



DFW

Retiree Benefits Guide





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WELCOME!

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. 24 – Nov. 7, 2022

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. Once you remove yourself or a dependent from the medical and/or vision coverage, you may not reenroll later. The last day to make a change to your benefit selections is November 7, 2022.

The benefit choices you make during the annual enrollment period will go into effect Jan. 1, 2023, (or on your retirement date, if you retire after Jan. 1, 2023), and will stay in effect through Dec. 31, 2023.

UPDATES FOR 2023

We are changing from Blue Cross Blue Shield of Texas to Cigna for Medical coverage. The plan names will change but the plan designs will stay virtually the same.

- Prescription drug copayments have been reduced for the new Open Access Plus (OAP) and Open Access Plus In-Network (OAPIN) plans.

Vision coverage will now be provided by EyeMed:

- You can elect vision coverage without enrolling in a medical plan.
- Benefits include coverage for glasses AND contacts in the same year.

Our advocacy service will transition from Alight to Cigna.





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 and vision 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 and vision 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, 2023, 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, 2023. You will be able to change your choices during next year's open enrollment.

You must be continuously enrolled in a DFW Airport medical and/or vision 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.

Cushion Employer Services
PO Box 2715
Omaha, NE 68103-2167

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

RECEIVING PENSION PAYMENTS?

Your medical and/or vision 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 Reimbursement Account, Open Access Plus In-Network, Open Access Plus) 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 and/or vision plans, 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 and/or vision 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 and vision plans at the time you retire are eligible for coverage under the Airport retiree medical and vision plans.

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

972-973-1124

retirees@dfwairport.com



RESOURCES – CIGNA

We understand that benefits enrollment can be hard to understand. While it's important to choose benefits that best meet your needs, it is equally important that you know how they work and how you'll use them throughout the year.

MYCIGNA.COM

[Mycigna.com](https://mycigna.com) is your secure member portal from Cigna that provides you immediate online access to personalized health and wellness information. Once you become a member, visit mycigna.com to register. You will have access to the following:

- Locate a network doctor, hospital or other health care provider.
- View, print or request additional member ID cards.
- Order and refill prescriptions.
- 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.

MEDICAL BENEFIT TERMS TO KNOW

COPAYMENT

The amount you pay at the time you receive a service from a Cigna 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 will 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 REIMBURSEMENT ACCOUNT (HRA) 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 HRA Medical Plan only.



RESOURCES – CIGNA

ADDITIONAL BENEFITS WITH YOUR CIGNA PLAN

Cigna's Health Information Line is personal, confidential, and available 24/7 for you to talk directly with a trained nurse professional even when your doctor's office is closed. Call the number on the back of your Cigna card to speak to a nurse.

The **Cancer Support Program** is designed to help those who are affected by cancer through all stages of the process. From diagnosis to treatment and throughout remission, this program will support you every step of the way by offering:

- 24/7 telephone access to nurses who specialize in supporting patients in remission
- Information and outreach phone calls to support those who have had cancer in the past and still take medication or preventive treatment
- Personalized support plans for patients who are living with cancer, and those who have cancer with complications like diabetes or other chronic conditions

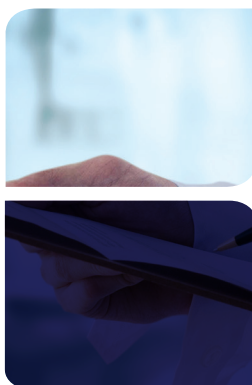
To access these benefits, contact Cigna at 800-244-6224.

Omada is a digital lifestyle change program designed to help you lose weight, gain energy, and reduce the risks of type 2 diabetes and heart disease. The program surrounds you with the tools and support you need to make lasting, meaningful changes to the way you eat, move, sleep, and manage stress—one small step at a time. This program is free for you and your adult dependents on your medical plan who are at risk for type 2 diabetes or heart disease, and are accepted into the program. Call the number on the back of your Cigna card to join.





MEDICAL COVERAGE



HEALTH REIMBURSEMENT ACCOUNT

The Cigna Health Reimbursement Account (HRA) replaces the BCBSTX HCA plan and has a lower premium cost option for your health care coverage. This plan combines a Cigna 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 Retiree only coverage***
- ***\$1,000 Retiree and dependent coverage***
- ***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 HRA 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 Cigna Open Access Plus (OAP) 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.

OPEN ACCESS PLUS IN-NETWORK

The Cigna Open Access Plus In-Network (OAPIN) plan will replace the BCBSTX EPO plan. When you choose this plan you are choosing to use participating network doctors, hospitals and other health care providers in the Cigna Open Access Plus (OAP) network.

Most office visits and services require a copayment and the remainder is covered by Cigna, 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 (only with the OAPIN).

OPEN ACCESS PLUS

The Cigna Open Access Plus (OAP) plan will replace the BCBSTX PPO plan. When you choose the OAP plan from Cigna, 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 Cigna Open Access Plus (OAP) 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.





MEDICAL PLANS OVERVIEW

PLAN FEATURE	CIGNA HRA		CIGNA OAPIN	CIGNA OAP	
	Network	Non-Network	Network	Network	Non-Network
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	\$3,500	\$7,000	\$2,200	\$2,300	\$4,500
Per Family	\$7,000	\$9,000	\$5,500	\$5,750	\$11,250
COINSURANCE/COPAYS					
Preventive Care <i>(1 exam per calendar year) Includes routine adult and routine child physical exams, lab tests, immunizations and routine cancer screenings</i>	100% covered	40%*	100% covered	100% covered	40%*
Office Visits	20%*	40%*	\$30 copayment	20%*	40%*
Specialist Office Visits <i>(excludes prescription copayments)</i>	20%*	40%*	\$60 copayment	20%*	40%*
Outpatient Surgery <i>(after annual deductible)</i>	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 <i>(after annual deductible)</i>	20%*	40%*	\$500 copayment per admission, then covered 100%	20%*	40%*
Mental Health <i>(after annual deductible)</i> • Inpatient • Outpatient	20%*	40%*	Inpatient: \$500 copayment per admission, then covered 100% Outpatient: \$30 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 <i>(after annual deductible)</i>	20%*	40%*	\$75 copayment	20%*	40%*
Emergency Room <i>(after annual deductible)</i>	20%*	20%*	\$150 copayment; waived if admitted to a hospital or outpatient facility	20%*	20%*
Ambulance <i>(after annual deductible)</i>	20%*	20%*	\$150 copayment	20%*	20%*

* After Deductible



MEDICAL RATES

MEDICAL PLANS - UNDER AGE 65*	MONTHLY PREMIUM
CIGNA HRA	
Retiree Only	\$774.77
Retiree + Retiree Children	\$1,625.19
Retiree + Spouse/DP	\$1,930.04
Retiree + Spouse/DP + Retiree/DP Children	\$2,789.63
CIGNA OAPIN	
Retiree Only	\$960.44
Retiree + Retiree Children	\$2,017.16
Retiree + Spouse/DP	\$2,411.42
Retiree + Spouse/DP + Retiree/DP Children	\$3,456.67
CIGNA OAP	
Retiree Only	\$1,379.92
Retiree + Retiree Children	\$2,814.84
Retiree + Spouse/DP	\$3,392.48
Retiree + Spouse/DP + Retiree/DP Children	\$4,843.46

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

DP = Domestic Partner





PRESCRIPTION COVERAGE

Prescription drug coverage is included with all three DFW Airport medical plans. This benefit is administered by Cigna and its pharmacy vendor, Express Scripts.

PRESCRIPTION DRUGS – MANDATORY GENERIC*	YOU PAY
RETAIL RX (UP TO 30-DAY SUPPLY)	
Tier 1 Generic Drugs	\$5 copayment
Tier 2 Brand-name drugs (on the Preferred Drug List)	\$30 copayment
Tier 3 Brand-name drugs (not on the Preferred Drug List)	\$60 copayment
Tier 4 Specialty retail drugs (injection, infused or oral)	\$100 copayment (30-day supply)
MAIL ORDER RX (31 TO 90-DAY SUPPLY)	
Tier 1 Generic Drugs	\$10 copayment
Tier 2 Brand-name drugs (on the Preferred Drug List)	\$60 copayment
Tier 3 Brand-name drugs (not on the Preferred Drug List)	\$120 copayment
Tier 4 Specialty mail order drugs (injection, infused or oral)	\$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.

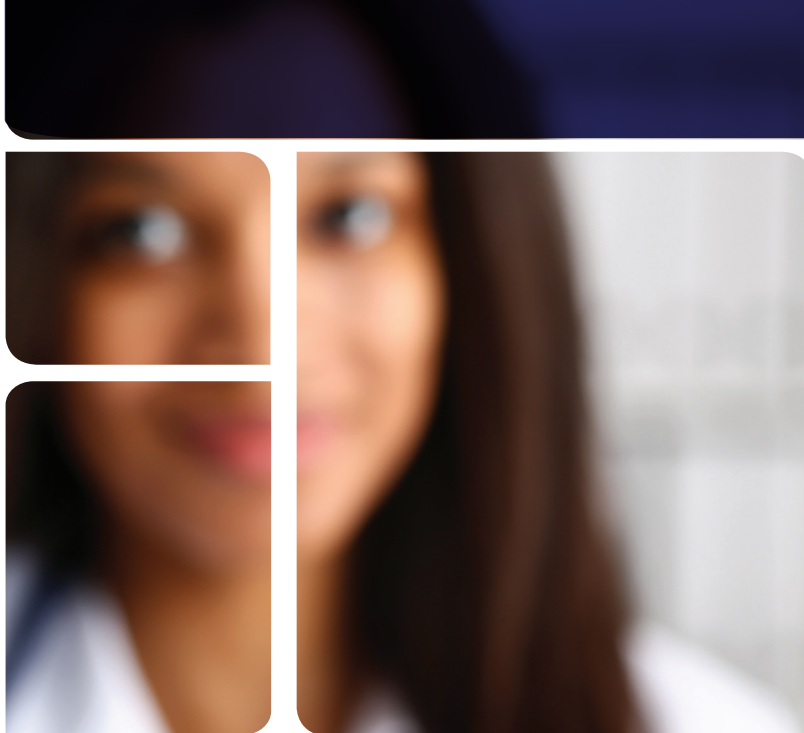
PRESCRIPTION DRUG TERMS TO KNOW

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

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

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

Preventive Medication List: This list includes the most commonly prescribed generic and preferred brand medications that are part of Cigna's preventive program.



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 Cigna preferred pharmacy. Go to mycigna.com to locate a Cigna 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 mycigna.com or the myCigna app to access mail order benefits.

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 may be filled through Accredo. Go to mycigna.com, accredo.com or call 877-826-7657.

PRESCRIPTION DRUG PROGRAMS

Preventive Medication Program: Medications covered in this program are used to treat chronic health conditions such as asthma, diabetes, high blood pressure, depression, anxiety, and high cholesterol and are available to members at a \$0 copayment.

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.

Use Cigna's “Price a Medication” tool on mycigna.com or the myCigna app to see what drugs are covered and under which tier.



VISION COVERAGE

EyeMed is one of the nation's largest vision benefits companies that offers its members thousands of eye care providers nationwide. Visit eyemed.com to learn more about your vision plan and find a provider near you.

BENEFITS THROUGH EYEMED



The Eye360 program through EyeMed offers \$0 copays for eye exams and an additional \$50 frame allowance when you use PLUS Providers. EyeMed has over 4,000 PLUS Providers nationwide, including independent, retail and online options.



EyeMed includes the Insight network. This is a diverse network of provider options with a mix of independent providers, plus popular national and regional providers like LensCrafters, Pearle Vision, Target Optical, and Walmart, to name a few.



Your vision plan now covers glasses AND contact lenses each calendar year. And, after your first purchase of glasses or contacts, you will receive 40% off all additional purchases throughout the year, and there is no limit to how many times you can use this benefit.



The convenient online shopping tool allows you to choose from hundreds of brand-name frames and contacts from participating providers. Simply shop for the products you want, instantly apply your in-network benefits at checkout, and enjoy free shipping and returns on every purchase. EyeMed's online providers include LensCrafters, Target Optical, glasses.com, contactsdirect or Ray-Ban.

KNOW BEFORE YOU GO

With EyeMed's Know Before You Go out-of-pocket cost estimator, you can accurately estimate what you might pay before you even step foot into a store or doctor's office. The tool includes simple, clear definitions of common products and add-ons, all while calculating a range of costs with each click, so you can feel confident from check-in to check-out.

- 20% off any item not covered by the plan, including non-prescription sunglasses.
- EyeMed services members in 47 countries, so you can use their network during international travel in case of emergency to receive replacement lenses as quickly as possible.

ADDITIONAL SAVINGS:

LASIK surgery is discounted at 15% off the retail price, or 5% off a promotional price.
Call 1-800-988-4221 for more information.

EyeMed also offers hearing care through the Amplifon Hearing Health Care network. Members receive up to 64% off hearing aids, a 3-year warranty including coverage for repairs, loss, or damages, and 2 years of free batteries shipped directly to your home. Call 1-877-203-0675 to find a hearing care provider near you and schedule a hearing exam.



VISION OVERVIEW

Vision care benefits are provided by EyeMed. **New this year:** You do not need to be enrolled in a DFW Airport medical plan to have vision coverage. To see a full list of copayments visit www.eyemed.com.

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam at PLUS Providers	\$0 copay	Up to \$40
Exam	\$0 copay	Up to \$40
FRAME		
Any available frame at PLUS Providers	\$0 copay; 20% off balance over \$200 allowance	Up to \$105
Frame	\$0 copay; 20% off balance over \$150 allowance	Up to \$105
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$150 allowance*	Up to \$105
Contacts - Disposable	\$0 copay; 100% of balance over \$150 allowance*	Up to \$105
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$300
STANDARD PLASTIC LENSES		
Single Vision	\$10 copay	Up to \$30
Bifocal	\$10 copay	Up to \$50
Trifocal	\$10 copay	Up to \$70
Lenticular	\$10 copay	Up to \$70
Progressive - Standard-Tier 4	\$65/\$95/\$105/\$120/\$185 copay	Up to \$50
LENS OPTIONS		
Anti-Reflective Coating - Standard-Tier 3	\$45/\$57/\$68/\$85 copay	Up to \$23

* Contact Lens Allowance Includes Materials Only

VISION RATES

	MONTHLY DEDUCTION
Retiree Only	\$6.18
Retiree + Retiree Children	\$13.00
Retiree + Spouse/DP	\$12.35
Retiree + Spouse/DP + Retiree/DP Children	\$18.09



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.

MEDICARE PART C

Medicare Advantage Plan does not integrate with the DFW Medicare Supplement Plan.

The plan provides medical coverage through the Cigna Open Access Plus (OAP) plan, and vision coverage through EyeMed. 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 Cigna. 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 SUPPLEMENT – AGE 65 AND OVER	
OAP Medical Coverage Only	Monthly Premium
Retiree Only	\$315.00
Spouse/DP Only	\$315.00
Retiree + Spouse/DP	\$630.00

Retiree medical subsidy no longer applies under this plan.
DP = Domestic Partner



MEDICAL COVERAGE FOR RETIREES AGE 65 AND OLDER

PLAN FEATURE	PREFERRED	NON-PREFERRED
	Network	Non-Network
	YOU PAY	YOU PAY
Annual Deductible <i>Per Individual</i>	\$300	\$800
Coinsurance <i>(after annual deductible)</i>	20%	40%
Annual Out-of-Pocket Limit <i>Per individual (includes annual deductible, coinsurance, and prescription copayments)</i>	\$1,500	\$2,700
Preventive Care <i>(one exam per calendar year) Includes routine adult physical exam, lab tests, immunizations, and routine cancer screenings</i>	100% covered; deductible waived	40% after deductible
Outpatient Surgery <i>(after annual deductible)</i>	20%	40%
Hospitalization and Inpatient Surgery <i>(after annual deductible)</i>	20%	40%
Mental Health (after annual deductible) <i>Inpatient/Outpatient</i>	20%/20%	40%/40%
Urgent Care Facility <i>(after annual deductible)</i>	20%	40%
Emergency Room and Ambulance <i>(after annual deductible)</i>	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 Cigna customer service number listed on the back of your ID card.



VIRTUAL DOCTOR VISITS

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 emergency room or urgent care.
- Providers can send prescriptions to your local pharmacy, if medically necessary.

Doctors can treat a variety of health conditions, including:

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

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
- Post-traumatic Stress Disorder
- Substance Abuse
- Panic Attacks
- Anxiety
- Depression
- Trauma

HOW TO ACCESS MDLIVE

You'll need your Cigna member ID number to register. If already registered, you don't have to register again.

- mycigna.com
- Call MDLive 888-680-8646
- myCigna app
- Download the MDLive app from the App Store or Google Play





HEALTH CARE ADVOCACY

DFW Airport's advocacy program is provided by Cigna One Guide. Advocacy services provide peace of mind, education and issue resolution to retirees and their families struggling with complicated health care questions. Call a Cigna One Guide representative during pre-enrollment to get personalized, useful guidance.

Your personal guide will help you:

- Easily understand the basics of health coverage
- Identify the types of health plans available to you
- Check if your doctors are in-network to help you avoid unnecessary costs
- Get answers to any other questions you may have about the plans or provider networks available to you

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.

After enrollment, Cigna One Guide services will

continue to guide you through the complexities of the health care system, and help you avoid costly missteps.

Cigna One Guide service provides personalized assistance to help you:

- Resolve health care issues
- Save time and money
- Get the most out of your plan
- Find hospitals and health care providers in the network
- Get cost estimates and avoid surprise expenses
- Understand your bills

The best part is, during the enrollment period, your personal guide is just a call away. Call to speak with a Cigna One Guide representative today.

CIGNA ONE GUIDE

888-806-5042





DFW LIVEWELL

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.

LIVEWELL CLINIC

The LiveWell Health Clinic is available at no cost and provides a convenient on-site opportunity for retirees* to receive a wide range of medical services, including preventive annual physicals, urgent care services for such issues as allergies and colds, immunizations (e.g., flu) and health coaching for hypertension and diabetes, among others.

** Retirees must be under age 65 and enrolled in a DFW retiree medical plan.*

LIVEWELL CENTER

972-973-1612

LiveWell@dfwairport.com

LIVEWELL CLINIC

972-973-1621

LWHealthclinic@dfwairport.com





IMPORTANT CONTACTS

BENEFIT	CARRIER	PHONE NUMBER	EMAIL/WEB
Medical/Pharmacy	Cigna* Group #3339042 Medical/Pharmacy	800-244-6224	cigna.com or mycigna.com
	Mail Order Pharmacy – Express Scripts Pharmacy	800-835-3784	mycigna.com or cigna.com/homedelivery
	Specialty Pharmacy – Accredo	877-826-7657	mycigna.com or accredo.com
Virtual Doctor Visits	MDLive*	888-680-8646	mycigna.com or myCigna app
Health Care Advocacy	Cigna One Guide	888-806-5042	mycigna.com or myCigna app
Vision	EyeMed*	844-409-3401	eyemed.com
DFW Human Resources	Total Rewards	972-973-1124	retirees@dfwairport.com
Medicare		800-MEDICARE	medicare.gov
DFW LiveWell Program	LiveWell Program	972-973-1612	LiveWell@dfwairport.com
	LiveWell Health Clinic	972-973-1621	LWHealthclinic@dfwairport.com

* Mobile app available for this provider.





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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.