \$195 value and are at no cost to you. Some of the brands include Perry Ellis, Gant, Harley-Davidson, Candies and Jones New York.



FIND A NETWORK PROVIDER:

Use client **code 8227** to find a provider and create an account on **DavisVision.com**.



VISION	NETWORK	NON-NETWORK
EYE EXAM & SERVICES		
ROUTINE EYE EXAMINATION (one per calendar year)	\$0 copayment	Usual and customary retail charge (national average varies by zip code)
CONTACTS EVALUATION (conventional and specialty lenses)	\$10 copayment on Exclusive Collection 15% discount on non-collection	Not Covered
VISION EYE WEAR		
STANDARD PLASTIC LENSES		
Single	\$10 copayment	Reimbursement up to \$30
Bifocal	\$10 copayment	Reimbursement up to \$45
Trifocal	\$10 copayment	Reimbursement up to \$55
Standard Progressive	\$50 copayment	Reimbursement up to \$45
Pediatric Eye Wear (under age 19)	\$0 copayment	Same as above
Tint	\$0 copayment	Not Covered
Scratch Resistant Coating	\$0 copayment	Not Covered
FRAMES		
Exclusive Collection (Fashion/Designer/Premier)	\$0 copayment	Reimbursement up to \$70
Non-Collection - VisionWorks	\$200 Allowance + 20% discount on balance over \$200	
Non-Collection - Other locations	\$150 Allowance + 20% discount on balance over \$150	
Pediatric Eye Wear (under age 19)	\$0 copayment, Allowances listed above apply	
CONTACTS		
ELECTIVE		
Exclusive Collection	Covered in full, up to the covered number of boxes, if ordered through Davis Vision.	Not Covered
Non-Collection	\$150 Allowance + 15% discount on balance over \$150	Reimbursement up to \$70
Visually Required	Covered in full, based on provider request, with prior approval	\$200 Allowance
FIT AND FOLLOW-UP		
Exclusive Collection	\$10 copayment	Not Covered
Non-Collection	15% discount	Not Covered

To see a full list of copayments, go to davisvision.com.

Medicare Supplement Plan

Retirees 65 years of age and older are allowed by law to supplement their government-provided Medicare plan with additional coverage. DFW Airport offers a supplemental plan for retirees and all current retirees may continue their coverage in this plan. Retirees who were originally hired before Jan.1, 2012, are eligible to participate in the Medicare Supplement plan. The plan is not available to retirees who were originally hired as employees after Dec. 31, 2011.

The plan provides medical coverage through the BCBSTX PPO plan, and vision coverage through Davis Vision. Prescription drug coverage must be obtained through Medicare Part D or through a private insurance company.

Medicare Part A and Part B are primary and the DFW Airport plan coverage is secondary. Claims are filed with Medicare first. Remaining unpaid costs are submitted to BCBSTX. There is no guarantee that all costs will be paid by the plan.

Only you and your covered spouse/domestic partner are eligible to participate in the Medicare Supplement plan. Medical subsidy credits do not apply to the Medicare Supplement plan.

If the retiree or covered spouse/domestic partner elects to continue with DFW Airport's Medicare Supplement plan upon reaching 65 years of age, the other covered family members will be required to remain in the plan in which they are currently enrolled. Medicare will pay claims as primary on the first day of the retiree's or covered spouse's/domestic partner's 65th birth month.

In order to continue coverage for your dependents when you reach age 65, you must be enrolled in the Medicare Supplement plan. If you decline to participate in the Medicare Supplement plan, you may not enroll at a later time.

MEDICARE PART D

Effective Jan. 1, 2006, Medicare Part D became a new prescription drug program developed by Congress available to all Medicare-eligible individuals. It is part of the Medicare Insurance program that includes:

- **Part A:** Hospital, skilled nursing facility, and hospice care. You must have Medicare Part A to enroll in the DFW Airport Medicare Supplement plan.
- **Part B:** Physician, outpatient and preventive services. You must have Medicare Part B to enroll in the DFW Airport Medicare Supplement plan. The DFW Airport plan will pay claims, assuming you are receiving Medicare Part B benefits.
- **Part C:** Medicare Advantage plan that provides Part A and B coverage. The DFW Airport Medicare Supplement plan does not integrate with Medicare Part C.
- **Part D:** Outpatient prescription-drug benefit.

MEDICARE SUPPLEMENT - AGE 65 AND OVER	
BCBSTX PPO MEDICAL COVERAGE ONLY	MONTHLY PREMIUM
RETIREE ONLY	\$298.00
SPOUSE/DP ONLY	\$298.00
RETIREE + SPOUSE/DP	\$596.00

Retiree medical subsidy no longer applies under this plan.

DP = Domestic Partner



PLAN FEATURE	BCBSTX Preferred (Network) YOU PAY	Non-Preferred (Non-Network) YOU PAY
ANNUAL DEDUCTIBLE • Per individual	\$300	\$800
COINSURANCE (after annual deductible)	20%	40%
ANNUAL OUT-OF-POCKET LIMIT (includes annual deductible, coinsurance, and prescription copayments) • Per individual	\$1,500	\$2,700
PREVENTIVE CARE (one exam per calendar year) Includes routine adult physical exam, lab tests, immunizations, and routine cancer screenings	100% covered; deductible waived	40% after deductible
OUTPATIENT SURGERY (after annual deductible)	20%	40%
HOSPITALIZATION AND INPATIENT SURGERY (after annual deductible)	20%	40%
MENTAL HEALTH (after annual deductible) • Inpatient	20%	40%
• Outpatient	20%	40%
URGENT CARE FACILITY (after annual deductible)	20%	40%
EMERGENCY ROOM AND AMBULANCE (after annual deductible)	20%	20%

Preauthorization is required for some services. Please refer to the Preauthorization Requirements section of your Summary Plan Description to see a list of services that require a preauthorization. If you have questions, please call the BCBSTX customer service number listed on the back of your ID card.





ADVOCACY SERVICES

DFW Airport's advocacy program is provided by Alight Advocacy Services. Advocacy services provide peace of mind, education and issue resolution to retirees and their families struggling with complicated health care questions.

Contact an Alight Health Pro when you need help to:

- Understand how to use your DFW Airport benefits.
- Understand the differences in medical and vision plans.
- Resolve billing and insurance claim disputes.
- Locate in-network medical providers.
- Navigate Medicare questions.
- Find a BSBCTX Blue Distinction Center for specialty health care services.

Advocacy services are at **no cost** to you and are available to your immediate family members even if they are not on your DFW health care plan.

ALIGHT WILL WORK FOR YOU

Let Alight Health Pros do the work for you, so you have more time to spend on the things you love. It takes advocates an average of 4.5 hours to resolve an issue. With Alight working on your behalf, you're free to go about your day and focus on what is important to you, instead of spending time on hold.



ALIGHT ADVOCACY SERVICES

866-279-0495

AlightHealthPro@alight.com



Contact Information

BENEFIT	CARRIER	PHONE NUMBER	EMAIL/WEB
Medical/Pharmacy	Blue Cross Blue Shield of Texas* Group No.: HCA-167205 EPO-168005 PPO-167191 Medicare Supplement Group - 168006		
	Medical/Pharmacy	800-521-2227	bcbstx.com
	Pharmacy	800-521-2227	myprime.com
	Mail Order Pharmacy – Express Scripts Pharmacy	833-715-0942	esrx.com/BCBSTX
	Specialty Pharmacy – Accredo	833-721-1619	accredo.com/BCBSTX
Virtual Doctor Visits	MDLIVE*	888-680-8646 Text BCBSTX to 635-483	MDLIVE.com/bcbstx
Health Care Advocacy	Alight Advocacy Services	866-279-0495	AlightHealthPro@alight.com
Vision	Davis Vision* Client Code: 8227	877-923-2847	davisvision.com
DFW Human Resources	Total Rewards	972-973-1121	retirees@dfwairport.com
Medicare	Medicare	800-MEDICARE	medicare.gov
DFW LiveWell Program	LiveWell Center	972-973-1612	LiveWell@dfwairport.com

**Mobile app available for this provider.*





2022 Benefits Guide

This benefits guide is intended to provide an overview only of certain benefits offered to eligible retirees 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 by request. 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 anytime. Participation in the plans does not constitute an offer of employment, reemployment, or an employment contract.